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# Contributions of a Retreat Weekend to the Healing and Coping of Cancer Patients' Relatives

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## Abstract

Relatives play a key role in the daily support and care of cancer patients. This role, however, can negatively affect relatives physically, psychologically, emotionally, and spiritually, challenging their health and well-being. Consequently, this could inhibit relatives' abilities to continue in their roles as caregivers. Although various studies have examined different interventions for the relatives of cancer patients, no formal research has been published on the role that retreat weekends play in their cancer journeys. In this qualitative study we used semistructured interviews to explore the experiences of 8 relatives who attended a "Skills for Healing Retreat Weekend" in Ontario, Canada. The findings indicate that the retreat, in bringing people together to partake in discussions and activities, fostered a sense of community among the participants. The retreat also had enduring effects, contributing to relatives' ongoing processes of healing as well as providing them with strategies for coping in their roles as caregivers.

## Keywords

cancer; caregiving, informal; coping and adaptation; distress; families; healing; relationships; support

Despite medical advances in the early detection of cancer, its treatment, and the prevention of its recurrence, a diagnosis of cancer is always devastating. This is not only true for cancer patients but also for their relatives, defined in this study as anyone who is considered as such by the patient, including a spouse or partner, children, siblings, extended family, friends, and neighbors (Eriksson & Lauri, 2000). Relatives perceive the diagnosis of a loved one with cancer as a major threat, regardless of the type, or the stage of its development (Colgrove, Kim, & Thompson, 2007; Harrison, Haddad, & Maguire, 1995). Cancer, then, is often thought of as a family disease because it greatly affects the relatives of cancer patients and brings about changes in family dynamics and social relationships (Ka'opua, Gotay, & Boehm, 2007). One change that occurs is that relatives often take on dual roles throughout the course of their loved one's illness as both informal caregivers and coparticipants in the illness experience (Colgrove et al., 2007; Mellon, 2002; Thomas, Morris, & Harman, 2002). These roles place a unique stress on relatives as they are faced with the challenge of trying to balance caring for the cancer patient, work, family, and the leisure domains of their lives (Schneider & Mannell, 2006). Findings show that the stress of caring

for an individual with cancer can bring about both physical and psychological symptoms in relatives such as anxiety, insomnia, and severe depression (Carter, 2003; Colgrove et al., 2007; Funk & Stajduhar, 2009; Harrison et al., 1995), especially because they often step into their new roles with little understanding of the impact their loved one's diagnosis will have and how it will alter their lives (Teschendorf et al., 2007). Studies also show that relatives often have more difficulty adjusting to the illness than the patient (Ostroff, Ross, Steinglass, Ronis-Tobin, & Singh, 2004) and that their own psychological adjustment has a major effect on their ability to support the patient (Zwahlen, Hagenbuch, Carley, Recklitis, & Buchi, 2008). Spiritual distress and feelings of isolation and disconnectedness are also common for caregivers as they are faced

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with the possible death of their loved one (Carson, 1997). Considering that relatives play an important role in caring for and supporting cancer patients, and considering that they are deeply affected physically, psychosocially, emotionally, and spiritually by the diagnosis of a loved one with cancer, their concerns, health, and well-being in each of these domains, as well as the types of supportive programs that attend them, need to be addressed.

In the literature, some prominent concerns expressed by relatives include a lack of information about their loved one's illness and treatment (Eriksson, Arve, & Lauri, 2006), how to develop skills for caregiving and coping (Teschendorf et al., 2007), as well as how to be active participants in their loved one's care (Morris & Thomas, 2002). In addition to a perceived lack of emotional and spiritual support from health care providers, relatives often have trouble accepting their own needs as valid (Morris & Thomas, 2002), either because of feelings of guilt or possibly because of a lack of insight about how caregiving increases risks to their own health (Teschendorf et al., 2007).

Against this background, self-help and professionally conducted support groups (Ostroff et al., 2004; Witkowski & Carlsson, 2004), psychoeducation programs (Pasacreta, Barg, Nuamah, & McCorkle, 2000; Todd, Roberts, & Black, 2002), and family group interventions (Heinrich & Coscarelli Schag, 1985), either face-to-face or online (Seale, 2006), have been developed to assist relatives in coping more effectively with the challenges of cancer diagnosis, treatment, and rehabilitation. Penson, Talsania, Chabner, and Lynch (2004) synthesized these into four types of intervention commonly used: (a) cognitive behavioral therapy that encompasses mind-body techniques such as guided imagery and meditation, (b) educational therapy, (c) psychotherapy, and (d) expressive group therapy through painting, music, or dance. By providing a supportive group environment, these approaches have produced outcomes for relatives that include decreased psychological distress, as well as improved self-esteem and sense of mastery, greater coping and satisfaction, a higher perception of support and knowledge, as well as an increased sense of well-being (Hendriksson & Andershed, 2007; Milberg, Rydstrand, Helander, & Friedrichsen, 2005; Ostroff et al., 2004). The positive outcomes of the interventions mentioned show that they address, at least in part, relatives' needs for emotional and spiritual support.

