Facilitating Social Support
Member-Leader Communication in a Breast Cancer Support Group

**Background:** Early detection and treatment have resulted in more women surviving breast cancer; increased survivorship has also increased the need for breast cancer support groups (BCSG). The ostensible goal of such groups is to provide support for the physical and emotional stressors that cancer survivors face, as well as provide information on coping and treatment options. **Objective:** Although scholars have examined the effects of support groups on their group members, the examination of group facilitator messages has been largely neglected. The goal of this study was to extend theory on group leader behavior, specifically investigating how member-leader messages create social support in support groups. **Methods:** The transcribed conversations of weekly meetings of a BCSG were examined using Interaction Process Analysis to discover how the member-leader facilitated the group’s enactment and management of social support. **Results:** Across the meetings, task talk dominated (primarily statements of orientation or information). Furthermore, analysis of interaction sequences between the support group facilitator and other members revealed 2 broad categories of task-oriented facilitation techniques (changing the focus, clarification) and 1 category of socioemotional facilitation techniques (showing support). **Conclusions:** Support group facilitators need the ability to facilitate both task and relational aspects of social support. **Implications for Practice:** Facilitator behaviors were highlighted as being instrumental to the creation of social support. The results from this study indicate that the ability to change the focus of interaction, to provide and require clarification on complex issues, and to show support through relational messages is needed in facilitator training.
Social Support

Social Support in Groups

Social support refers to acts that respond to others’ needs and communicate caring. In turn, these acts validate the other person’s beliefs or actions. Thus, social support, which can be in the form of information, assistance, or tangible resources, facilitates coping with problems. Categorized into 5 broad mutually exhaustive categories of verbal communication, social support may be informational (gives information in the form of feedback, facts, or advice), tangible (offers to provide needed goods or services), emotional (communicates love, caring, empathy, concern), network (emphasizes belonging or membership with members sharing similar characteristics), and esteem (respects or validates others’ abilities, thoughts, feelings, or actions).

To obtain social support, individuals can turn to support groups. Support groups are composed of members who are experiencing a similar disease or condition and desire further help from those who understand their difficulties. Support groups become especially important when there is a scarcity of people who can relate to a condition. For example, despite the growing number of breast cancer cases and treatments, there are relatively few individuals who can personally talk about the challenges of lumpectomies, mastectomies, or radiation associated with breast cancer. Breast cancer support groups (BCSGs) provide a potential place to gather individuals who can relate to these experiences.

Support Group Leaders

Leaders in member-led support groups are tasked with the challenge of facilitating support group conversation to meet members’ social support needs. Among these tasks, leaders promote reciprocal helping relationships among members and encourage members to share experiences, provide information, and give advice. As others have argued, leaders must be able to encourage group cohesion and structure, moderate or handle difficulties, and disseminate necessary information. In addition, group leaders need the ability to gain consensus, nurture group culture, and manage interactions.

The interaction analysis we present in this study analyzes support group leader behavior relative to group leader behavior theory. Early efforts on group leader behaviors, as well as more recent group leader studies, provide the theoretical foundation for our study. Research on group leadership in encounter groups, a type of group similar to support groups, revealed 4 types of leadership behavior: executive-management function, meaning attribution, evoke-stimulate emotion, and support-caring function. Executive-management function refers to leader behaviors that direct the group as a social system, such as suggesting or setting procedures. Meaning attribution refers to leader attempts to explain and clarify meaning and understand members’ feelings. Evoke-stimulate emotion refers to moments of a heightened self-disclosure, participation, confrontation, and revelation of feelings. Support-caring function refers to offering protection and ensuring friendship and affection through feedback and encouragement. More recently, a fifth factor was added, uses of self, which refers to leader behaviors that reflect his/her personal values or behaviors that situate the leader as the focus of the group. Using a different methodology, 8 factors of leadership have been identified; yet, there is significant overlap between the 2 typologies.

Addressing specifically the role of licensed psychotherapists as support group leaders, 3 leadership dimensions were identified as important to support group members achieving positive physical and emotional outcomes. Based on survey data from cancer support groups, informational task dimensions of meaning attribution (eg, explain, summarize, invite, and seek feedback) and executive-management (eg, block toxic interactions, suggest procedures, manage time) skills were significantly linked to survivors’ positive health, whereas the social dimension of emotional outcomes (eg, protect, provide friendship, and affection) was not. In addition, members who viewed their group leaders as high on meaning attribution and executive-management had lower depression, higher well-being, and better overall functioning. In general, they found that positive group outcomes were associated with group leader behavior.

