

## Celebrate the Trail to Recovery: Power of the positive post-diagnosis of cancer

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### **Abstract:**

This paper explored how those in treatment for cancer, or in remission from it, benefitted from participation in a weekly hiking program. Fredrickson's (2001) broaden-and-build concept was used to structure and demonstrate the ability of participants to create and store positive emotions from their experiences hiking with fellow survivors of cancer. The broaden-and-build concept embraces aspects of social support, posttraumatic growth, life course development, and subjective well-being, thus suggesting its value in articulating the positive growth of those who participated in the program and this study. Through semi-structured interviews, survivors of cancer shared stories about their participation in the hiking program, and how it was beneficial to their recovery process and discovery of their "new normal."

**Keywords:** Cancer | Leisure | Positive psychology | Nature

### **Article:**

*It was an early winter morning and the temperature was low and the breeze was stiff. We had a small group out hiking that day, just seven of us in total, broken up in to two groups. I was up at the front of the pack with Paula (70, breast cancer, double mastectomy) and Clara (59, breast cancer), and Paula mentioned that she was celebrating her five year mark of "no evidence of disease" (NED). Clara perked up, smiled, and said, "I'll be there in six months!" Then Paula said, "You know, I feel like I've come a long way from that diagnosis. I was down in the dumps for a while, but now, now I know I have a lot to look forward to." Clara and I both nodded in agreement, and we walked in silence for a while, letting the sun coat our faces and the leaves dance in front of us, seemingly a celebration of her accomplishment. – From the author's journal*

## **1 Introduction**

The search for meaning in one's life is always an accumulation of experiences (Steger 2011). As we are ever-evolving individuals with ebbs and flows of positive and negative life events, we must be able to respond to our circumstances at a moment's notice. In the event we are faced with a traumatic incident, like a cancer diagnosis, we often have to rely on all of our resources to transcend the illness' far-reaching grasp (Kleiber et al. 2002). One of the most important non-medicalized resources are our close friends, family, and members of our extended social network (Chang and Yarnal 2018); a close second are the meaningful leisure activities we partake in that help to define us and help us heal (Janke and Jones 2016).

Social support and meaningful leisure are the two pillars paramount in making and maintaining a high quality of life (QOL) (Carruthers and Hood 2004; Stebbins 2018; Ussher et al. 2006). These two pillars create the greatest potential for us to have positive experiences in our lives, something that we can call on in our time of need (Cohn and Fredrickson 2011). Positive emotions may help us put the events of our lives in a broader context, allowing us to build enduring personal resources (Fredrickson 1998, 2001, 2003). When we are able to be in tune with the meaningful aspects of our lives, like our friends and our leisure activities, we can initiate the potential for positive change, even in light of a serious illness like cancer (Connerty and Knott 2013; Hood and Carruthers 2007). The question guiding this inquiry was, how can participation in a hiking program help those affected by cancer develop new stores of positive emotions to aid in their recovery?

The broaden-and-build concept (Fredrickson 2001) has a lot to offer our developing understanding of providing holistic support to those afflicted by cancer. It "provides a lens through which the links between people's positive emotions and their subsequent generativity, resilience, growth, and longevity make sense" (Fredrickson 2006, p. 57). With this in mind, the mere presence of the illness, not to mention its resultant and invasive treatments, can profoundly affect sense of self and QOL (Park et al. 2010). Therefore, it is imperative that we provide alternative resources to help people rediscover and maintain a positive outlook as they go through treatment and recovery, and their life afterwards as a survivor of cancer (Glover and Parry 2010). Fredrickson's (2001) broaden-and-build concept embraces aspects of social support (Scrignaro et al. 2011), posttraumatic growth (Tedeschi and Calhoun 2004), life course development (Hendricks 2012), and subjective well-being (Diener 2006), bridging them together to put forth a holistic synthesis of how to find growth post-diagnosis of cancer. As will be evidenced in this paper, survivors of cancer created and built stores of positive experiences and interactions through participation in the hiking program, *Celebrate the Trail to Recovery*(CTR).