Retreats are another possible avenue for providing support and addressing relatives' concerns as they work through their loved one's cancer experience. Although there is limited information available about retreat weekends for relatives of cancer patients, Ruffin, Creed, and Jarvis (1997) indicated that a weekend retreat for the families of children recently diagnosed with cancer met

their needs for education, recreation, and mutual support. Also, after a 3-day retreat for families of children with juvenile arthritis, family members reported experiencing less strain on their work and leisure activities, and feeling less emotionally and socially isolated because they were able to meet and talk with others who have had similar experiences (Hagglund et al., 1996). The reduction of feelings of isolation was also felt by those who attended a retreat program for children whose sibling had died of cancer. There, Creed, Ruffin, and Ward (2001) found that enduring friendships were formed, giving children networks of support and allowing them to communicate more openly about their sibling's death. Similarly, a study done by Kramer and Sodickson (2002) found that a weekend retreat for the parents and siblings of children who had died provided them opportunities to join with other bereaved families in remembering their children. The authors also hoped that the retreat would help bereaved families find a path to healing, and that it would give them insight, strength, and support, allowing them to continue moving forward.

Evidently, retreats can be a valuable tool for helping relatives get support and respite from the strains of caring for an individual with a chronic illness, as well as for aiding them in coping through the bereavement process. The retreat programs mentioned above, however, are mostly centered on supporting the relatives of children who have a chronic illness, limiting the population covered. Retreat programs for adults also exist (Angen, MacRae, Simpson, & Hundleby, 2002; Kennedy, Abbott, & Rosenberg, 2002; Levine, Levenberg, Wardlaw, & Moyer, 2001; Rutledge & Raymon, 2001; Wallace, Graham, & Wonch, 1993; Yancey, Greger, & Coburn, 1994); however, these are mainly focused on the cancer patients themselves and not on their relatives.

It is clear, therefore, that a need exists for adult retreat programs that place greater emphasis on the concerns and wellness of relatives, and for gaining a better understanding of how they affect the relatives of cancer patients who attend them. Thus, in this qualitative study we aimed to explore the experiences of cancer patients' relatives attending a nonresidential, 2.5-day retreat in Ontario, Canada. By exploring their experiences, this article will contribute to the limited literature on healing retreat programs for cancer survivors' relatives. The Skills for Healing Weekend Retreat, pioneered by the fourth author, radiation oncologist at Dalhousie University in Halifax, Nova Scotia, included a package of interventions: (a) didactic sessions on how to negotiate the medical system, the role of nutrition and complementary therapy, stress and the relaxation response, and spirituality in cancer care; (b) coping skills like relaxation and yoga from the mindfulness-based stress-reduction paradigm; and (c) supportive expressive support group therapy, a series of lectures on alternative

healing and coping modalities, and frequent opportunities for participants to share their stories with others. The program alternated between lectures and activities that were adjusted in terms of length and sequence to the needs of the retreat participants. Meditation, yoga, and breathwork sessions were paired with talks on the mind–body connection, stress and the relaxation response, and complementary and alternative medicine and nutrition. An interdisciplinary approach was taken at the retreat, so the facilitators of the exercises, activities, and discussions came from various medical professions, including an oncologist, a specialist in mind–body medicine, a nurse, a social worker, and a spiritual care provider.

## Methods

### *Design and Procedure*

A prospective qualitative explorative study design was used to collect the data, as it allowed participants to share their experiences in a free-flowing manner. Data collection took place in May of 2005. Ethical approval was obtained from the university review board. Semistructured interviews were conducted by the third author—who attended the retreat and met the study participants in person—approximately 4 weeks after the retreat had taken place. Sociodemographic data were collected prior to the start of the interviews. The audiotaped interviews, each about 60 minutes in length and conducted in English, were guided by a series of open-ended questions, e.g., How did you experience the retreat weekend? What is your perception of the concept of healing? What do you feel you learned from attending the retreat weekend? The data collected during interviews were complemented by the researcher's field notes on the participants' behaviors and the environment of the interviews. Memoing was used to preserve the researcher's ideas throughout the data analysis. Participants of the retreat were recruited to the study through flyers posted at a local cancer clinic and on the Skills for Healing Weekend Retreat Web site (see <http://www.robrutledge.ca/>). The design, goals, and importance of this particular study were explained by the fourth author at the start of the retreat to the 35 cancer patients and relatives attending. Those who agreed to participate were contacted approximately 1 week after the retreat to arrange meeting for the interview. Informed consent was obtained at the time of the interviews.