From these studies, we can surmise that social support in support groups is composed of both informational (or task) and socioemotional needs and that the group’s leader is responsible for making sure these needs are met. In the leadership role, the member-leader does not have to personally meet the needs of all other group members. Indeed, a principle of support groups is that members support one another. Thus, the member-leader may use his/her interaction skills to meet other members’ needs or to facilitate the group’s conversation in such a way that other members’ needs are met. However, only Lieberman and Golant begin to demonstrate how a support group leader manages group interactions to ensure needs are met.

The goal of this study was to extend theory on group leader behavior to member-leader interactions with other support group members. Thus, this study focused on dialogue and its effects, as social support is achieved through interaction. Thus, we pose
the following research question: What communication techniques do support group leaders use to facilitate social support needs?

## Methods

### Sample

Bosom Buddies is a BCSG in a Midwestern town that had been meeting for 7 years at the time of the study. Most of the women are 60 years or older; all are white; many are long-term members. The meetings were led by a breast cancer survivor and long-term member of the group who emerged as leader when the group’s former leader relocated. She had been a member of the group since its founding; she was not a healthcare provider. In observing the support group meetings, the leader satisfied 4 criteria for determining leadership: (a) when she talked, others took notice; (b) her statements and ideas influenced other members; (c) she suggested topics and shared ideas; and (d) topics and ideas offered by other members were accepted rather than rejected or ignored. Members of Bosom Buddies sat in a circle formation, allowing free-flowing conversation, and the group did not have a set curriculum or agenda. The group had open membership, was self-governed, met weekly, and did not charge fees or dues.

Institutional review board approval was obtained, and support group members consented in writing to participate. The research team observed and audiotaped 8 consecutive weekly meetings; 256 pages of transcript were produced. Meeting time ranged from 50 to 80 minutes (mean, 64.38 minutes). The number of meeting participants ranged from 7 to 15 (mean, 11.38). Three meetings were selected for this analysis as they represented the highest (n = 15, meeting 1), lowest (n = 7, meeting 5), and average (n = 11, meeting 7) number of members (including the member-leader) in attendance. A fourth meeting was coded after data analysis to verify the findings, and these data are also included (n = 14, meeting 4).

### Coding Procedure

Several analytical coding schemes were assessed in pilot studies. Bales Interaction Process Analysis (IPA) was selected to analyze the discourse because it captures both the task- and social-emotional orientations of leadership as well as the social-emotional orientation of social support. Interaction Process Analysis uses 12 codes to label the function of a message under 2 umbrella dimensions, task and relational (ie, socioemotional). Task functions are goal oriented and include thought units that ask for and provide information, ask for and offer suggestions, and ask for and state opinions. Relational functions have a positive or negative valence and include thought units that release tension, create tension, show antagonism, show solidarity, agree, and disagree. Bales argued that group interaction requires an equilibrium or balance between these task and relational functions with (a) instrumental talk more frequent than socioemotional talk and (b) positive socioemotional talk more frequent than negative socioemotional talk. Furthermore, IPA coding choices could be applied to all thought units. Extending the use of IPA from a task group to social group setting allows for theoretical development (and critique), as norms reported in the literature are primarily from decision making and other task-oriented groups. Traditionally, IPA has been used to categorize interaction, resulting in frequency counts of acts by speaker. However, keeping the sequential characteristic of group member interaction intact, IPA coding can reveal the interplay of group members’ actions and reactions.

Research assistants were used for coding data to enhance objectivity of assigning codes, as one of the authors observed each of the BCSG’s meetings. Using 1 randomly selected meeting transcript, 1 author trained 3 research assistants in unitizing and IPA (Table 1); these coders worked in pairs throughout the unitizing and coding process. First, coders unitized the transcript by identifying thought units; thought units are the smallest measurement of complete thoughts and can be single words or multiple sentences. Coders independently listened to audiotapes of the meetings while identifying complete thought units; unitizing reliability ranged from .90 to .97. Research assistants then coded thought units using the 12 IPA categories; Scott’s pi ranged from .86 to .94 across the IPA categories. All research assistants met face-to-face with an author to resolve coding differences and to ensure uniform categorical assignment across all meetings.