## **2 Literature Review**

### **2.1 Posttraumatic Growth**

Posttraumatic growth (PTG) is the "positive psychological change experienced as a result of the struggle with highly challenging life circumstances" (Tedeschi and Calhoun 2004, p. 4). It is not simply a return to "baseline," but an experience of improvement in response to a trauma. For people undergoing treatment for cancer, and those in remission, PTG involves moving beyond the diagnosis. PTG is characterized as a "stronger sense of self and values" that is constructed through trauma in the pursuit of finding "greater purpose" and planning for the future (Arpawong

et al. 2013, p. 2235). Posttraumatic growth includes the process of “cognitive rebuilding” (Tedeschi and Calhoun 2004) and “psychological ownership” (Karnilowicz 2011) where an epiphany or turning point stimulates the growth – not the trauma itself.

For those affected by cancer diagnoses, the illness may serve as the catalyst to re-prioritize the roles in one’s life, such as relationships and meaningful leisure activities (Morris et al. 2011). For some, this may be embodied in the identity as a “survivor” post-treatment, for others it comes at time of diagnosis (Parry 2007; Parry and Glover 2010). Either way, the emphasis should be on moving beyond the illness as the primary marker of one’s identity (Karnilowicz 2011). To do this often requires the help of our social support systems (Scrignaro et al. 2011).

## 2.2 Social Support

The social support group is a common resource for coping for people with cancer and their loved ones (Docherty 2004). In this essay, social support is used to refer to formal (cancer support groups) and informal (friends and family) resources relied on in the treatment and recovery stages post-diagnosis of cancer. Additionally, having the opportunity to engage with others who have had similar life experiences helps people to normalize the experience of cancer (Campbell et al. 2004). Studies show that cancer support groups often lead to empowerment for the afflicted individual (Ussher et al. 2006); though they should not be viewed as the sole, or even primary, mode of non-medicalized therapy (Hoey et al. 2008). Non-traditional forums for those affected by cancer that do not focus on the illness are also essential tools on the road to recovery (Glover and Parry 2009). In fact, it is believed that there is a dearth of non-traditional resources for coping and support available to the broader public, thus suggesting that all additional support opportunities are needed for this omnipresent disease (Yildirim and Kocabiyik 2010). Sometimes these resources are specific to the illness and treatment, oftentimes they are indirectly, and oftentimes directly, related to the person with cancer’s life interests and personal history. Therefore, when people are able to rely on leisure activities that have been meaningful throughout their life, it can make it easier to connect to the idea of a healthy future by focusing on the meaningful aspects of their life before cancer.

## 2.3 Life Course Development

Hendricks (2012) said that, “Examining the life course is about analyzing change... we reinvent ourselves with each transition as transformed meanings take shape... a life course perspective allows us to look at life, attend to differences in circumstances be they psychological, sociological, biological, economic, or demographic, and consider what roles they play in explaining why we have diverse experiences as we grow up and grow old” (p. 226). Essentially, life course development and the broaden-and-build concept (Fredrickson 2003) are parallel partners. Each takes into consideration the importance of lived experience and the accrued meanings that result in the defining aspects of our individual being (Kraus 2014).

As leisure activities often become central to peoples’ lives, it is imperative that those activities are available in times of need due to the potential for improving mental and physical health (Wheaton 2016). Osgood and Howe (1984) theorized that leisure participation plays a significant role in solving problems which occur during transition periods along the life course. Thus, when

faced with a serious illness like cancer, leisure can serve as “maintenance” for putting one’s sense of self back in line with their personal conception (Kleiber and Kelly 1980). Having coordinates with which to map the self when sailing through rough waters will increase the likelihood of living an enjoyable and meaningful life, even in the face of cancer.

## 2.4 Subjective Wellbeing and QOL

The World Health Organization (WHO) defined QOL as “an individual’s perception of their position in life... in relation to their goals, expectations, standards and concerns” (as cited in Camfield and Skevington 2008, p. 765). QOL is commonly used interchangeably with subjective wellbeing (SWB), though some scholars suggest that QOL is more objectively defined (Diener 2006). Either way, an objective measure of one’s QOL is often reflective of one’s SWB; in the latter the onus is on the individual (Christopher 1999). However, when faced with trying and traumatic experiences and illnesses, it is not always easy to maintain SWB or a high QOL. In these instances it is where we must call on our most meaningful identity markers, often in the form of leisure, as well as our social support systems, to overcome or combat the negative intrusion of cancer into our lives (Diener 1984). To reestablish a high QOL, or SWB, we call on our social networks (Campbell et al. 2004), we evaluate the meaningful aspects of our lives (Hendricks 2012), we engage in the process of cognitive rebuilding post-trauma (Tedeschi and Calhoun 2004), and we do this through drawing on the “reserves” of our emotional banks to transcend and build additional helpful and needful resources for the future (Fredrickson 2001).

