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## Recommended Citation

Rager, Kathleen (2007). "Are Gender Differences Exhibited in the Self-directed Learning Experiences of Prostate and Breast Cancer Patients?," *Adult Education Research Conference*. <http://newprairiepress.org/aerc/2007/papers/84>

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# **Are Gender Differences Exhibited in the Self-directed Learning Experiences of Prostate and Breast Cancer Patients?**

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**Abstract:** A secondary analysis was conducted using data from two qualitative studies regarding the self-directed learning of prostate and breast cancer patients. Of interest were differences that appear to relate to gender. The findings indicate the men and women differed in regard to privacy, seeking connections, handling emotions, and perspectives on the personal impact of their self-directed learning and cancer experiences.

## **Introduction and Theoretical Foundation**

Self-directed learning is the most common form of adult learning (Merriam & Caffarella, 1999). Tough (1971/1973) estimated that 70 % of adults participate in self-directed learning whereas more recently Livingstone (1999) gauges participation at over 95 %. The works of Houle (1961/1993), Knowles (1975), and Tough (1971/1973), are generally credited with generating keen interest in this form of learning that has been identified as one of the hallmarks of the field of adult education (Merriam & Caffarella, 1999).

Synonyms for self-directed learning are self-education, independent learning, and self-teaching. However, the most commonly cited definition of self-directed learning comes from Knowles (1975, p. 18), who calls it “a process in which individuals take the initiative, with or without the help of others, in diagnosing their learning needs, formulating goals, identifying human and material resources, choosing and implementing learning strategies and evaluating learning outcomes.”

The link between self-directed learning and personal health is gaining in importance. Studies suggest that more and more patients are assuming responsibility for their own information searches and are not relying purely on the advice of health professionals. According to Gray, Fitch, Phillips, Labrecque, & Klotz (1999, p. 134), “This seems to be the result of converging influences, including a growing distrust of medical authority, historical failures by the healthcare system to provide adequate information, and the ascension of a consumerist philosophy.”

Prostate and breast cancer are common types of cancer that are for the most part gender specific. The exception is that, although rare, it is possible for men to develop breast cancer. The American Cancer Society (2007) estimates that 218,890 new cases of prostate cancer will be diagnosed in the US in 2007 and that 27,050 men will die of the disease. For breast cancer, the projection is for 178,480 cases with 40,460 deaths. Although a tremendous amount of research has been conducted regarding prostate and breast cancer, few studies beyond the work of this researcher (Rager, 2003; Rager, 2004; Rager, 2006) have focused on either of these cancers and the self-directed learning process as defined in the adult education literature.

In regard to gender, the publication of *In A Different Voice* by Carol Gilligan (1982) made a significant contribution to the understanding of female psychology and of women's learning as distinct from that of men. Gilligan characterized women's lives as reflecting interdependence as opposed to independence and connection rather than separation. She found that female identity is defined in the context of relationship and is measured against a standard of

responsibility and care. Belenky, Clinchey, Goldberger, and Tarule (1986) further suggested that women have characteristic ways of knowing and of constructing knowledge. They coined the term “connected knowing” to characterize their findings. More recently, the notion that men and women differ in regard to their experiences with illness, including cancer, is supported in the literature (Nicholas, 2000; Volkers, 1999). Kiss and Siegfried (2001, p. 1055) state, “Being male or female is an important basic human variable that affects health and illness throughout life.”

### **Methodology**

A qualitative research paradigm was used for both studies involved in this secondary analysis. Purposeful sampling (Patton, 1990) was employed for each study to locate information-rich subjects. Selection criteria for the prostate cancer study included being male, English speaking, within five years of prostate cancer diagnosis, and having engaged in a minimum of seven hours of self-directed learning about prostate cancer. For the breast cancer study the criteria were the same with the exception of being female and within three years of breast cancer diagnosis. The time since diagnosis was extended from three to five years for the men because of the protracted nature of prostate cancer treatment and decision making. For both studies, interviews were conducted by this researcher with participants from Wichita, Kansas.

The strategies used to insure the credibility of the findings of these studies were prolonged engagement, peer debriefing, referential adequacy, and member checking (Lincoln and Guba, 1985). Sample size for both studies was determined by the researcher’s sense that the point of saturation had been reached (Lincoln & Guba, 1985). Data was gathered from 13 breast cancer and 12 prostate cancer patients.