### Analysis

A mixed-method approach was designed to first quantitatively identify characteristics of speech acts using interaction analysis methods. This allowed us to analyze how the facilitator communicated compared with group members in general. Second, we qualitatively analyzed the member-leader’s speech act sequences to provide a microlevel analysis of the way in which social support was facilitated. Each interaction sequence was examined by the authors for ways in which the member-leader facilitated supportive interaction. The messages immediately before and after the facilitator messages were considered, as the sequential nature of interaction would suggest that these messages should influence and show the influence of facilitator messages. In addition, qualitative examination kept the IPA speech act codes as a reference guide. Using these interaction sequence characteristics, each interaction sequence was coded in terms of the purpose of the facilitator message. Discrepancies were discussed until consensus was achieved.

### Results

#### IPA Frequencies

Before turning to our research question, an IPA frequency analysis across the 4 BCSG meetings revealed that most thought units were task-oriented, with about 5 times as many attempted answers as questions (Table 1). In terms of task-oriented messages, group members more frequently gave and asked for...
orientation/information than opinions and suggestions. Of the socioemotional thought units, the interaction was more positive than negative, with the greatest proportion of positive acts coded as agreeing and showing solidarity/seems friendly. When considering only facilitator messages, frequency analysis revealed many similarities between the overall distribution and the facilitator’s contribution (Table 2). Differences included more question-oriented messages, slightly less attempted answer tasks, and a lack of negative socioemotional messages from the facilitator.

The relative proportions of the interaction profiles for these 4 meetings were the same as that which characterized all 8 meetings.\(^2^4\) Comparing the BCSG profiles with group interaction norms\(^2^0,2^2\) for task-oriented groups, the BCSG was higher in task orientation and lower in both positive and negative socioemotional acts. However, the group is normative with respect to the proportion of attempted answers and questions. The pace of the group was moderate to fast in that number of speaking turns per minute ranged from 4.4 to 7.9. Multiple conversations occurred simultaneously; seldom were all members quiet.

### Interaction Episodes

Because our research question focuses on the techniques used by the leader to facilitate social support needs, we first identified all episodes when the member-leader spoke and included member speaking turns before and after; this unit was labeled an interaction sequence (meeting 1, n = 53; meeting 4, n = 30; meeting 5, n = 14; meeting 7, n = 20). Of these 117 interaction sequences, 77 sequences (65.8%) were composed of 3 speaking turns (member, member-leader, member), 22 sequences (18.8%) were composed of 5 speaking turns (member, member-leader, member, member-leader, member), 11 sequences (9.4%) were composed of 7 speaking turns (member, member-leader, member, member-leader, member, member-leader, member), and 7 sequences (6.0%) were composed of 9 or more alternating speaking turns. These member-leader sequences accounted for 48.6% of the interaction in meeting 1, 32.6% in meeting 4, 17.9% in meeting 5, and 27.4% in meeting 7—indicating the degree of control and influence the member-leader held in the group’s interactions.

As a result of the qualitative analysis, 11 techniques emerged from the data. In frequency order, they were as follows: changes the topic, shows support, provides clarification, reframes the topic, summarizes a moral lesson, follows up on questions, shows concern, suggests options, agrees, shows commonalities of the group, and asks questions to involve others. After both authors examined the techniques for similarities and differences, and the degree to which some were extensions of others, the 11 techniques were grouped into 2 task-oriented sequences, changing the focus (n = 40; ie, changes the topic, reframes the topic) and clarification (n = 22; ie, asks for or states clarification, asks follow-up questions, asks questions to involve others), and a socioemotional sequence of showing support (n = 26; ie, shows support, shows concern). The remaining techniques (n = 17) were spread across 4 functions: summarizes a moral lesson, shows commonalities of the group, suggests options, agrees) and could not be meaningfully combined. These sequences and 10 other uncodable sequences were not further analyzed.