## 2.5 Broaden-and-Build Concept

Positive emotions are important to social interactions in that they are often both the cause and result of meaningful engagement (Vaughn and Fredrickson 2006). When those meaningful experiences are shared amongst close friends or family, not only does it create for mutual enjoyment in the moment, but it also helps to build bonds and form enduring alliances going forward (Fredrickson 1998). Positive meanings can also be derived through individual experiences as well. Through the process of meaning making that we all engage in daily, an individual’s engagement in a rewarding activity can signal many aspects of a meaningful life, including joyfulness, connectedness, a sense of discovery, and empowerment (Iwasaki et al. 2018).

When we develop a broadened mindset through rewarding experiences, individual or shared, we create “indirect and long-term adaptive value” that benefits our outlook and resiliency in future times of trauma or hardship (Fredrickson and Losada 2005, p. 679). While life satisfaction is correlated with the amount of positive experiences and their residual positive emotions, it is of equal importance for individuals to be resilient and respond to life’s hardships as best as possible to ensure growth and maintain a positive disposition (Cohn et al. 2009). To do this requires coming to terms with the traumatic experience in light of the relationships and activities we find most valuable to our lives, those that will become the vehicles we use to transcend the hardship (Dattilo 2015). When we are able to see the “broader” picture of our lives, triumphs and tragedies included, we can start to build a store of personal, positive emotions that can be called on in time of need to offset or ease the difficulties we face as evolving beings (Fredrickson 2003).

### 3 Methodology

#### 3.1 Background of Study

I started a twice weekly hiking program for people with cancer, survivors, and their support networks called *Celebrate the Trail to Recovery* (CTR) in the fall of 2016. We hike year-round every Wednesday and Saturday morning. Wednesday hikes tend to be shorter and less intense, allowing those who may have limited stamina and/or limited physical strength to participate. Saturday hikes are longer in duration and often take place on more rugged terrain. These hikes are geared towards those with higher levels of physical ability. There have been thirty-seven participants to date, with twenty-one having participated on at least ten hikes. Thirteen have participated on twenty-five hikes or more.

#### 3.2 Participants

Interviews were conducted with twelve participants, including two males and ten females, with an average age of 67 years old. All participants either had cancer or were in remission. Nine of the participants were white, two were black, and one was of Hispanic origin. Pseudonyms were assigned to protect identity. The hikers primarily found out about the program through the nearby cancer center; though some were informed through a local nonprofit arts-based cancer support group I work with frequently. All hikers were told about the research agenda behind CTR on their first hike, though they were not asked to participate in an interview until they had been out on a minimum of ten hikes. Because of this, participants were chosen using purposive sampling (Patton 1990) based on informal discussions while hiking about their experiences with cancer and the importance of CTR to their lives.

#### 3.3 Interviews

A set of questions was designed to conduct semi-structured interviews with each participant. The emphasis of the interviews was on understanding their historical relationship to nature and recreation, their diagnosis of cancer and their treatment program, their participation in CTR, and their outlook for the future. Questions included: How important is being in nature to your quality of life (QOL)? How would you have described yourself pre-diagnosis of cancer? How would you describe the feeling of being diagnosed with cancer? What have been the best support mechanisms in your recovery process? And, how has participation in CTR affected your life? Interviews typically lasted about an hour, though several lasted upwards of two hours.

