

## Dignity, Hope, and Transcendence: Gilda's Club as Complementary Care for Cancer Survivors

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### Abstract

The purpose of this study was to explore how a community-based, non-clinical recreational center, called Gilda's Club promotes and contributes to healing and health throughout cancer survivorship. Gilda's Club of Toronto is a not-for-profit venue in Ontario, Canada, that serves as a communal meeting place where people living with cancer, as well as their families and friends, can join with others to build physical, social, and emotional support as a supplement to their medical treatment. Semi-structured interviews with twenty-six members of Gilda's Club revealed three main themes that demonstrate the value of this recreational center to survivorship: (1) Dignity, (2) Hope, and (3) Transcendence. Individually and collectively these themes positively influenced cancer survivorship. The findings demonstrate the importance of therapeutic landscapes to cancer survivorship and the contribution of recreation to a holistic understanding of health.

*KEYWORDS:* *Healing oasis, health, social support, therapeutic landscapes, recreational center*

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Medical research has made tremendous progress in the management of various types of cancers (Arman, Rehnsfeldt, Carlsson, & Hamrin, 2001). Whereas in the past cancer was almost always a fatal disease, today many survive the life-threatening experience, thereby living with cancer as a chronic illness. To this end, Ganz (2005) argued, "During the last 25 years we have witnessed the remarkable transformation of cancer from an immediately fatal disease to one in which the majority of individuals receive highly effective treatments that result in long-term, diseasefree survivorship" (p. 5458). Recent statistics reveal adults diagnosed with cancer have a 60% chance of surviving five years (Rowland et al, 2001). The increase in survivorship is due to a number of medical and sociocultural factors, including advances in detection and early diagnosis, new and more aggressive forms of treatments, improved rehabilitative and support interventions, and healthier lifestyles (Rowland et al, 2001). As a result of these factors, the National Cancer Institute and Centers for Disease Control and Prevention estimate there are 10.1 million American cancer survivors (www.ncic.com), a number that will surely continue to grow (Aziz, 2002).

The increased number of cancer survivors has inspired a growing body of research examining survivorship. Ultimately, the goal of survivorship research is to guide people living with cancer to make positive lifestyle choices and lead a long and healthy life (Vaughn & Meadows, 2002). Thomas-MacLean (2004) advanced the need for such research when she argued, "the growing population of ...cancer survivors affirms that research on [survivorship]... is imperative" (p.628). Bloom (2002) echoed these sentiments, noting research on survivorship is "timely" and "appropriate" if focused on health, broadly defined, throughout cancer survivorship. Previous research has identified support groups as popular for survivors, and anecdotal evidence suggests they contribute to healing and health throughout cancer survivorship. Even so, little research has examined the effectiveness of such groups, clubs, and centers in meeting the needs of cancer patients and their families and how they might contribute to cancer survivorship.

The purpose of this study was to explore how a community-based, non-clinical recreational center called Gilda's Club, promotes and contributes to healing and health throughout cancer survivorship. Gilda's Club of Toronto is a not-for-profit venue in Ontario, Canada, that serves as a communal meeting place where people living with cancer, as well as their families and friends, can join with others to build physical, social, and emotional support as a supplement to their medical treatment. The manuscript begins by discussing issues connected to cancer survivorship before reviewing the details of the study.

### **Who is a Cancer Survivor?**

The meaning of the words "survivor," "survival," and "survivorship" remains the topic of vigorous debate (Feuerstein, 2007). Though the answer may seem obvious to some, the definition of "survivor" differs from person to person, among researchers, and between organizations.

In 1985, Mullan, a physician and cancer survivor himself, published an article that outlined what he referred to as "the stages of cancer survival," including acute (diagnosis to completion of initial treatment), extended (completion

of treatment to remission of disease or both) and permanent survival (extended disease-free survival when the likelihood of recurrence is low). Mullan adopted the term “survival” because he thought it was more inclusive of those who had been “cured” of the disease, as well as those who continued to live with cancer. The National Coalition for Cancer Survivorship (NCCS) also adopted the idea of survival, arguing that philosophically a person becomes a cancer survivor at the point of diagnosis and remains one until death.

Others define survivors as those people who have completed medical treatment for cancer. From this perspective, survivorship is defined as a life-long, dynamic process that begins when people have completed medical treatment for cancer, yet live with the memories of their treatment and the possibility of a cancer recurrence (Pelusi, 1997; Thomas-MacLean, 2004). Definitions of survivorship are also linked to specific timelines; for example, five years past the point of diagnosis. Other people say they will be cancer survivors only if they die from another cause (Hewitt, Greenfield & Stovall, 2006).