Specifically, the following research questions guided this secondary analysis: Are there differences in the descriptions of the self-directed learning experiences of breast and prostate cancer patients that appear to relate to gender? If so, what are they? Interviews with the participants ranged in duration from one to three hours with the average length being one hour and thirty minutes. Follow-up meetings, emails, or telephone calls to the participants were used to verify information and for member checking. A semi-structured interview format following an interview guide was used to gather data for these studies with each interview tape recorded and professionally transcribed. The constant comparative method (Patton, 1990) was used in analyzing the data in order to identify common patterns related to gender, if they existed.

### **Findings**

The secondary analysis of the interview transcripts of the breast and prostate cancer patients revealed categories of differences that appear to relate to gender. The differences related to privacy, seeking connections, handling emotions, and perspectives on the personal impact of their self-directed learning and cancer experiences.

#### *Men Prefer Privacy*

Both groups of cancer patients indicated that they used multiple resources in learning about their cancer such as books, the Internet, networking, support groups, survivors, and medical professionals. However, the self-directed learning experiences of the participants in the breast and prostate cancer studies appear to differ considerably in regard to accessing some of these resources because of the issue of privacy. The prostate cancer participants indicated that many men are reluctant to talk about health problems, including prostate cancer. Since gathering information from survivors was identified as key to their self-directed learning efforts, this

reluctance was seen as a stumbling block. Brent referred to this as one of the main problems regarding prostate cancer, "...all of us men out there and we're all afraid to talk about it!"

The issue of privacy was also exhibited in the participants' approach to helping newly diagnosed men. Almost all of these prostate cancer patients indicated that they were interested in using what they had learned to help other men. However, even in this regard, most were willing to be responsive when called upon but appeared to want to protect their privacy. For example, Kevin explained, "You don't basically walk around with a sign on you that says, 'I have prostate cancer.' It's just one of those macho things..."

#### *Women Want to Connect*

Privacy did not emerge as an issue for the breast cancer patients. On the contrary, they expressed a strong desire to connect with others. Their stories revealed that their self-directed learning efforts had facilitated meeting not only their cognitive needs but also their need to counteract the loneliness and isolation that can accompany the diagnosis. As Diane said, "The education part is what people need early on, but as you get further out you need the connections and the interaction and just the sharing of your fears and everything." For many of the participants, the need for connections was met in support groups. This was particularly powerful for Fran. "I really did need the support group because the first time I went there I totally fell apart. I had not ever cried about the diagnosis and yet I bawled my eyes out that night. That was over a year since my diagnosis. I had finally found a spot where I felt supported."

#### *Women Openly Express Emotions*

The women in the breast cancer study were more open about their emotions in this context and appeared to be more comfortable discussing their feelings. The emotional component appeared to be an integral part of the descriptions of their experiences. Gloria explained, "The biggest problem was time. I didn't feel like I had a lot of time. In that process, I wasn't dealing with emotions and every once in a while, they would surface and get in the way. The vast amount of information and the quickness that I had to absorb it were problems. I had too much information. I became overwhelmed by 'paralysis of analysis.' That was all complicated by emotions I think."

Both the breast and prostate cancer participants indicated that their motivations for learning included the need to make informed treatment choices and the desire to understand what they were going to experience so that they could best help themselves cope. However, unlike the men, overcoming the fear of dealing with cancer was commonly identified as a motivation for the self-directed learning of the breast cancer participants. From the women's descriptions, emotions appeared to influence their motivation to learn, their process of selecting learning resources, the importance they placed on support groups and connecting with survivors and, at times, on their ability to focus on learning at all. Further, their interviews indicated that they were aware of the impact of emotions on their experiences and were comfortable in sharing this aspect of their self-directed learning and breast cancer journeys.

#### *Men Struggle with Emotions*

The men in the prostate cancer study appeared less comfortable, and in some cases conflicted, in regard to their emotional responses. Clint explained that being told he had prostate cancer "...didn't really affect me like I thought it would, you know." As we talked further about emotions, he began to cry. He was taken aback by his reaction and explained that he had never cried before about his situation. Fred became emotional in his interview also. He said, "I kept

reading books and I was scared to death of it and I'm scared of being operated on." Later, he explained, "Fear didn't bother me." His faith helped him cope with his prostate cancer. In contrast to the breast cancer patients, the impact of emotions on their self-directed learning in regard to their prostate cancer was not presented as an integral factor in their experiences. Their responses came when probed about the role that emotions may or may not have played in their experiences. Their descriptions were less explicit and less expansive than those of the women.