### TASK-ORIENTED LEADERSHIP TECHNIQUES

In both task-oriented techniques, the leader often used questioning sequences to clarify or change the topic; this punctuated the group’s interaction to allow all members the opportunity

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**Table 1 • Interaction Process Analysis (IPA) Coding of Support Group Meeting Messages**

<table>
<thead>
<tr>
<th>IPA Code</th>
<th>Meeting 1</th>
<th>Meeting 4</th>
<th>Meeting 5</th>
<th>Meeting 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive socioemotional</td>
<td>141 (17.6%)</td>
<td>61 (11.1%)</td>
<td>104 (15.5%)</td>
<td>71 (9.0%)</td>
</tr>
<tr>
<td>1. Shows solidarity/seems friendly</td>
<td>38</td>
<td>30</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>2. Shows tension release/dramatizes</td>
<td>22</td>
<td>11</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>3. Agrees</td>
<td>81</td>
<td>20</td>
<td>74</td>
<td>45</td>
</tr>
<tr>
<td>Attempted answer tasks</td>
<td>518 (64.5%)</td>
<td>403 (73.3%)</td>
<td>443 (66.0%)</td>
<td>628 (79.2%)</td>
</tr>
<tr>
<td>4. Gives suggestions</td>
<td>31</td>
<td>13</td>
<td>17</td>
<td>19</td>
</tr>
<tr>
<td>5. Gives opinions</td>
<td>87</td>
<td>22</td>
<td>54</td>
<td>98</td>
</tr>
<tr>
<td>6. Gives orientation/information</td>
<td>400</td>
<td>368</td>
<td>372</td>
<td>511</td>
</tr>
<tr>
<td>Question tasks</td>
<td>101 (12.7%)</td>
<td>80 (14.6%)</td>
<td>98 (14.6%)</td>
<td>85 (10.7%)</td>
</tr>
<tr>
<td>7. Asks for orientation/information</td>
<td>95</td>
<td>78</td>
<td>98</td>
<td>82</td>
</tr>
<tr>
<td>8. Asks for opinions</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>9. Asks for suggestions</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Negative socioemotional</td>
<td>42 (5.2%)</td>
<td>6 (1.1%)</td>
<td>26 (3.9%)</td>
<td>9 (1.1%)</td>
</tr>
<tr>
<td>10. Disagrees</td>
<td>25</td>
<td>4</td>
<td>22</td>
<td>9</td>
</tr>
<tr>
<td>11. Shows tension release/dramatizes</td>
<td>17</td>
<td>2</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>12. Shows antagonism/seems unfriendly</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total thought units</td>
<td>803</td>
<td>550</td>
<td>671</td>
<td>793</td>
</tr>
<tr>
<td>Speaking turns</td>
<td>437</td>
<td>349</td>
<td>434</td>
<td>355</td>
</tr>
<tr>
<td>Meeting length in minutes</td>
<td>65</td>
<td>60</td>
<td>55</td>
<td>80</td>
</tr>
<tr>
<td>Thoughts per minute</td>
<td>12.4</td>
<td>9.2</td>
<td>12.2</td>
<td>9.9</td>
</tr>
<tr>
<td>Speaking turns per minute</td>
<td>6.7</td>
<td>5.8</td>
<td>7.9</td>
<td>4.4</td>
</tr>
<tr>
<td>No. of members at meeting</td>
<td>15</td>
<td>14</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>No. of transcript pages</td>
<td>40</td>
<td>30</td>
<td>28</td>
<td>28</td>
</tr>
</tbody>
</table>
to express themselves and to give information. Interactions that changed the focus were characterized by the facilitator’s use of questions in 27 of 40 sequences; the member-leader’s questions tended to be followed by informative statements. Often these question-information statement sequences led to a very abrupt change in the conversation (eg, change in topic, change to focus on another person); it appears that using a question allows for this abrupt change while bringing closure to the previous speaker without offense. The use of question sequences directed the exchange, allowing other members to enter the conversation. The use of questions also allows unshared information to be presented; thus, informational support could be achieved in this group. The member-leader’s use of questions also demonstrates considerable tolerance for uncertainty as she would need to be flexible in her subsequent communicative acts, depending on member response to her question. Finally, to use questions effectively, the member-leader must be aware of social cues of members and her impact on the group.

In the changing focus example that follows, the member-leader uses a question to change the focus of other members’ conversation to Rebecca. As mentioned earlier, this is an opportunity that each member expects and allows the individual to express concerns or ask questions to the group. The facilitator’s use of questions provides this opportunity for this specific member, but also has the opportunity to redirect the conversation to other breast cancer-related information or toward members with greater needs. (IPA codes are in brackets.)

Member 1: …thanks for the …I can pass it along to anybody new that would want such information.

Member 2: They’re very eager to come.

Member-leader: Hi, [1] how are you doing [Rebecca]? [7]

Rebecca: I’m just fine, thank you. It’s good to see all of you. It was sort of a gloomy day…

In the majority of changing focus examples, the member-leader’s question provoked the change in topic. In addition, the question is an explicit way of allowing a member to talk about herself. Opening up the discussion in such a way focuses the conversation on the next member, possibly providing an opportunity for her social support needs to be met.