### *Participants*

A convenience sample of 8 relatives of people diagnosed with cancer (7 women, 1 man) participated in this study. The stage of cancer progression for their loved ones with

cancer varied from stage III to stage IV, and the type of cancer varied as well. The ages of the participating relatives ranged from 39 to 67 years (median = 53 years). Six participants were married, 1 was single, and 1 was in a long-term partnership. Four relatives had a full-time job, 2 had a part-time job, and 2 were unemployed or retired. The relatives represented a variety of relationships with their respective cancer patient, including wife, partner, niece, daughter, and close friend. At the time of the interview, 5 relatives mentioned that their loved one was undergoing treatment, 2 said that their family member was not under treatment, and 1 relative was coping with the death of the cancer patient during the month between the retreat weekend and the interview.

### *Analysis and Interpretation*

Interviews were transcribed verbatim for analysis and all data underwent content analysis using the constant comparative method (Strauss & Corbin, 1990) to identify main themes. Repeated themes were clustered into categories that represented key content. An audit trail was established to keep track of decisions made during analysis, and to enhance data credibility; informal member checking with participants was performed. The second author recoded all data using the coding guidelines and category definitions developed by the third author to confirm that the emergent themes were representative of the raw data. According to Sandelowski (1995), researchers in qualitative studies should seek the greatest variety of data concerning the phenomenon. After the analysis of eight interviews, we judged the data to be saturated. The resulting themes, although separated for clarity in this article, are interrelated and overlapping.

## Results

The experiences of the relatives were found to have two dimensions: the immediate experience of the retreat itself, and the enduring effects that lasted at least 1 month beyond the retreat. The retreat components, which included the activities and information outlined above, as well as the people involved—namely the cancer patients, their relatives, and the retreat facilitators—provided the framework for the weekend. These components all came together to create the retreat experience, which was characterized by emotional openness, relief, shared experiences, and mutual support, and led to the development of a sense of community among the participants. The retreat experience then, although slightly different for each participant, contributed to the process of emotional and spiritual healing for many of the relatives, as well as providing them with some strategies for coping with the various challenges they faced as caregivers in their daily lives.

### During the Retreat: Immediate Experiences

*Emotional openness.* One of the main themes that emerged throughout the retreat weekend, contributing to building a sense of community among the participants, was emotional openness. This was felt from the beginning of the retreat during one of the first organized activities, in which participants were invited to share their cancer journey stories. Although the cancer patients and their relatives came from diverse backgrounds, the “distance” between them began to shrink as their stories were shared. One relative said,

I was struck quite profoundly at how emotionally available people were very early on. That first round-table where we were all in a circle introducing ourselves, and because of the importance of what we were talking about, it was like all the typical boundaries in between new people flew out the window that first evening.

This relative attributed this to the facilitators of the retreat who “did a really good job of getting people to open up.” Participants’ reactions to this initial activity were varied, as a spouse commented, “People were really baring their souls. And some people seemed embarrassed by it, and some people seemed happy to tell their story. And, I noticed that some people never did come back.” Another participant, who was a close friend of a cancer patient, found the experience to be quite negative, feeling threatened by it enough to consider leaving the retreat. She said,

The distance of talking to that whole big room is so impersonal, especially for the cancer patient. I mean, they’re spilling their guts out. I’m not spilling my guts out, but it still scared me because I don’t like talking in public.

One daughter expressed her feelings about the initial sharing exercise differently, saying, “The word ‘powerful’ just keeps coming back to me. Just hearing everyone’s story and seeing the emotions that came out of everybody that night. . . . It was just quite the experience. It was overwhelming.” Although relatives’ reactions to the first sharing exercise were varied, the exercise set a tone for the weekend where emotional openness was encouraged, especially through the guided exercises and discussions.

Another activity that stimulated emotional openness was one in which participants were asked to draw pictures of themselves in the past, present, and future, and then to discuss their drawings. One patient’s partner said, “At first blush, I thought, [it] was sort of a foolish exercise but in the group discussion, it proved to be quite

amazing. . . . I think it was a barrier remover. It allowed people to really talk.” The small group discussions held throughout the retreat also encouraged this openness. He (the patient’s partner) said that the discussions were

Very open [and] very inviting. . . . I was in a couple of groups with people that I would define as angrier. And if anything, I think that allowed the other people in the group to just open up to them in an emotional, receptive way because you can relate to where that person [is in their cancer journey]. . . . It was really an excellent way of just dialoguing about what you’re going through.