#### 3.4 Participant Observation and Informal Discussions

I undertook this investigation as both a participant and an observer. I participated in the majority of hikes (and was assisted by graduate students who served as “guides” in my absence), floating between hikers to build meaningful relationships with each participant. I made mental notes during participation in order to write up more expansive field notes after each hike (Tracy 2013). The numerous informal discussions that took place on hikes often led to topics to be further discussed on future hikes, as well as became specific issues to address with participants at

interviews. There was never an explicit requirement or expectation to speak about cancer during the hikes, though frequently hikers would bring up their cancer experiences candidly and matter-of-factly as they developed a rapport with other participants. All notes then became a part of a larger field journal for the project.

### 3.5 Data Analysis and Interpretation

The foundation of data analysis utilized some of the analytical techniques of grounded theory (Charmaz 2006) to focus on the realities of life with cancer for the participants and their involvement in the CTR program. The analysis relied on a primary and secondary coding technique derived from thorough re-readings of the interview transcripts and field notes. First, content relevant to the research question were found and categorized into broader groupings. Second, primary codes were assigned, when possible, using in vivo terminology (the language of the participant) which led to further refined categories of data which evidenced connections to some of the concepts used in this manuscript. Finally, primary codes were then grouped into specific categories using focused coding to guide the structure of the manuscript (Tracy 2013). The data were managed by determining which content spoke to the research question, and then developing a hierarchical list of relevance for the remaining data (Saldaña 2012). These data provided the foundation for understanding how these survivors of cancer built stores of positive emotions through participation in CTR to build better lives for themselves in the future.

## 4 Results and Discussion

*Roy (72, prostate cancer) is one of the more interesting people you'll meet. He's conservative and stoic, but not close-minded, and he's always up for a laugh, even if it is at his expense. I often ask him to tell me about his past life as a hitchhiker: some of the tales are comical, others are eye-opening, but they evoke his youthful inner-spirit that has in many ways been stifled by his ongoing fight with cancer. He doesn't consider himself a "survivor," because he'll always have the disease, but he does aspire to push it out of the forefront and reclaim his life as an experience-loving nomad.* – From author's field journal.

Fredrickson's (2001) broaden-and-build concept embraces aspects of social support (Scrignaro et al. 2011), posttraumatic growth (Tedeschi and Calhoun 2004), life course development (Hendricks 2012), and subjective well-being (Diener 2006), bringing the concepts together to help establish the importance of finding growth post-diagnosis of cancer. As will be displayed, each of these concepts is evidenced through the lived experiences of these participants, with each vignette or experience pointing to the potential of the broaden-and-build model (Fredrickson 2001).

### Broadening One's Resources

Lana (58, breast cancer) is a somewhat shy individual with big aspirations for her social life. While mostly reserved on the trail, from time to time she will initiate group conversations and is always the instigator for folks to get together after the hike for lunch. During our interview, we were discussing the role of support groups for people diagnosed with cancer. She said, "I found the support groups offered at the cancer center to be pretty great. I've gotten to go to cooking

classes, gardening classes, and even some art classes, too. More than just providing access to fun stuff, these support groups have helped me to sleep a little better because I interact with others who are having similar issues; it's not just me whose anxiety is out-of-control!"

For Lana, and many others, loneliness and isolation, especially during a harrowing experience like cancer, can lead to further complications on the healing process (Yildirim and Kocabiyik 2010). Through the opportunity to "broaden" her understanding of the diverse and quixotic side effects of cancer and its treatment regimen, Lana was afforded the peace of mind that she was not alone in her fight with cancer. Through the support groups at the local cancer center she was able to "build" enduring personal resources, in the form of social connections that led her to new opportunities like CTR, that have allowed her to find growth during and after treatment (Fredrickson and Losada 2005). Near the close of our interview Lana told me that both her mom and dad died of cancer, and that neither had any positive resources during their treatment and subsequent deaths. She said that, "I wish they knew how to take care of themselves better after they were diagnosed, they might have lived a little longer, or at least been happier longer. I can't imagine not having the cooking classes or hikes every Saturday; where would I be without them? What would I do without them?" The resources made available throughout the community have been integral to Lana's trail to recovery, allowing her to make much-needed connections for social support (Ussher et al. 2006; Waugh and Frederickson 2006).