The member-leader’s alternative use of questions was labeled clarification. Interactions in which the member-leader clarified information were also characterized by facilitator questions in 19 of the 22 sequences, and often these stood alone as single acts. In the following example, the facilitator uses a series of follow-up questions to better understand the member’s problem that was introduced but interrupted by multiple conversations. Before the last question, she provides a statement clarifying what the member should expect in the future. The line of questioning may also be helpful as it suggests different options for dealing with problems such as anemia. Although the sequence is directed toward supporting Rose, the exchange provides information that could be useful for others in the group.

Rose: When they take it out, it’s just a stitch, a real simple outpatient, much easier than—

[multiple conversations—went on for about 10 seconds]

Member-leader: So do you have radiation? [7]

Rose: No, I haven’t had radiation.

Member-leader: How are you feeling? [7]

Rose: I feel tired and kind of achy. I guess I’m a weakie. But I’m anemic, too, so…

Member-leader: But your chemotherapy is over now, so that count will come back. [5] Do you get special shots for that, to help you with your anemia? [7]

Rose: No, they’re giving me iron tablets.

In this example, the questions were a response to Rose’s earlier comments; thus, the questions are reactive. The questioning

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Table 2 • Interaction Process Analysis (IPA) Coding of Facilitator Messages in Support Group Meetings

<table>
<thead>
<tr>
<th>IPA Code</th>
<th>Meeting 1</th>
<th>Meeting 4</th>
<th>Meeting 5</th>
<th>Meeting 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive socioemotional</td>
<td>29 (19.6%)</td>
<td>17 (24.6%)</td>
<td>7 (12.5%)</td>
<td>8 (9.1%)</td>
</tr>
<tr>
<td>1. Shows solidarity/seems friendly</td>
<td>18</td>
<td>13</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>2. Shows tension release/dramatizes</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. Agrees</td>
<td>9</td>
<td>3</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Attempted answer tasks</td>
<td>77 (52.0%)</td>
<td>36 (52.2%)</td>
<td>35 (62.5%)</td>
<td>61 (69.3%)</td>
</tr>
<tr>
<td>4. Gives suggestions</td>
<td>12</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>5. Gives opinions</td>
<td>17</td>
<td>2</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>6. Gives orientation/information</td>
<td>48</td>
<td>29</td>
<td>28</td>
<td>48</td>
</tr>
<tr>
<td>Question tasks</td>
<td>41 (27.7%)</td>
<td>16 (23.2%)</td>
<td>13 (23.2%)</td>
<td>19 (21.6%)</td>
</tr>
<tr>
<td>7. Asks for orientation/information</td>
<td>39</td>
<td>16</td>
<td>13</td>
<td>19</td>
</tr>
<tr>
<td>8. Asks for opinions</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>9. Asks for suggestions</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Negative socioemotional</td>
<td>1 (&lt;1%)</td>
<td>0</td>
<td>1 (&lt;1%)</td>
<td>0</td>
</tr>
<tr>
<td>10. Disagrees</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>11. Shows tension release/dramatizes</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12. Shows antagonism/seems unfriendly</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total facilitator thought units</td>
<td>148</td>
<td>69</td>
<td>56</td>
<td>88</td>
</tr>
</tbody>
</table>
allows the member-leader to gain more in-depth information about the topic. This may provide social support in various ways. When a member answers these clarification questions, it allows her to reflect on and potentially expand her thinking to new areas. It may also allow other members in similar situations to compare themselves to Rose. These question-answer sequences allow for commonalities and differences to be distinguished, helping group members to understand other members’ perspective while comparing them to their own.

**Socioemotional-oriented leadership technique**

In the socioemotional technique, the leader used statements of solidarity rather than questions. Interaction sequences in which the member-leader showed support were most often characterized by the member-leader’s use of solidarity statements (17 of 26). As the following example demonstrates, the member-leader confirms what Bonnie says about her cough. This statement implicitly acknowledges an understanding of the nature of the sickness by the member-leader. In addition, it provided credence to Bonnie’s report.

> Bonnie: Well, it’s better than it was. If I cough and mainly... Yeah, I still (have) that hacky thing...

> Member-leader: Hard to get rid of. [1]

> Bonnie: …outside of that, I think I’m alright. I haven’t heard on my mammogram...