Here, even the presence of participants who were perhaps less emotionally open encouraged others, through empathy, to be more so. This spirit of open communication continued throughout the weekend. One cancer patient’s niece said, “There was just the feeling [that] it was okay to be open,” whereas a spouse felt that overall, there was a “willingness of people to share their lives.” Finally, another relative concluded that the retreat provided “a very warm, safe place to talk about what was going on.”

*Relief.* A second theme that developed during the retreat weekend, which stemmed from the emotional openness of the participants, was the relief that relatives felt from sharing their thoughts and feelings about cancer and how it had affected their lives. When asked about her feelings toward sharing her cancer journey story, one spouse said, “I think it’s a release to people. I think it’s a release to me.” Another spouse also reacted strongly because, as she said, “[My husband] is there when I need a shoulder to cry on, but, I don’t want to cry on his shoulder because he’s going to feel bad about himself. So, I just keep it inside.” As a result of this, when asked about her reactions to sharing her story, she said,

I felt so much relief. . . . I felt so relieved and free that I could finally open up and talk to people about it! I was ready to explode. I felt so much better just talking to people.

Other discussion groups also proved helpful, especially when relatives were separated from cancer patients. A close friend quite appreciated this group discussion because “[caregivers] could actually speak up and say what they really meant,” without worrying about how their loved ones would react. Discussions throughout the retreat provided relatives with the opportunity to express themselves, and one relative said,

I felt glad to share [and] to have people [to talk] with. . . . It was interesting how different we all felt. And it felt like unloading, too, like making space

for new stuff to come, new feelings I guess. And I didn't feel alone.

The relief felt by relatives manifested itself in different ways throughout the weekend, depending on the activity or exercise that was taking place. Some relatives found physical and mental relief through activities such as yoga and breathing exercises. As one spouse said, "I really enjoyed the meditation. . . . I just found it was so relaxing. I found that I could spend the weekend sort of freeing up my mind from all the things that were bothering me." Similarly, the daughter of a cancer patient really felt a change between the first evening of the retreat, when she felt emotionally, intellectually, and physically spent, and the last day of the retreat. She said,

I didn't feel drained. I mean, part of it was the yoga. . . . I loved that part. . . . I think that maybe [it] had a real part in keeping people sort of even and level; relaxed. So, I just felt really good when I left. Physically, I felt pretty good.

In this way, the retreat provided relatives with both an emotional and a physical outlet for the stresses brought on by caregiving, and it was universally thought to be a beneficial experience.

*Shared experiences.* The shared experience of cancer was a third theme that emerged from the retreat weekend. There, relatives found comfort in talking to other people who were going through experiences similar to their own, and in knowing that, although they might feel so at times, they were not alone in their cancer journeys as caregivers. One of the relatives who felt most strongly about this said, "What I learned is that we were not alone. . . . Thank God! That sounds bad, but thank God there are other people who have cancer! . . . We are not alone anymore." A daughter echoed these feelings in her own words, finding hope in common ground: "I think it was that hope, hopefulness . . . and knowing [that] what you were experiencing, other people were experiencing. . . . You could still see at the end of the day that you would be okay." Along with this optimism, she emphasized the benefits of the retreat, saying, "It's important for people to know they're not isolated, especially the caregiver."

Other relatives found it helpful to talk to people with perspective on their experiences, the kind of perspective that only comes from having been in similar situations. As one partner stated, "The weekend was a chance for me to talk to other people who were partners of, or spouses of someone who has a diagnosis and what impact it has on them." Another relative also felt this way, saying,

I needed to talk to people. . . . To talk to my husband is not the same as talking to other people [who

have gone through it]. . . . He needed to talk to people about how they felt about their own cancer, and I needed to talk to people [about] how they deal with people who have cancer.

These discussions not only helped relatives through comfort and reassurance, they also gave some relatives strength in knowing that the knowledge they had gained through their own experiences was helpful to others. As one relative said,

I realized that I was bringing [knowledge] to the group that those people were benefiting from. And I found that very moving. . . . Two women in particular came over and expressed to me how much they appreciated my being there, and that I had said things that had been helpful for them. And I found that just quite remarkable.

*Mutual support.* Mutual support was a fourth theme that emerged, contributing to building a sense of community. Relatives generally felt supported throughout the retreat weekend, as a spouse commented, "Whether you were a good guy or bad guy, you were supported in whatever you said." This support came from the other participants at the retreat, as well as from the retreat facilitators, whom one daughter particularly appreciated:

All the different [facilitators] that ran the groups. . . . I thought they were very good, they were very supportive. They were always interspersed amongst us, and so, I think there were always people there to support you if you needed to talk to someone.

The presence of others to talk to and contact with people who were in similar situations was perceived as supportive by three participants. A patient's niece expressed this by saying, "[The retreat] was so helpful, and it was so nice to meet [and] be in touch with others. It's so important because you get so isolated."