### **The Goals of Survivorship Research**

While the issue of who qualifies as a survivor is somewhat ambiguous, the goals of cancer survivorship research are clear. According to Aziz (2002), the issues facing survivors are different from those faced by cancer patients. She explained, “There is a diversity of sequelae encompassing physical and physiologic sequelae that require medical management on one hand and societal and interpersonal issues including changed lifestyle, disruption of home and family roles and the fear of recurrence on the other” (p. 3496S). Research on the impact of physical and psychosocial effects of cancer has been limited (Vaughn & Meadows, 2002). Arman et al (2001) explained “relatively little is known about long-term adaptation and changed life perspective in relation to... [cancer]” (p. 192). Cancer survivorship research seeks to address this gap. Aziz and Rowland (2003) explained that

cancer survivorship research seeks to identify, examine, prevent, and control adverse cancer diagnosis and treatment-related outcomes (such as late effects of treatment, second cancers, and quality of life); provide a knowledge base regarding optimal follow-up care and surveillance of cancer survivors; and optimize health after cancer treatment (p. 248).

### **Social Support, Cancer Survivorship and Place**

Social support has been identified as a positive contributor to people’s health, broadly defined, throughout cancer survivorship (Bloom, 2002). Coleman and Iso-Ahola (1993) defined social support as (1) feeling cared for by others, and (2) the perception that, should support be needed, it will be available. Social support is thought to positively impact upon health in two ways. First, social support nurtures a sense of embeddedness in a network of human relationships, which leads to feelings of stability and predictability regarding one’s social world (Levine & Perkins, 1997). Second, social support provides people with the specific resources they need to cope with stressful events. Friends and family might be the most

obvious choice of support for people living with cancer, but “individuals may be reluctant to disclose fears or be wary of distressing and overburdening their partners and others in their immediate support network” (Davis, Cohen, & Apolinsky, 2005, p. 76). Goelitz (2002) determined people living with cancer require a place where they can connect with others in a similar situation, can articulate their feelings about their experience with disease, and provide/gain information about how to cope or adjust to life with cancer. Similarly, Rose (1990) found that people living with cancer preferred support from others whose lives had also been touched by cancer. In searching for a context to meet these needs, many people living with cancer turn to supportive groups or places.

Support groups aim to provide a safe and nurturing context in which people living with cancer can deal with any emotional distress through the opportunity to interact and talk with others in a similar situation (Gore-Felton & Spiegel, 1999). Research has demonstrated that support groups are particularly helpful because they provide a sense of psychological community, catharsis, role models, effective coping strategies, and a network of social relationships for people to draw upon (Levine & Perkins, 1997). Indeed, Glajchen and Magen (1995) demonstrated support groups improve the overall health of people living with cancer.

The benefits of support groups have led many hospitals to develop on-site support groups for their oncology patients. Hospital-based groups, however, are often limited to the people living with cancer, as opposed to those whose lives have been touched by cancer, such as family and friends. Moreover, support groups based in a hospital require cancer survivors to return to a clinical setting, which is likely to evoke strong and powerful memories of cancer treatments. Thomas-MacLean's (2004) research with breast cancer survivors, for example, revealed encountering medicine and clinical settings were problematic insofar as they reminded survivors of the suffering they experienced during treatments. Indeed, cancer treatments are often characterized by physical, emotional, and psychological suffering for the patient and their family and friends (Mulcahy, Parry, & Glover, 2009).

Although cancer survivors report numerous ways a cancer diagnosis and subsequent treatment impact upon their health, broadly defined, traditional treatments focus on the physical dimensions. Thomas-MacLean (2004) for example, found that the emotional suffering experienced by cancer survivors remained unrecognized by health care professionals who focused on physical issues connected to cancer, but not emotional ones. Similarly, other research has identified the emotional detachment of some physicians in their encounters with cancer patients (Coulehan, 1995). Toombs (1992), for example, found encounters with physicians to be characterized by objectivity and alienation. Such was the case for Paget (1990) who wrote about a “communication chasm” that occurred in her relationship with her oncologist whom she believed treated her cancer, but did not promote healing. Writing about her experiences in the third person Paget explains:

She and he confronted each other across the chasm of his technical knowledge and his technical practice of questioning her. She was on the other side with her fear of death. He could not feel; she could not stop feeling. He could

not listen to her fear; she could not stop expressing her fear which he couldn't or wouldn't hear. He was the-one-who-would-not-listen and she the-one-who-was-not-heard (p. 222).