### *Women Experience Personal Growth*

Some of the women used the word empowerment to describe what their self-directed learning had meant to them. As Ann stated, "Information is power." Like so many of the participants in the study, she used what she learned to participate in the decisions being made about her treatment. She called it, "not being pushed around." The women talked about the changes which had taken place because of their learning including becoming "stronger," "more confident," and "more assertive." Most of the women volunteered that part of their quest was to understand why this had happened to them and to come to some conclusions about what it should mean in their lives. In most cases, they concluded that they should use their experience and learning to help other women with breast cancer. Some talked of a personal ministry. Diane explained, "I don't think I thought I was strong enough to do this and I learned through the process that I am. Knowing it wasn't just me that was going to benefit probably is what made me stronger. It isn't just going to end with me. It's going to hopefully go on and help other people." That kind of testimony was not present in the prostate cancer interviews.

## **Discussion**

This secondary analysis of two qualitative studies examining the self-directed learning of breast cancer and prostate cancer patients has determined that gender differences regarding privacy, interpersonal connections, handling of emotions, and perceptions of personal growth are manifest in their descriptions of their experiences. The findings shed light on some, but not all, of the issues raised by Kiss & Siegfried (2001, p. 5) who state that, "Differences in psychosocial aspects of prostate and breast cancer are mainly based on gender issues. Gender differences are evident not only in the physical impact but also on sex, quality of life, psychosocial differences, coping and patients' partners."

Both the male and female participants placed high importance on information-gathering in this context, a notion supported by prior research (Dunlop, 1998; Dale et al., 2004). Privacy, however, emerged as an issue that separated these cancer patients along gender lines. The descriptions of the experiences of these breast and prostate cancer patients regarding their self-directed learning echo Kiss & Siegfried (2001, p. 4), who state, "During stressful times most women with breast cancer want to talk about it and share their feelings with others – most men with prostate cancer would rather not."

Differences were manifest in descriptions of their experiences with support groups. The testimony of these breast and prostate cancer participants validate the claim of Volkers (1999, p. 3) that "...men are more likely to use support groups as an educational outlet, while women tend to share personal experiences and encourage other women." The findings of this secondary analysis support the importance of differentiating the types of support services that are available to patients with gender as a consideration. Additional study of mixed gender support groups is needed as well as research on self-directed learning in regard to other types of cancer.

Emotions were identified as a significant factor in the self-directed learning of the breast cancer patients. The men, on the other hand, were less forthcoming about the emotional aspects

of their experiences. Gray, Fitch, Phillips, Labrecque, & Fergus (2000, p. 545) suggest that this is because “these experiences run counter to their identities as men. To express distress or to actively seek support has the potential for undermining their sense of self. Minimization of impact thus becomes understandable.”

Conversely, the breast cancer patients reported that the lessening of fear was one of the reasons for their self-directed learning and that the learning did help them to be less afraid and better prepared to deal with the reality of breast cancer. They also spoke of support groups as significant in meeting their emotional as well as psychological need to connect with other survivors who could truly understand what they were feeling and experiencing. The descriptions of the breast and prostate cancer patients appear to reflect Gilligan’s (1982) characterization of women’s lives as reflecting interdependence and connection as opposed to men’s lives which reflect independence and separation. The testimony of the women also reflect Belenky et al.’s (1986) concept of connected knowing. The breast cancer patients were very clear that they had made important emotional connections through their self-directed learning efforts.

Part of the self-directed learning efforts of the women was directed toward understanding why this had happened to them and what meaning it had for their future. Almost all of the women concluded that they had a role to play in helping other breast cancer patients. Their experiences appear to reflect what Brookfield (1985, p. 15) called “the most complete form of self-directed learning.” He contended that this “occurs when process and reflection are married in the adult’s pursuit of meaning.” This was not evident in the interviews with the men.

Although the breast cancer and prostate cancer patients both indicated that an outcome of their self-directed learning was the desire to help other newly diagnosed individuals, the women were much more proactively engaged in this process than the men. These differences suggest that gender should be a consideration when making decisions about the role of survivors in helping the newly diagnosed. For example, a one-on-one mentoring program might be helpful in addressing the preference for privacy expressed by these prostate cancer participants.

### **Conclusion**

This secondary analysis of the self-directed learning of the 13 breast cancer and 12 prostate cancer patients suggests that differences in the descriptions of their experiences in these circumstances appear to relate to gender. The main categories of difference that emerged were in regard to privacy, the desire to connect with others, handling emotions, and perspectives on the personal impact of their self-directed and cancer experiences. The findings fill an existing gap in the knowledge base regarding self-directed learning and gender differences in the context of a medical crisis. They provide valuable information to adult educators, health care providers, the cancer support community, and to individuals who will face similar personal health crises. Additional research is needed to further explore the influence of gender on the self-directed learning process in other contexts.

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