Expressions of mutual support between participants were various and often quite strong. One example was the reaction of a relative toward another participant when she said, "All I wanted to do was reaching out and hug her." Another relative remembered that, at times, mutual support was even manifested in a physical touch: "Most people, I think, kind of opened their hearts out, and lots of people were reaching out with Kleenexes [facial tissues] or, you know, patting someone on the shoulder. I thought that was really wonderful." As this comment illustrates, the mutual support that was shown between participants at the retreat was strongly interrelated with their emotional openness and the bond of having shared experiences. These aspects reinforced each other throughout the weekend,

and as feelings such as anxiety, hope, frustration, or anger emerged in discussions, the shared experience of cancer brought out emotions of compassion, sympathy, and support without judgment. One partner's understanding of this was quite useful: "We're all on a journey, and we're all at different places on the journey." He continued to say that "maybe a happy, positive part of going through this whole thing is that you're able to connect with other people, and support each other and comfort each other." For one spouse, this was indeed true, because the support she received at the retreat proved to be not only helpful, but perhaps even therapeutic. She said, "I felt better because I felt supported, honestly."

*Sense of community.* The above-mentioned aspects of emotional openness, relief, shared experiences, and mutual support all worked together to foster the creation of a sense of community among the participants of the Skills for Healing Retreat Weekend. The activities and exercises, as guided by the facilitators, encouraged relatives and cancer patients alike to open up emotionally and share their stories and their feelings about their cancer experiences, whether these were positive or negative. Initially, some participants were more comfortable sharing than others, but as one relative said, "Once we got going, it was really quite easy to open up and talk about it." Many relatives found sharing their stories and feelings to be a source of relief, and others benefited from discussing concerns that came up while caring for their family member with cancer. United by their shared experiences of cancer, regardless of the type, as well as the hopes, fears, concerns, and strengths they had in common, relatives also found comfort in knowing they were not alone. From this, although they are all at different places along their individual cancer journeys, relatives were able to empathize with each other, learn from each other, teach each other, and just listen, ultimately providing each other with mutual support. In this way, a connection or a bond was created among relatives at the retreat, described here as a sense of community. One daughter characterized this sense of community as a "warm, enveloping milieu," whereas a patient's partner said that at the retreat he felt welcome despite the fact that he did not have cancer. He also described the retreat as a safe venue for sharing and exploring whatever feelings he felt he needed to. The retreat, then, allowed for an atmosphere to develop in which participants felt increasingly at ease sharing their stories and feelings, and in which they were able to identify with each other, creating a sense of community. A patient's daughter characterized this sense of community by the connections she felt developed at the retreat. She said,

I felt much honored to be there. . . . I started to feel connections with those people. . . . Whether it was

[with] a caregiver or the individuals who had cancer, I think that if [the retreat] had gone on a couple more days, I think the connections would have even gotten stronger.

Another relative also felt that connections developed between the participants, saying that "there was just a warmth and energy between most of the people there." Perhaps the most apt description of the sense of community that developed between the participants of the retreat weekend was given by a close friend when she said, "There's a real camaraderie that I've never run into before in a group of people like that. I guess it's because we're all sort of together in the same boat . . . we're all in this boat together." This description shows that a bond and even a sense of belonging developed among the relatives at the retreat as they were united in the shared experience of caring for a family member who had cancer. Although one daughter believed that each participant gained something different from the retreat weekend, she felt that the retreat was a very beneficial and important experience. This sentiment was echoed by all of the relatives interviewed, and some relatives would have appreciated continued contact with the people they met at the retreat. As can be seen then, the interrelated and overlapping aspects of emotional openness, relief, shared experiences, and mutual support created a lasting sense of community among the participants of the retreat, which, as will be discussed below, contributed to a process of emotional and spiritual healing for many of them.

### *Beyond the Retreat: Enduring Effects*

*Emotional and spiritual healing.* One of the enduring effects brought about by the retreat weekend experience was that it contributed to a process of emotional and spiritual healing for many of the relatives who participated. For some, this healing stemmed from the sense of community that developed and the bond that was formed between the participants. As one daughter described it, "Healing isn't always being cured. I mean, that's nice if that can happen but I think that healing is the wholeness, feeling human, feeling connected with others." A close friend also emphasized the connection with others and the relationships between people in her definition, saying, "Healing on an intellectual or emotional level is to me, the connection with other people. Just the empathy between people, and we're all in this together." This type of emotional or spiritual healing was possible through the emotional openness fostered by the retreat and the relief, comfort, and support brought out through discussions and exercises. For another relative, healing was "maintaining a sense of wellness and staying centered and balanced as

well you can.” For him, this wellness came from a certain mindset where the idea of staying in the present moment, which was discussed during the retreat, was essential. It also came from the communication and the release of emotions that occurred at the retreat. He said,

I think [the retreat] can be very healing because if you are in a place where you’re not talking about your feelings and what you’re dealing with. . . . That weekend could have been absolutely profound because it was a very warm, safe place to talk about what was going on.