This powerful excerpt speaks to a lack of empathy for Paget, which left her feeling abandoned emotionally. Pelusi's (1997) and Thomas-MacLean's research with cancer survivors also highlighted feelings of abandonment in cancer survivors from health care professionals, but specifically upon completion of medical treatment. Thomas-MacLean (2004) stated:

The women were leaving a medical system that is powerfully supported as the only socially sanctioned recourse to health and healing that currently exists in our culture. Perhaps leaving this system also involves a loss of the potential for knowing illness, understanding its meaning or understanding oneself" (p. 639).

While hospitals and health care professionals may be the most powerfully supported and socially sanctioned recourse for health, there are other places that offer cancer survivors the opportunity to understand experiences with illness and promote healing.

Community-based support groups that are housed in residential, non-clinical, often recreational settings and include family and friends offer an alternative way for survivors to understand themselves and make sense of their experiences with cancer. These settings provide support, but also facilitate recreational, spiritual, social, and physical activities. The focus of these community-based, residential, non-clinical recreational centers is on the therapeutic value of more familiar landscapes. Indeed, the value of *third places* or informal gathering places apart from home (the first place) and work (the second place) (Oldenburg, 1999), should not be underestimated for their contribution to restoration and healing (Glover & Parry, 2009; Kaplan & Kaplan, 2003). Scholars argue a focus on third places, with their emphasis on sociability and quality of life, reflect an alternative viewpoint in the way that 'health' and 'therapy' are defined, and represent a broadening of health from the biomedical model of disease, to one focused on the psychological, social and cultural aspects of well-being to promote healing.

One such third place is Gilda's Club. Gilda's Club started in 1995 and is dedicated to the memory of Gilda Radner who died of ovarian cancer after a well known career in comedy. Located mostly in the United States, but spreading across the world, Gilda's Club is a place where men, women, teens, and children with cancer – along with family and friends—can join with others to build physical, social, and emotional support as a supplement to medical care. Gilda's Club also welcomes long-term cancer survivors and those who have lost someone to cancer. Free of charge, Gilda's Club offers support and networking groups, lectures, workshops and physical and social activities. Gilda's Clubs are located in home-like settings so the inner décors are designed intentionally to resemble a home, not a hospital. Some clubs have been stylishly decorated by renowned interior designers who volunteered his or her talents and materials to create a liveable, useable space in which members could gather, socialize, or relax. Some of the activities provided

at Gilda's Club include yoga classes, art therapy, writing classes, and lectures from health care professionals. Gilda's Club also offers monthly pot lucks, movie nights, and seasonal parties, which give members many opportunities to socialize on an informal basis (Davis, Cohen, & Apolinsky, 2005). The Gilda's Club philosophy is based on the belief that a diagnosis of cancer affects the whole family, as well as friends, and that no one should have to face cancer alone. Even though Gilda's Club boasts a large membership base, scant research has explored how this type of setting contributes to cancer survivorship. Davis et al stated, "Despite the popularity of support groups and organizations such as Gilda's Clubs, little research has been conducted on the effectiveness of these organizations in meeting the needs of cancer patients and their families" (p. 77).

The purpose of this study was to explore the link between Gilda's Club and cancer survivorship. The main research question that guided our study was, "How does Gilda's Club promote and contribute to healing and health of survivors who make use of the centre?"

### Method

The research involved semi-structured interviews with 26 members of Gilda's Club. Purposive sampling was used to recruit participants based on "their relevance to the research question, analytical framework, and explanation or account being developed in the research" (Schwandt, 2001, p. 232, see also Patton, 2002). Recruitment techniques included ads posted at Gilda's club and an announcement published in the club newsletter (mailed to 1,200 people). Anybody who utilized Gilda's Club was welcome to volunteer for the study as we intended to attract a diversity of experiences with Gilda's Club. Thus, length of membership was not a criterion for the study; new members were just as welcome to participate in the study as were those who had been members of Gilda's Club for many years, which has implications for our findings. That is, participants who had extended memberships with Gilda's Club (two to three years) likely had different experiences or even a greater diversity of experiences than those who had recently joined to draw upon during their interviews. Similarly, those participants who made greater use of the club by attending more frequently or by making greater use of the programs and services likely had more diversity of experiences to draw upon as well. These limitations should be considered alongside the findings of the study.

At the end of each interview, participants were asked to suggest another member of Gilda's Club who might be willing to participate in this study. Thus, snowball sampling was also used to recruit participants (Patton, 2002). The interviews lasted approximately one hour and took place in one of the private meeting rooms located at Gilda's Club. All of the interviews were tape recorded and professionally transcribed with each participant assigned a pseudonym.