Not everyone found the traditional support groups offered through the cancer center favorably, however. I asked Robyn (71, breast cancer) if her identity had been affected by the cancer diagnosis and illness. She responded, "It affected me greatly. After the surgery and hormone medicine you don't feel very good. Gradually I would feel better and that was the new 'normal.' I didn't ever compare it to the old 'normal' until I started hiking with the group. I enjoy the hiking so much that I thought maybe I didn't challenge myself enough when I was recovering. I could have done more. The hiking program has been as positive an experience as I could have hoped for." I asked her if she found value in participating in other support groups while going through treatment, and she responded that she found them "off-putting" because the emphasis was on the illness and she did not want that to be her focus. For Robyn, she wanted to find positive outlets for engaging with life, even in the face of cancer. Swami et al. (2018) have demonstrated that exposure to natural environments helps to "restrict" negative thoughts, and Robyn found this through her involvement in the CTR program on a weekly basis.

Heather (55, breast cancer) came in as a gregarious and lovable person; it was clear that she had experience overcoming hardships in her life, though she had previously admitted to me that the cancer diagnosis was especially hard. She did not get much support from her kids, and most of her friends were only involved on the periphery. Heather told me on her last hike with the group that through her participation she had found an inner-strength that had gotten buried somewhere deep inside her along the way. Colley et al. (2017) emphasized the transcendent properties of immersion in natural environments to improve the outlook for people with serious illnesses. Heather said, "I've been coming out every Saturday for nine months now. And each time I feel a little more capable of taking control of my life. I'm still young, I want to experience more than I have been these last few years. And I think I found that courage out here on these trails." The next day she was moving to a new city for a fresh start, full of positivity for the opportunities that lay ahead.

## Building on Life's Experiences

Glenda (68, breast/cervical cancer, metastasized) defined her first diagnosis as “disturbing.” She said it significantly “derailed” her life for a time, and that it took her awhile to get over that. Mostly she laid around, depressed, and lacking energy. But over time she was declared in remission from breast cancer, and at that point she thought she could start to live her life again. Unfortunately, less than two years later, she found out that the cancer was still present in her body and had metastasized to her cervix. She said of the second diagnosis, “I let the first one get to me; I wasn’t letting the second one do that, even though I knew it would more than likely be what kills me.” I asked her about her change in perspective, especially since she had been so emotionally wiped during her first diagnosis, and she responded, “People were always treating me differently because I had cancer, and I let them. In some ways I think I liked the attention. Oh, poor me, you know? But the second time, I had been reading a lot about the importance of having a *positive* mindset, how attitude affects everything. It’s your choice on how you’ll respond. This last time, I chose to respond for the future” (emphasis added).

Arpawong et al. (2013) said that PTG is characterized with an increased sense of psychological maturity resulting in a greater purpose for life. Glenda said her second diagnosis encouraged her to reach out to people who were feeling like she did during her first diagnosis. She said there was a “sisterhood” and that what she was “supposed to do” is help those in need. By feeling a sense of empowerment and empathy for others in similar situations, Glenda sought out connections with other people undergoing treatment for cancer and this helped her to feel in control as well as to normalize the cancer experience (Connerty and Knott 2013). The social support system she willingly and eagerly became a part of became a “durable, psychological resource” for her in establishing her resilience in the face of cancer (Chang and Yarnal 2018). Glenda was one of my best recruiters: numerous other hikers joined CTR because of her recommendation rooted in its positive impact on her life.

Prior life histories are important for both predicting later life outcomes, but also for how one responds to adversity along the way (Mayer 2009). While speaking with Clara (59, breast cancer), she fondly recalled her time spent at her father’s country farm in Ibiza, Spain, as well as her backpacking and camping experiences as a college student and young adult in Montana. As natural environments possess restorative and cathartic properties (Swami et al. 2018), they are excellent resources to be used in coping with traumas like cancer (Song et al. 2016). This was something Clara was hoping to reignite for herself.

Clara remarked how she had lived in this town for the last thirty years and did not know that so many trails were so close by. As she grew older and raised a family, she said she “no longer had time for herself.” That, unfortunately, included hiking and being outside in the wilderness, something she had embraced for the first twenty-five years of her life. Kleiber and Kelly (1980) said that the identity formation that occurs in leisure is the embodiment of “self-expression and assessment of future potential” and is integral to the maintenance of the individual’s sense of self and development (p. 126), something Clara had to sacrifice for her family.