Other relatives also found the release of emotions, the discussion of feelings, and the support they received at the retreat to be healing. As one spouse said,

The whole weekend was just supposed to be devoted to thinking about healing. And to me, it was a healing of some of the hurt, of some of the pain, some of the fear, and coming up with some little strategies or some commitments to myself, to work on certain things. . . . I came away from it feeling really charged. Relaxed and yet charged. . . . And actually I’ve felt really quite good since then.

In this way, as the exercises, discussions, and whole-hearted participation of both relatives and cancer patients led to emotional openness, relief through communication, comfort in shared experiences, mutual support, and a sense of community, the retreat also contributed to giving them a greater sense of wellness, feelings of connections with others, and feelings of wholeness, which can be seen as part of the ongoing processes of emotional and spiritual healing. These connections and this process of healing lasted beyond the retreat experience. A patient’s daughter expressed the enduring effects of the retreat, saying,

I think when I walk through the cancer center now, when I look at someone. . . . I wonder how you’re feeling, what’s going on. I think sharing those experiences and just the depth of the emotions that we saw that weekend. . . . I look at these people and I just think, “I wonder how you’re feeling. Do you have support? Do you have people who love you and can care for you?”

This illustrates how the emotional openness, the connections, and the healing that were experienced at the retreat, although unique to each participant, were lasting, extending beyond the retreat weekend, permeating relatives’ daily lives.

*Coping.* In addition to its positive impact on relatives’ emotional and spiritual healing, the retreat also provided relatives with certain coping strategies that continued to be useful after the retreat ended. The two coping strategies that relatives found most useful included the meditation and breathing exercises they learned and the philosophy of staying in the present moment that was brought up in discussion. For many relatives, these two strategies go hand-in-hand, as a patient’s partner said,

The concept of staying in the present moment, I think, is just completely invaluable. . . . I just take a breath and get some perspective and, just focus on the now, focus on what’s actually happening today. Because I don’t know what’s going to happen tomorrow.

These two coping strategies also proved to be immensely helpful for one relative after the retreat, as her mother went into palliative care and passed away shortly after. What she learned at the retreat was to stay focused. She said,

That’s where the retreat [has] helped me, in those two and a half weeks that I had left with my mom, was to try and stay in the moment and to try and de-stress myself. . . . I found the abdominal breathing [to be] a real lifesaver right through the funeral too. . . . Any time I felt stressed, whether it was in the hospital or through the visitation and funeral . . . I felt that it really calmed me and brought me back to the moment.

Another daughter and a close friend also continued to use the breathing exercises they learned at the retreat. The daughter said, “I’m more conscious of my breathing these days. And, if I am tired or stressed out or even if I’m just sitting there, I try to think about the breathing [the facilitator] taught us.” In this way, relatives gained a certain self-awareness of the connections between their mind, body, and spirit, highlighting the need to be centered and balanced. For other relatives it also highlighted the need to self-nurture, and to take care of themselves without feeling guilty. One relative said,

You have to help the person [with cancer] and help yourself at the same time. . . . When the person dies you want to be able to continue. You want to be able to go on with your life. And so, I guess that’s part of the healing journey that you go through.

Similarly, a spouse learned that “it’s okay to start to focus on your own life. . . . [The retreat] reassured me that it



was okay,” and so she decided to get counseling “to have somebody to help me work through some of the stuff that I’ve brushed on the surface.” Another relative supported this sentiment, saying that the retreat helped her set priorities and focus on self-nurturing: “You need to be well yourself.”

Another dimension of the retreat was that through discussion groups, relatives learned that their loved ones wanted to remain as independent as possible, despite their cancer diagnosis. As a patient’s niece said,

I learned from the retreat that when the person who has cancer. . . . When they want to talk about the future and taking care of their lives, like their wills. . . . I’ve learned from the retreat that you have to let the person who’s sick with cancer have a voice too.

One daughter was also struck by this realization, saying,

The empowerment was still so important to people [with cancer]. . . . That they still wanted to be able to do things on their own. They didn’t want people doing things for them. They wanted to be in control as long as they could.

Here, the open communication that was fostered at the retreat allowed cancer patients to express needs that they might not have communicated before. Realizing the need for independence that their loved ones had could be seen as another form of coping, one in which relatives’ ways of thinking about the cancer patient had changed. This could have brought about some relief for relatives because it took away from the overwhelming feeling that they had to do everything for the cancer patient. In this way, relatives viewed the retreat as useful because it provided them with tools to deal with their experiences caring for a family member with cancer. As a patient’s niece said, “It’s given me the tools see other angles, things you just didn’t think about.”