We started each interview by asking participants about their experiences with cancer. With those participants who identified as cancer survivors themselves, we then asked specifically about their diagnosis and treatment for cancer because we realized from previous research that it would "be difficult for [people] to share their current experiences without first addressing diagnosis and treatment" (Thomas-MacLean, 2004, p. 631). Next, participants were asked about their motivation to

join Gilda's Club (i.e., How did you get involved in Gilda's Club? Why were you drawn to Gilda's Club in particular?), the benefits of Gilda's Club (i.e., What types of rewards do you gain from your involvement with Gilda's Club?), their level of commitment to Gilda's Club (i.e., How involved are you in Gilda's Club? What is the level of your participation?) and the roles of Gilda's Club in their lives (i.e., What does Gilda's Club mean to you? What keeps you involved in Gilda's Club?). Participants were also asked questions about the links between their involvement in Gilda's Club and survivorship of cancer (i.e., How do you think your involvement with Gilda's Club impacts upon your well-being? What would you say about Gilda's Club to someone whose life has been touched by cancer, but had not visited the club? ). Lastly, participants were asked about potential drawbacks to their participation in Gilda's Club (i.e., What, if anything, would you change about Gilda's Club? How did you feel about encountering people at various stages of cancer? How is the death of a member handled?).

### Data Analysis

The data were analyzed using the constant comparison method (Glaser & Strauss, 1967). That is, the data were coded inductively, and each segment of the data was compared to other categories and other segments of data within the same category. This process helped to ensure relevance and consistency and allowed for new categories and relationships to develop as appropriate. Specifically, each interview transcript was first analyzed using open categories to develop initial descriptive categories, such as links to survivorship. Axial coding was then used to compare categories both within and between interviews, and to look for emerging conceptual themes. Subsequently, patterns of relationships among themes were also examined. Consistent with the constant comparison method, the data analyses and coding processes proceeded simultaneously with the data collection process. In this sense, the process was iterative so that emergent ideas from the analysis of the early interviews (for example, the importance of an aesthetically pleasing home-like setting) were used to provide direction for later interviews so that interesting ideas were followed up on (Rubin & Rubin, 1992). Although individual transcripts were analyzed through the development of themes, the group of transcripts were also analyzed as a whole. More specifically, once the interviews were complete the individual analysis from each interview was compared and contrasted to develop patterns of relationships among the participant's comments and experiences. In this regard, the themes were inclusive of data across the interviews.

Approximately one year after the last interview, the participants were invited to attend a focus group during which we reported our initial findings and interpretations of the data. Six people attended and reacted positively to our findings. These six participants represented a nice diversity of the participants. That is, there was an equal split of men and women and some were very involved in the centre (attending three to four times per week) while others were less committed (attending on average a few times per month). For those who were unable to attend the focus group we gave a copy of our analysis to the Director of the Club so that they could access the findings. The focus group was an important step in

verifying the accuracy of our findings as we were able to check our interpretation of the data with participants from the study. The focus group was audio recorded and later transcribed professionally.

Our procedures for collecting, analyzing, and storing data were approved by the appropriate institutional review board. More specifically, to ensure confidentiality, we received written consent from each participant to tape record the interviews and to use anonymous quotations in any article or report stemming from the interview. In addition, each participant was informed a transcription service would be hired to transcribe the interview and no participant objected to this process. To keep the data confidential, each participant was assigned a pseudonym and all other identifying information (including names of partners, family members, friends, doctors, nurses) was changed in any written document. Lastly, the data and field notes were stocked in a locked cabinet in an office, which again was approved by each participant in the study.

### **Profile of the Participants**

Twenty-one women and five men participated in the study. The participants ranged in age from nineteen to seventy-one years old. Ten of the participants were married, one was widowed and the rest were either divorced or separated. None of the participants self-identified as either gay or lesbian. Fifteen of the participants were involved in the work force either full or part-time. Six of the participants were retired, three were on disability pensions and two were unemployed. All but seven of the participants had children, most of whom were older and had left home to pursue education and employment opportunities. The majority of the respondents were Caucasian and had been impacted by a variety of different types of cancers, including breast (female and male), ovarian, colorectal, uterine, mouth, primary unknown, multiple melanoma, and aggressive non-Hodgkins lymphoma. Four of the participants did not have a cancer diagnosis themselves, but had been touched by cancer through family members. Most of the participants had been members of Gilda's for two to three years and participated on average once or twice per week.