The member-leader’s remark is a reaction to Bonnie’s story. It is important for women at a BCSG meeting to relate to one another, especially when these women might have a difficult time finding common understanding with other women who have not had breast cancer. This type of leader-member pattern is also important as the leader’s statement of socioemotional support can encourage a member to continue speaking, suggesting that personal disclosure is appropriate, especially when support group members are first revealing their cancer story to others.

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**Discussion**

Intuitively, the phrase social support group evokes the presumption that support groups focus on relational and socioemotional goals and produce more socioemotional talk and that the member-leader would use relationally oriented techniques to facilitate this type of talk. However, this BCSG was characterized by task talk—in general and by the member-leader—suggesting that task talk can create a positive and supportive environment. Whereas others have argued that women in support groups focus on emotional support, our findings suggest that emotional support is achieved primarily through task-oriented talk. We do not suggest that relationally oriented or socioemotional talk is unimportant. To the contrary, all messages produce some relational outcome, which subsequently influences how the group manages future task and relational content. Moreover, it is likely the relational nonverbal undertones of task messages allow group members to draw upon empathy, affirmation, advice, and feedback and produce change on their own terms. In addition, the fact that socioemotional messages are rarer may strengthen their influence on group members.

Task communication predominated over socioemotional communication, which would suggest that informational support was needed and preferred by members. These findings are in line with previous results. Yet, the member-leader sequences demonstrate that she was able to provide an inviting and protective group environment in which members were active in sharing with and helping others, despite using mostly task-oriented messages.

Given the length of time this BCSG has been meeting, the regular attendance of most members, and the acquisition of new members, we feel confident that members perceived the group as effective in providing social support. Poststudy interviews, designed to collect data on member response to the meetings, confirmed this. All group members spoke about the positive support they received from the member-leader and other members. They also revealed their belief that they were giving something back to others by being at the weekly meetings. One member’s comments summarized the giving and receiving of social support in this way:

> I wouldn’t have know[n] that I would benefit from a group; I just knew that it sounded like a good idea, and it was comfortable, and I was certainly comfortable in the environment, so that’s been—it has been very beneficial. And to have a little more energy to be of assistance to some other people, too.

Members also expressed that they learned information about breast cancer treatment that they previously did not know. If the group was not effective, membership would drop, and the group would disband. Thus, this BCSG became a true social community like other long-term support groups.

Although the sequentially ordered interactions between the member-leader and members varied in percentage across the 4 meetings, 3 broad categories of leadership techniques emerged demonstrating consistency in both interaction and function relative to the group’s process. The majority of our data that led to these categories consisted of primarily short interaction sequences (>84% of the data were either 3 or 5 speaking turns). Changing the focus and clarification were task related, and showing support was relationally oriented. These 3 member-leader techniques are similar to techniques used by professional facilitators; furthermore, these findings support the conclusion that it matters less whether the leader is a professional or not and more that the environment is supportive and creates mutuality and a sense of belonging.

The 3 member-leader techniques fit nicely with Lieberman’s earlier work on group leaders. Changes in orientation, such as topic change or refocusing on another group member, are in line with the executive-management leadership function. Member-leaders have a responsibility to conduct meetings and facilitate interaction that leads to social support. Messages (particularly questions) that change the meeting orientation are a way to accomplish this need.

The member-leader’s clarification function was also question based. However, these questions were in response to members’ disclosures and were not directed toward a managerial function. Instead, they allowed members to focus on themselves and...
provide detailed disclosure to the group. Clarification messages are a way of accomplishing the meaning attribution function of group leadership. Effective leaders need to create understanding at individual and group levels, and clarification questions aimed at bringing out this information from group members can satisfy both levels.

The socioemotional-oriented leadership technique involved showing support to other members. Sometimes, these messages were used when a member potentially felt vulnerable (eg, first time attending) or upset due to their current situation (eg, a bad test result). Showing support is in line with the support-caring function of leader message techniques. These types of messages not only comfort the individual, but also allow her the opportunity to continue to speak and allow the support group to help her further.

Similarities between our data from this member-led group and other studies of professional leaders are reassuring. In this BCSG, the member-leader adequately and appropriately fulfilled leadership and facilitation roles in addition to the benefits she contributed as a cancer survivor. These interaction-based findings support perceptual data that member outcomes do not differ when member-leaders run meetings. Indeed, member-leaders displayed more information giving and agreements than professionals, and member-led support groups were more cohesive and achieved greater levels of expressiveness and self-discovery.

