

PADDLING ABREAST: SOCIAL SUPPORT TYPES, NETWORKS, AND CHANGE AMONG NOVICE BREAST CANCER SURVIVOR DRAGON BOATERS

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Numerous physical and psychosocial benefits of dragon boating among breast cancer survivors have been explored (e.g. Baldwin & Courneya, 1997; Courneya, Mackay, & McKenzie, 2002; Pinto et al., 2003; Turner et al., 2004). Anecdotal evidence also suggests social support is facilitated through participation in dragon boating (McKenzie, 1998). Dragon boating is a unique physical activity in that it requires coaction among a large number of participants. It is an ideal activity for breast cancer survivors because it can accommodate individuals with a wide range of skill and fitness levels on one team while providing an adequate intensity for each individual to experience a training effect (McKenzie, 1998). The opportunity for a large group to work together towards a common goal can facilitate social interactions and support that can have a positive influence on coping with breast cancer and engaging in an active lifestyle. The purpose of this study was to explore social support networks and types of support reported by novice Abreast in a Boat participants, and changes in support over the course of their first season. Fourteen women (M age = 54.23, SD = 4.66) participated in two 45 to 60 minute interviews at the beginning and end of a three month dragon boat season. The semi-structured interviews included a discussion of social support network, types of support, and support changes. The interviews were transcribed verbatim, and content analyzed with the aid of QSR NUDIST N6 by identifying common themes emerging from the data. Change was examined by creating profile summaries for each individual with respect to the emergent themes at the two time points, and comparing their responses on these themes. Many women expressed a desire to gain social benefits such as affiliation, social support, and being part of a team. These expectations were met in most cases, and many participants identified receiving unanticipated social benefits, including making social connections with other breast cancer survivors. Some participants had negative social experiences that did not meet their expectations, such as interpersonal conflict, social exclusion, and feeling overwhelmed by having a constant reminder of breast cancer. Most participants' existing social support networks remained stable, but expanded to include teammates who could provide a unique source of support for coping with breast cancer and for physical activity. Some participants did not experience change in their social support networks or support received because they felt excluded, were not ready to develop close relationships with other breast cancer survivors, or did not want support. Implications of these findings are discussed with respect to social support theory and coping with breast cancer and maintaining and active lifestyle.

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