### **Findings**

When discussing their experiences with cancer treatments many of the survivors detailed feelings of detachment, isolation, and abandonment. For example, one participant who had recently completed treatment for cancer stated, "your health care team, they cut you loose. They cut you loose because...there's ten people waiting in your spot." Many participants echoed these sentiments noting they felt the emotionally detached treatment they received from medical practitioners and health care staff served to define them in an undifferentiated fashion, making them feel like a number as opposed to a person. Other participants noted a lack of understanding from their support networks. One participant who had had a mastectomy and was undergoing subsequent treatment made the following comment:

I couldn't talk about that with someone who has not had cancer ...they wouldn't understand what I was talking about. I can't talk about things when



someone says I should just stuff a sock in my bra and ‘oh it will be fine, what are you talking about?’ ...we can talk about things like that. That’s why it’s so important. We can say how we feel without worrying about being judged especially about our feelings.

This comment speaks to the lack of *true* understanding some participants felt from their friends and family members. Other participants felt they did not get the respect or dignity from friends and family that they needed. One participant who was going through treatment stated: “I could bring the family together to get through to them a way for them to understand that I needed more respect, more care, more understanding, more patience. I wasn’t looking for sympathy, but respect.”

In contrast, when asked about their experiences with Gilda’s Club, the participants were overwhelming positive about their involvement. One participant described Gilda’s as a “lifeline” because “you can go and hang out, like if you lived close enough you can be there doing art therapy, yoga, and relaxation therapy and, you know, you can start to heal.” Healing was a key component of many people’s experience at Gilda’s Club, prompting participants to note the most significant benefit they gained from their involvement was the “tools for surviving.” A participant who was a long time survivor explained, “That’s what you learn here is how to live with it, how to survive it.” When asked how Gilda’s Club contributed to survivorship, the participants shared personal stories that fit under the themes: (1) Dignity, (2) Hope, and (3) Transcendence. We shall explore these themes in greater detail below.

### Dignity

Dignity has been defined as “the state of being worthy of honor or respect” (Barber, 1998). It involves concepts like self-respect, respect for others, virtue, and human rights. With respect to cancer treatment, it is often used to describe ethical treatment practices. For example, Thomas-MacLean (2004) found that many women in her study with breast cancer survivors had not experienced egalitarian treatment practices, thus demonstrating a lack of human dignity. For many of the participants in the current study, Gilda’s Club was a place where they were treated with dignity and gained self-respect.

For many participants, Gilda’s Club was the only place where they felt as though they connected with others who could respond with a desirable level of genuine empathy and believed their stories with cancer were worth listening to and hearing. For example, one participant who was not a cancer survivor herself, but brought a friend to a support group at Gilda’s Club said, “There was somebody who was in Stage 4 and she could come here and talk about how she feels and people would listen and know what she’s talking about. They listen to her and hear her.” The need for others to listen and hear their stories about cancer was an important part of the healing and survivorship process. For many, Gilda’s Club brought together a network of people who could understand and respect their experiences. One participant who had recently completed treatment explained “having someone listen to you, having someone maybe whose experienced simi-

lar symptoms tell you ‘yeah, I have that too. It goes away, it doesn’t go away’, whatever, is important.” The standpoint of caregivers or peers was important in terms of the quality of emotional support participants received. That is, their relationships with other survivors at Gilda’s Club gave some participants the experience of belonging to a group (Benzein, Norberg, & Saveman, 2001).

The absence of judgment by those Gilda’s Club members who listened to their peers’ stories served to successfully encourage participants to share their most personal and private encounters with cancer. In so doing, the networks formed at Gilda’s Club contributed to participants’ survivorship. In the words of one participant who had completed treatment, but feared a reoccurrence, “It’s a place where nobody judges you, nobody pushes you around, nobody tells you what you need to be doing or not need to be doing...This is a place where I feel safe.” Similarly, another participant who had recently completed treatment remarked,

I felt like when I came here I could say how I felt and people didn’t make me feel like I should be ashamed, or think ‘how dare you talk that way’ or ‘what are you crying about, don’t be such a crybaby, get off your pity pot’ or whatever, you know. Um, I was validated.

For this participant, and others, feeling validated at Gilda’s Club was a major contributor to feelings of dignity. In addition, feeling validated or legitimized created an environment in which people felt “safe.” For example, one participant who was a long-term survivor articulated the sense of security she felt at Gilda’s:

The environment here, there are no hassles. There is a sense of harmony, for me that’s very important, that I feel safe. I feel I can trust that when I come here nobody’s going to make kind of a nasty remark ..., or you know criticize me in any way, or put me down. And for me, like, I’m a very sensitive person, and for me that’s very important, and I found that, you know, through the years here that I know when I come here, I have that feeling of safety and um, to me that’s really, really important.

This sense of safety enabled Gilda’s Club members to embrace the motto “come as you are, you are accepted as you are.” Indeed, the respect the participants felt at Gilda’s led one participant to describe the club as “an environment where you’re kind of honored.” In sum, feeling supported and not judged enabled participants to tell their stories, validated their experiences, and contributed to their self respect. As a result, the participants gained a sense of dignity that was otherwise lacking in their lives.