While upon reflection Clara felt as she missed out on a lot of time spent in nature, she was able to channel those dormant connections to the environment when she needed them the most, perhaps. It was through her participation in CTR that she reawakened her love for hiking, and going forward Clara had a goal that she wanted to accomplish: to hike the Camino de Santiago in Spain. This pilgrimage was something she had dreamed about while staying with her father abroad, but it had fallen out of her purview until now. She saw her participation in the CTR program as both a healthy way to get back in shape after her cancer experience, but also as the training grounds for her newfound goal of hiking the Camino. For Clara, she was embracing Steger's (2011) call to find her true meaning in life by accomplishing this lifelong goal.

Diener (1984) said that there were three categories of wellbeing and happiness: external criteria such as virtue, not subjective, but possessive of some desirable quality; life satisfaction, or that which leads people to view their lives in positive terms; and a greater degree of positive affect over negative affect. More recently Diener (2006) said of SWB that it includes the valuations people make regarding their lives, the events happening to them, their bodies and minds, and the circumstances in which they live" (p. 152). The latter assertion more clearly articulates the importance of QOL as measured by each individual, thus emphasizing the heart of the broaden-and-build concept to "sample the rewards of the future in the present" (Cohn and Fredrickson 2011, p. 15).

For the participants of this study, their very presence in the CTR program, almost always on a weekly basis, showcased its importance as a valued resource for coping and identity maintenance, as well as a positive anchor for them to root their growth in. Much as Roy said one day out on a hike, "These trails are here for us to use whenever we need them. I know when I have a bad day, or am feeling the repercussions of life with cancer, I can come out here for some positive reorientation. Recalibrate my internal compass, if you will." Those hikers who found this program to be of utmost importance in their lives frequently commented in emails and text messages that they were thankful to have it as a steady resource. Not only did it give them a sense of belonging and a consistent regular healthy activity, it allowed them to view their life as one that was rich with meaning, now and into the future.

## **5 Conclusion**

*Near the end of my interview with Bill (71, prostate cancer), I asked him for a closing thought, to which he responded, "I don't have any words of wisdom, but you're doing a better job than anybody in my life with helping me work through this disease. You're just out there doing it. It's a simple, straight-forward way to get folks together for a good cause in the beauty of the wilderness. CTR has kind of a built-in expectation that through our collective positive interactions we'll continue on together. It seems to me it's already been a success. It has gotten its roots and it's growing... these are the kinds of groups you pray for. Once they get going they can go on indefinitely. And I'm thankful for that."* – Excerpt from interview.

Times of loss and illness are when people can greatly benefit from social engagement in natural environments (Colley et al. 2017). Hiking in natural environments has been associated with improved physiological, psychological, and social wellbeing (Swami et al. 2018), and exposure to natural environments can reduce mental stress (Lee et al. 2014). Natural environment

intervention programs, like CTR, can give patients a head start in counteracting the negative ramifications of the illness and its treatment regimen (Cimprich and Ronis 2003), thus creating access to needful resources that both “broaden” – targeting the way people change through the experience of positive emotions – and “build” – targeting the lasting changes that follow repeated exposure to positive experiences over time (Cohn and Fredrickson 2011).

The CTR program served as an alternative mode of support for many who did not find value in “traditional” support groups that focus on the illness experience, especially those that take place in medicalized venues. Additionally, CTR was a necessary complement to medicalized treatment, thus helping to attend to the many facets of the holistic treatment and recovery plan. Through involvement in the hiking group the participants were able to create recurring opportunities to destress and socialize in positive and natural environments with others who had faced similar traumatic experiences. That these hikes occurred on a weekly basis allowed the participants to establish a healthy regimen to create and add to their “stores” of positive experiences.

Waugh and Frederickson (2006) said that it was the frequency of positive emotions, not the intensity, that are reliable predictors of life satisfaction. As was evidenced by the participants of this study, hiking with CTR allowed them to develop healthy routines, engage in meaningful experiences with people who had undergone similar negative life events, find existential growth post-diagnosis and treatment of cancer, and for many, reestablish continuity in their life’s passions all the while connecting those passions to future goals and the positive potential for happiness going forward.

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