## Discussion

As cancer has increasingly become viewed as a chronic illness, medical professionals and the general public alike have begun to call for a new and broader perspective on cancer care, one that exceeds the boundaries of curative medicine and promotes healing. The Skills for Healing Weekend Retreat stands as one example of a supportive cancer care program for patients with cancer and their relatives that achieves a step toward the unification of the curing and healing approaches (Hutchinson, Hutchinson, & Arnaert, 2008). As the weekend retreat promotes healing for patients with cancer, it also maintained a link to curative

medicine through the involvement of biomedical practitioners as retreat facilitators. Findings of this study revealed that the retreat, through discussions, lectures, and activities, allowed relatives to open up emotionally, to share experiences, to obtain mutual support and relief, and to develop a sense of community. In addition, the retreat provided them with coping tools and contributed to their processes of emotional and spiritual healing.

When discussing the concept of healing in this study, a holistic perspective is taken in which healing is viewed as a process “towards an experience of integrity and wholeness” (Mount, 2003, p. 657). According to Mount, Boston, and Cohen (2007), “Healing may be fostered by an environment that promotes a sense of security, a loosening of ego defenses, and openness to the healing potential that lies within” (p. 384). The safe and supportive atmosphere at the retreat, where participants felt at ease opening up emotionally, can be seen as fitting Mount’s description of an environment that promotes healing. This healing comes about through an individual’s search for and discovery of positive meaning when bonds and connections are formed with either the self, others, the phenomenal world, or with an ultimate meaning (Mount et al., 2007). Although relatives at the retreat did not report feeling connections with an ultimate meaning or the phenomenal world, they did report the development of bonds and connections with each other, described in this study as a sense of community. It is this sense of community, these bonds and connections that contributed to relatives’ ongoing healing processes.

One of the main components that was found to promote healing at the retreat was open communication. As described above, the retreat was characterized by emotional openness, relief, shared experiences, and mutual support, leading to the development of a sense of community. Open communication is foundational to these themes and was necessary for them to have emerged at the retreat. Several studies have cited the importance of open communication between cancer patients and their relatives in adjusting to cancer and the changes it brings to daily life (Carlson, Butlz, Specca, & St. Pierre, 2000; Edwards & Clarke 2004; Kotkamp-Mothes, Slwinsky, Hindermann, & Strauss, 2005; Pitceathly & Maguire 2003). Open communication within the family facilitates their adjustment to cancer, allows for more effective redistribution of daily tasks, and lessens the distress and conflicts brought on by changing familial roles. Strengthening the supportive relationship between cancer patients and their relatives through open communication has been found to be central to being able to heal as a cohesive unit (Ott Anderson & Geist Martin, 2003). Also, as supported by Bosticco and Thompson (2005) and Ott Anderson and Geist Martin (2003), open communication has been

found to be healing through the catharsis involved in the telling of stories and narratives. The open communication that was encouraged at the retreat allowed relatives to release feelings and thoughts they might not have felt comfortable expressing before. Similar to the findings of Ott Anderson and Geist Martin (2003), as relatives shared their stories at the retreat, and as they participated in discussions, they worked through their own suffering and discovered more about themselves, making sense of and reasoning about the illness in their lives. Their stories also helped other participants gain new perspectives, advice, and support, and helped them realize they were not alone. Unique to the Skills for Healing Weekend Retreat is that relatives were also able to gain this catharsis, advice, and support in a discussion group specifically for them, where cancer patients were not present. This discussion group allowed the focus to be on relatives' experiences and well-being as independent of the cancer patient, a shift toward a concern for self-care and better coping.

The various supportive interventions, such as cognitive behavior interventions, art, and educational therapy that were offered at the retreat weekend made up the other main component that promoted relatives' healing. The findings of this study are supported by previous research that suggests interventions such as yoga and meditation, guided imagery, relaxation, educational counseling, and art therapy have beneficial results for relatives who are caregivers. Yoga and meditation, for example, have been found to reduce caregivers' stress, depression, and anxiety, while helping caregivers relax and feel better overall (Van Puymbroeck, Payne, & Hsieh, 2007; Waelde, Thompson, & Gallagher-Thompson, 2004). They also have physiological benefits, improving caregivers' posture, flexibility, and balance (Van Puymbroeck et al., 2007). Our findings indicate that the breathing exercises learned while practicing yoga continued to be used as a coping strategy after the retreat weekend ended. This is supported by a study conducted by Waelde et al. (2004), who found that caregivers continued to use the skills they learned during the yoga and meditation intervention, and that this continued practice was associated with added improvements in the above-mentioned categories. The retreat also taught relatives the philosophy of staying in the present moment. The mind frame of staying in the present moment has been cited in a study by Clarke-Steffen (1997) as a strategy used by families in adjusting to the diagnosis of cancer and the uncertainty it brings to their vision of the future. In Clarke-Steffen's study, families were found to change their vision of the future on their own, so that they focused more on the immediate. Supportive programs such as a retreat weekend, though, can encourage relatives to take this mind frame and thus facilitate relatives' coping. Overall, various supportive interventions can be