## Hope

Hope refers to the expectation and desire for a certain outcome (Barber, 1998). Benzein et al (2001) studied the meaning of hope for cancer survivors, revealing a dynamic process often characterized by hoping for something (a cure for cancer) and living in hope (living as normally as possible; a presence of confirmative relationships; a reconciliation and comfort with life and death). They state “to experience hope is a way of coming out of the dark” (p. 123).

Hope was a predominant theme when participants discussed their motivation to join Gilda's Club. For example, one participant who was not a cancer survivor herself, but rather brought a couple of friends to the Club said, "My first friend, Pat, that I brought here, she wanted hope. What you really, you know, what people really, really want is hope." When asked what she meant by hope, the participant explained, "Hope is what you find in people that have survived the type of cancer that you have. I mean people that you know that have kicked it or that are doing well. I mean, that's what you need to know. That's the message that you want to hear." Gilda's Club introduced hope to participants by bringing together survivors who could gain hope from one another. For some, this hope was connected to the medical treatment of their specific cancer and their prognosis. One participant who had completed all the medical treatments that had been made available to her explained,

You had somebody to talk to, and you could share treatment options and tap into other people and find out that, you know, I found out for myself that there was more available to me than what my doctors were telling me. When I was diagnosed, they said I was so bad, they didn't give me any options. They just said, 'well, you know if it comes back, we've used the best treatment first, we don't have much else we can do', like, they gave me a real sad story. And so when I went to Gilda's Club and talked to other people that had ovarian cancer and found out they've had surgeries and they've had other chemo afterwards and they were still here, it was a revelation to me. And that, I think, I think that part of what I got out of Gilda's Club was awesome.

Thus, this participant gained hope that she would survive longer when she learned of medical options that had helped others. For the other participants, the hope was connected to seeing "other people moving on and having fun and doing something." Indeed, many of the participants discussed the positive influence of watching people move on with their lives after a cancer diagnosis. In the words of one participant who had recently completed treatment:

I kept thinking, what if it comes back, what if it comes back? But after a while I could come here and feel like, you know, life goes on, other people have, they have been, you know, cancer free for years, and why not me too? You think, me too. Maybe I'm going to be like [another Gilda's Club member]. And um, so, you get a real emotional lift and you feel more positive and have more hope and it helps to focus your energy and your thoughts in a positive direction.

For this participant, watching other survivors attend classes, make plans, and move on from a cancer diagnosis was a major contributor to his emotional and psychological health. Indeed, some participants noted their goal in attending Gilda's Club was to provide a message of hope for other survivors. One long term survivor explained:

We like to think that maybe we can show people there is life down the road.

When you're going through your treatment it takes an awful lot out of you, mentally, physically, it takes a lot out of the families. I think it helps if people can look down the road and say these people have a very active life, they're healthy and they're involved in something that has some meaning for them.

In this sense, Gilda's Club provided a context in which survivors could develop meaning in their lives through their informal interactions with other survivors. The sense of hope was evident in the comments made by participants who noted they joined Gilda's Club for a particular activity, such as a physical exercise class designed by a cancer survivor for cancer survivors, yet realized they could get involved in a variety of activities. For example, one participant who had recently completed treatment stated, "I just came for the exercise class called Renewed Strength. And then I started looking at the other monthly list of things. Well I thought, I could come for that." The monthly calendar of activities was so important to one participant she described it as "giving her a life." She explained:

I was just saying today that for the first time in my life ...because I am deaf... and because I was raised in a hearing world... I feel I belong and I'm so happy. I say to my daughter when she says 'can I see you tonight?'...but I have a life! I have no life, but as soon as I get the calendar from Gilda's, I have a life.

For this participant, her connection with Gilda's Club provided the expectation and desire for a social life outside of her family. That is, she is "living in hope" (Benzein et al, 2001). Lastly, one participant discussed how the hope she developed through Gilda's Club went beyond her relationships inside the club to affect her desire for a career. In discussing her desire to find a new job, this participant stated, "I think that I'd probably be working at something I didn't like very much. I think Gilda's is helping me stand a bit firm about hoping that I'll have something that I can enjoy." Clearly, her involvement in Gilda's Club led this participant to develop hope connected to her career throughout cancer survivorship. In sum, through their interactions with others at Gilda's Club the participants in this study developed a desire for a happy and healthy life. They developed goals and expectations for themselves that reflected a positive and uplifting view of their future. In this sense, the participants seemed determined to create a new life of their choosing throughout cancer survivorship.