One aspect of nearly all analyses of group interaction is the failure to recognize that while one member is giving information, other members are listening and receiving information and often have the opportunity to hear and see other members’ evaluation of that information. By focusing on what is said in a group or social support environment, it is easy to dismiss the receiver role. In this support group, the norm of every member speaking was established and took precedence over other interaction norms. This norm likely placed extra demands on the member-leader to ensure that all members could have a turn.

It is often assumed that groups are focused on achieving group goals. In the case of a BCSG, the group goal is to provide a safe, nonevaluative environment for giving and receiving social support. In addition, social support should result in the enhancement of physical and mental health outcomes, which are individual goals. Managing different member expectations and goals requires the member-leader to develop a tolerant and flexible facilitation style.

How are individual goals served by group interaction? In a support group setting, the group’s goal is to provide social support for one another. Given the preponderance of task interaction in these data, we hypothesize that task interaction is the mechanism by which social support is relayed, primarily as information. Obviously, information from other group members cannot directly influence physical health. But information from other group members can have an indirect influence as it can be used to manage or alter health practices or provide a basis for discussion with health providers. As information is provided by one member, it becomes distributed to all members and thus has a potentially exponential indirect influence. The member-leader’s ability to manage group interactions would contribute to this type of information distribution. This is a particularly interesting finding given that experimental studies of support often compare education groups to peer discussion groups and conclude that the former is superior to the latter. Although knowledge about one’s disease (including treatments and coping) can be formalized and evaluated, we believe that such operationalizations may overlook the type of information provided and shared among breast cancer survivors in support group meetings.

### Strengths and Limitations

The vast majority of studies on support groups are experimental. Although having the advantage of cross-group comparison, many experimental groups are short term and facilitated by professionals and follow a prescribed curriculum, making the generalizability of their findings to community member-led support groups problematic. Moreover, experimental studies of support groups tend to focus on mental and physical outcome measures without examining how group members provided support to one another. We believe that this study overcomes experimental bias by exploring a BCSG in its existing and ongoing context. Having access to a support group’s conversation provides a level of specificity that cannot be achieved in survey, observational, or retrospective studies. Thus, we accepted the tradeoff of coding all acts across one group’s multiple meetings rather than code many groups at one meeting. However, the focus on one group, although with its advantages, clearly restricts the generalizability of our findings.

Questions have been raised with IPA. First, the distinction between task and maintenance is relevant for decision-making groups but could be problematic for groups, such as support groups, in which the goal of the group has a support or social orientation. But the normative distribution of task to relational messages in this study weakens this critique. The second critique revolves around the forced choice between coding a thought as fulfilling a task or a socioemotional function when an utterance can simultaneously serve both functions. We would add that IPA coding favors verbal over nonverbal communication. Even though coders listened to the tapes of the meeting while coding, the IPA categories focus on what is said more than how nonverbal cues enhance or alter verbal acts. Still, scholars advocate the use of IPA because of its functional theorizing and its explanatory principle for group and leadership communication.

### Conclusion

By examining the interaction sequences involving the member-leader, 3 techniques were observed that accomplished leadership behaviors identified in previous research. The ability to change the focus of interaction, to provide and require clarification on complex issues, and to show support through relational messages is important to facilitator training and to the creation of social support in general. Health professionals, volunteer facilitators, and family members can all gain from increased education about social support creation, specifically in task-oriented interaction.

These findings create 3 practical implications for support groups. First, and most globally, facilitating social support requires
attention to responses of members; that is, social support is interactive. A support group leader cannot give social support, but must create interaction space for social support to emerge from the group’s conversation. Second, the findings reveal that multiple techniques encourage social support to emerge, and several different techniques may be needed within any meeting. Third, our analysis clearly shows the social support also comes through task-oriented dialogue and information sharing, not the common characterization of “warm-fuzzy” messages.

Continuing to examine the conversations of support groups will help identify more nuances about members’ role and potentially provide guidelines for cancer survivors who desire to start and facilitate support groups. Given that many of these support groups are led by members rather than professionals, researchers should be providing greater direction for member-leaders. We believe that this study contributes theoretically to our understanding of how groups function to accomplish socioemotional goals, and how both task and socioemotionally oriented messages are instrumental in facilitating these goals. In addition, this study shows the axiological strength of examining natural interaction while maintaining the sequential nature of communication.

References