extremely useful for relatives of cancer patients because they help relatives recognize their own needs and limits, and they provide relatives with tools for self-care (Dumont, Dumont, & Mongeau, 2008). In providing relatives with lasting knowledge of how to minimize some of the stresses that come about while caring for a loved one with cancer, the retreat then provided relatives with strategies and tools that will continue to contribute to and maintain their healing processes.

In sum, the Skills for Healing Weekend Retreat and other weekend retreats represent a unique approach to care that have the potential to provide the relatives of cancer patients with a variety of supportive interventions that they would not normally have access to in such a short, condensed amount of time. The combination of these varied interventions with the open communication they fostered promoted relatives' healing in a way that is similar to that found in cancer support groups. Like at the Skills for Healing Weekend Retreat, Ussher, Kirsten, Butow, and Sandoval (2006) found that cancer support groups are characterized by the development of a sense of community and a sense of belonging among participants, where friendships and networks of support are formed. A greater sense of interconnectedness with others, where participants felt understood and supported emotionally, was also found to be true of both support groups (Ussher et al., 2006) and the Skills for Healing Weekend Retreat. The difference, however, is that although support groups are attended regularly over a predetermined period of time (Gottlieb & Wachala, 2007), weekend retreats are only attended once. The intensive support offered at a weekend retreat, then, might be beneficial to relatives who live in rural or distant areas where regular access to supportive care is not feasible. Actually, Sherman et al. (2008) found that people who live close to the center, i.e., within a 45-minute drive, were more likely to participate in a support group than those who live in remote locations. Also, as caregivers, relatives might not have the time to attend supportive programs over long periods because of clashes with other commitments, so a condensed program in which they learn a variety of coping and healing skills at one time is likely to be more suitable for them.

One of the most significant findings of this study was that relatives' healing processes continued after the Skills for Healing Weekend Retreat, and they left the retreat with knowledge of how to continue coping. Therefore, although the retreat lasted only for a weekend, the skills and knowledge that relatives gained and the healing that had begun stayed with them and endured. This is especially important for the relatives of cancer patients because of the increasing chronicity of the disease, and the effects it has on the whole family. Considering that

caregiving for a loved one with cancer can have negative physical, psychological, and emotional effects on the caregiver, and considering that retreat weekends have the potential to address these negative effects, it is necessary to develop and integrate supportive programs such as retreats into the conventional medical system as options for care that address the whole person—body, mind, and spirit.

## Limitations

The findings of this study provide new insights into how the supportive interventions given during a weekend retreat might be beneficial for cancer patients' relatives. However, the study has limitations that should be noted for future research. First, the context of the study, the methodology, and the sample might have an impact on the study findings. Contextual information about each relative regarding their situation and their caring experiences could have influenced the study results. Also, the fact that the majority of relatives were women, who might have been more open to this type of supportive intervention, might have influenced their experiences of the retreat. Gottlieb and Wachala (2007) revealed in their review article on cancer support groups that well-educated, White, middle-class women who are high service users participate more often in support groups (Krizek, Roberts, Ragan, Ferrara, & Lord, 1999). It is also well known that informal caregiving is mostly provided by women (Dahlberg, Demack, & Bambra, 2007). Although our results provide unique information, future research would benefit from the enrollment of participants with different demographic, clinical, and psychosocial characteristics, as well as with different socioeconomic and cultural backgrounds. A comparison with the experiences of relatives who do not participate in a retreat weekend would also be useful.

Second, although in the present study the perceived benefits derived by the relatives endured for at least 1 month after the weekend retreat, a longer follow-up study would be useful to examine longitudinally the duration of the impact, and to define the most effective interventions with the longest-lasting results. As part of this, conducting brief periodic telephone calls to relatives would be useful to see whether the connections made at the retreat continued afterward.

Finally, what remains unexplored in the current research study is how weekend retreats, as one example of a new resource, can be integrated into the current health care system. The hope is that, as biomedical practitioners are increasingly taught to embrace both curing and healing modes, relatives will be able to seamlessly combine what is learned at an intensive healing retreat with the wisdom

gained through encounters with medical staff in an integrated hospital setting. Individuals will then be able to embark on a continual journey toward healing—one that can take place equally well in the clinic, in the home, or at a retreat.

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