### **Transcendence**

Transcendence is defined as "existing apart from, not subject to, the limitations of the material universe" (Barber, 1998). Benzein et al (2001) found it is important for cancer survivors to move beyond their present situation to enter a transcendent state wherein they have dreams, envision themselves as healthy, and live in a world without problems. Herth (1990) describes cancer survivors as having "an inner power that facilitates the transcendence of the present situation and movement toward new awareness and enrichment of being" (p. 1250).

Many of the participants described Gilda's Club as a place where transcendence was made possible. For example, one participant who was in treatment explained:

It's a wonderful place to go just to be, where you are just you. You're not you with breast cancer, lung cancer, colon cancer, whatever. You're not you with anything. And when you're in treatment, I think that's important, 'cause I think you tend to look at yourself as a person with cancer. You sort of forget that you're a person.

Similarly, another participant who had completed treatment remarked: "You feel like I'm not just cancer, I'm a person and cancer is just like one part of my life but there's more to me than cancer you know." Thus, although Gilda's Club was a place in which the participants gained dignity and hope for their future as cancer survivors, it was simultaneously a context in which they were able to be themselves, not defined by cancer. They were able to transcend their current situation as a cancer survivor and just be themselves, without cancer. This sentiment was revealed by participants when discussed feeling "normal" at Gilda's:

I found the only time in the whole week that I had a normal life was when I came here. It's like when I walk through that door I left my worries behind and I was here enjoying myself, um, doing fun things and after a while I came to look forward to that and I came to realize you know, these fears, they're not me, you know, they're just, they're part of me but it's not really my reality, it's just what I do to myself.

Gilda's Club allowed this participant to transcend his fears of cancer and realize that the disease did not define him. Similarly, another participant described the other members of Gilda's Club in the following manner: "I mean there are people with extraordinary strength and serenity and just the fact of, I guess they're being able to live beyond cancer." When asked how Gilda's Club facilitated the transcendence, one participant remarked it allowed him to "realize my potential. This place has just um, allowed me to fly." In this sense, Gilda's Club facilitated this man developing and following his dreams to create a life that is focused on an enrichment of being.

## Discussion

The purpose of this research was to study how membership in Gilda's Club of Greater Toronto, a community-based recreational center, promoted healing and health throughout cancer survivorship. The findings reveal "tools for survivorship," as one participant described it, that participants gained from their participation at Gilda's Club. In particular, club members (1) developed personal dignity, (2) generated hope as expressed through their desire and expectation for a positive life, and (3) gained the sense that they were not defined exclusively by their cancer experience. Individually and collectively these three "tools" served to positively impact upon survivorship for the participants in this study. Ultimately, the research demonstrates how survivors make positive lifestyle choices and lead healthy lives, which is the goal of survivorship research (Vaughn & Meadows, 2002). The significance of the study lies in the value of therapeutic landscapes to cancer survivorship, but also in the contribution of recreation to a holistic understanding of health.

Gilda's Club contributed to participants' health, in part, because participants viewed it as a "healing oasis." In this regard, we argue Gilda's Club represented a *therapeutic landscape* (Gesler, 1992). Williams (1999) described therapeutic landscapes as "those changing places, settings, situations, locales, and milieus that encompass the physical, psychological and social environments associated with treatment or healing" (p. 2). Under this theoretical framework for understanding the relationship between "place" and "health," researchers acknowledge the therapeutic merits of a setting are not only associated with its physical characteristics, but perhaps more importantly with its subjective meaning to those in search of "therapy." The focus in therapeutic landscapes on lived experience reflects a humanistic view of landscape and place. Gilda's Club, the place, was clearly meaningful to participants in this study. All of the participants discussed how the community-based, non-clinical setting at Gilda's Club, coupled with its programming, which allowed participants to hear other people's stories of stress, survival and coping, facilitated the development of strong emotional bonds among members. These relationships, in large part, contributed to participants' positive perceptions of Gilda's Club. Participation in various programs at the club introduced participants to other people living with cancer and inspired, helped them to deal with their own situation and feel empowered to face whatever life may throw their way. All told, Gilda's Club represented an authentic landscape of healing and restoration to those interviewed (Williams, 2002), which was facilitated by a culture of reciprocity wherein people living with cancer helped one another cope with their negative life experiences. At Gilda's Club, the culture of reciprocity facilitated the development of new friendships that characterized most participants' experiences. Participants felt a deep need to connect with others who shared their experiences living with cancer, a finding that has been demonstrated elsewhere (Glover & Parry, 2008; Goelitz, 2001; Siluk, 2007). Siluk (2007), for example, found "giving back" was an important to the women in her study exploring survivorship of breast cancer. More specifically, the women in Siluk's study expressed a clear desire to "give back" to other survivors through their involvement in formal and informal support groups. Similar to the findings of this research, Siluk found the women in her study wanted to "give back" to those they felt could truly understand their experiences with breast cancer – other women who had been through the experience. In keeping with the findings of the current study, the women in Siluk's research found they needed to look outside their social networks for others who had experienced cancer in order to feel an empathic connection. From their new relationships with other survivors, whom the women referred to as "real peers", the participants gained "informational, instrumental, and emotional support" (p. 309) that was not readily accessible in other domains of their lives.

These findings are perhaps no surprise given their consistency with the homophilous principle, which assumes social interactions at the micro level are more likely to take place among individuals who share a similar social identity (Lin, 2001; McPherson, Smith-Livin & Cook, 2001; see Warde, Tampubolon, & Savage (2005) for a counter example). Glover and Parry (2008) found the same results in their study of women experiencing infertility. Like the participants in this study on Gilda's Club, the women in Glover and Parry's study found established

friendships lacking, so they pursued new friendships with others who had experience with and could relate to the stressful life event with which they were dealing. Standpoint understandably matters when it comes to maintaining or establishing meaningful friendships with people faced with a stressful life event because it is often coupled with empathy. Without a sense of empathy, friendships are unlikely to materialize, deepen or even continue. For this reason, Goelitz (2001) determined people living with cancer require a place where they can connect with others in a similar situation, can articulate their feelings about their experience with disease, and provide/gain information about how to cope or adjust to life with cancer. A recreation center committed to people who share a social identity, such as cancer survivor, can be crucial to putting individuals in contact with one another. Here, we argue, Gilda's Club plays an important function as a landscape of belief/hope and social relations (Dobbs, 1997).

Indeed, this study reveals the relevance of "third places," namely Gilda's Club, in providing a therapeutic landscape (or refuge) for people living with cancer. At first glance, the home might appear to be the most logical landscape to provide therapy, but, as this study revealed, people living with disease can sometimes feel emotionally unsupported at home because of their reservations to talk with loved ones about their cancer-related experiences. Though many patients recovering from hospitalization believe their healing only begins once they have returned to their familiar home surroundings (McWhinney et. al., 1995; Seamark et. al., 1995), home sometimes creates stress. Indeed, "individuals may be reluctant to disclose fears or be wary of distressing and overburdening their partners and others in their immediate support network" (Davis, Cohen, & Apolinsky, 2005, p. 76). Gilda's Club of Greater Toronto provided a home-like alternative to home life. In so doing, it demonstrates the significance of third places for people living with cancer, for having access to a therapeutic environments is crucial in facilitating health and restoration. Evidently, third places, like Gilda's Club, provide a friendlier and more 'authentic' environment that facilitates effective therapy. In this sense, Gilda's Club, and other third places like it, represents a striking contrast from the efficient, sterile environment traditionally associated with hospitals, and attempts to create a landscape that is therapeutic to its members. Given its potential, not only for treatment, healing, and recovery, but also for restoration and survivorship, third places deserve greater attention in the leisure and health literature.

The findings of the study suggest a number of areas for future research. For example, it would be important to explore the experiences of those who make use of Gilda's Club, or other such third places, for shorter periods of time or during specific periods of time, such as only during the diagnosis and/or treatment stages of their experiences with cancer. From this perspective, the question to answer would be "how do shorter periods of use impact upon healing during cancer survivorship?" Conversely, it would be important to understand why individuals who are living with cancer or who are cancer survivors do not make use Gilda's Club or other such third places. Why do some people make use of Gilda's Club while others do not? And, how do the people who are not attracted to third places such as Gilda's Club heal, if at all, throughout cancer survivorship?

## Conclusion

Gilda's Club is an important context that promotes health and healing through the development of dignity, hope, and transcendence. This research demonstrates the contribution of therapeutic landscapes to cancer survivorship thereby reinforcing that health is manifested through involvement in enjoyable and meaningful recreation/leisure activities (Henderson & Ainsworth, 2002). Health, in this sense, is conceptualized holistically to encompass a variety of dimensions and is determined by decisions about living one's life, including one's recreation and leisure decisions. The health literature has tended to view recreation and leisure as trivial, if not completely irrelevant, to health outcomes. Clearly, the current research demonstrates the need to reframe health research so that a broader, more holistic approach to health, including recreation and leisure pursuits, is appreciated as also impacting upon health and survivorship. In short, the current research reveals the social relevance of recreation and leisure in the context of health—an area that warrants further investigation.

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