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Walking groups for women with breast cancer: Mobilising therapeutic assemblages of walk, talk and place

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ABSTRACT

Walking is widely accepted as a safe and effective method of promoting rehabilitation and a return to physical activity after a cancer diagnosis. Little research has considered the therapeutic qualities of landscape in relation to understanding women's recovery from breast cancer, and no study has considered the supportive and therapeutic benefits that walking groups might contribute to their wellbeing. Through a study of a volunteer-led walking group intervention for women living with and beyond breast cancer (Best Foot Forward) we address this gap. A mixed-methods design was used including questionnaires with walkers ($n = 35$) and walk leaders ($n = 13$); telephone interviews with walkers ($n = 4$) and walk leaders ($n = 9$); and walking interviews conducted outdoors and on the move with walkers ($n = 15$) and walk leaders ($n = 4$). Questionnaires were analysed descriptively. Interviews were audio-recorded, transcribed verbatim, and analysed thematically. Our study found that the combination of walking and talking enabled conversations to roam freely between topics and individuals, encouraging everyday and cancer-related conversation that created a form of 'shoulder-to-shoulder support' that might not occur in sedentary supportive care settings. Walking interviews pointed to three facets of the outdoor landscape – as un/natural, dis/placed and im/mobile – that walkers felt imbued it with therapeutic qualities. 'Shoulder-to-shoulder support' was therefore found to be contingent on the therapeutic assemblage of place, walk and talk. Thus, beyond the physical benefits that walking brings, it is the complex assemblage of walking and talking in combination with the fluid navigation between multiple spaces that mobilises a therapeutic assemblage that promotes wellbeing in people living with and beyond breast cancer.

1. Introduction

Geography has been on the move. At the heart of the wider 'mobilities turn' in the social sciences over the past two decades (Cresswell and Merriman, 2016), geographers have shifted their attention to the ways in which bodies move through space by empirically examining, for example, dance (McCormack, 2013), yoga (Philo et al., 2015), jogging (Cook et al., 2016), running (Bale, 2016), and walking (Lorimer, 2013). Methodologically, this movement in geography has resulted in a renewed focus on experiential approaches where researchers participate in the physical activities they seek to study, or adopt autoethnographic approaches that turn their academic concerns towards those activities that have shaped their own lives and thinking. Such experimentation has seen geographers embrace the use of walking or 'go-along' interviews conducted outdoors and on the move with

research participants (Doughty, 2013; Evans and Jones, 2011; Houlton, 2014) that, as a method, took its first steps in street phenomenology (Kusenbach, 2003). Health geographers have embraced these approaches to extend our understanding of therapeutic landscapes (Gesler, 1992; Williams, 2007) by exploring the ways in which playing in (Richardson et al., 2017), being near to (Bell et al., 2014), meditating on (Philo et al., 2015), caring for (Milligan et al., 2004), and walking through (Gatrell, 2013) green space is conducive to health and healing. However, despite such empirical and methodological shifts, the geographies of recovery for people who are faced with the complex physical and psychosocial challenges associated with rehabilitation after cancer have rarely been explored. Little research has considered the concept of therapeutic landscapes in relation to understanding the experiences of women affected by breast cancer (English et al., 2008; Liamputtong and Suwankhong, 2015), and, to our knowledge, no study

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has specifically considered the supportive and therapeutic benefits that walking groups might contribute to the wellbeing of these individuals. In this paper, we address such concerns by sharing findings from a study of peer-led walking groups for women living with and beyond breast cancer in the North of England that examined the interplay between walking, talking and place.

We begin by briefly discussing existing research around the benefits of physical activity after cancer diagnosis, positioning this paper in a broader field of psychosocial-oncology and pointing to the lack of services and referral to physical activity interventions after cancer, especially in the United Kingdom (UK). Best Foot Forward, a peer-led walking group intervention designed by UK charity Breast Cancer Care to address this service gap, is then presented. A description of our research methods follows. We then present our findings in four parts. First, we examine the act of walking and, then, talking, separately, exploring their role as key enablers of peer support for women during the walks. The combination of walking and talking, together, is then examined. Here we reveal a distinct form of ‘shoulder-to-shoulder’ support that is contingent on the emergent geography of recovery. We discuss the interplay between three dialectical facets of landscape – as dis/placed, im/mobile and un/natural – that emerged in women’s accounts and that are entwined to form a therapeutic assemblage. We use the term ‘assemblage’ in the sociomaterial sense: that is, that these facets, collectively, are engaged in a complex “process of assembling” (Latour, 2005, p. 1) the enactment of recovery; a “set of relations which are not separable from each other” (Deleuze and Parnet, 1987, p. viii), and which yield a new entity that is more powerful than any of the individual parts alone (Lee and Stenner, 1999). This assemblage not only enhanced women’s health and healing, but also encouraged ongoing engagement in physical activity. Finally, we suggest that the insights revealed in this study by introducing empirical concerns and methodological approaches from health geography to psychosocial-oncology should inform the development of future physical activity interventions, and call for an ever-closer connection between these two fields.

1.1. Physical activity and cancer

Breast cancer in women is among the most common cancers globally (Cancer Research UK, 2014), and is the most common cancer in the UK (Torre et al., 2015). Early detection, alongside increased and improved treatment options, have contributed to a rise in the number of women who survive breast cancer (Torre et al., 2015). Ten-year survival rates in England and Wales have almost doubled in the last 40 years, from 40% in 1971–72 to 78.4% in 2010–11 (Cancer Research UK, 2014). Engaging in physical activity is associated with increased survival after breast cancer diagnosis (Ballard-Barbash et al., 2012; DeSantis et al., 2013; Ibrahim and Al-Homaidh, 2011; Volaklis et al., 2013), and a Cochrane Review of 40 trials found that physical activity interventions have a positive impact on health-related quality of life and reduce anxiety, fatigue and pain over time in cancer survivors (Mishra et al., 2012). Additionally, physical activity interventions have been found to improve psychosocial aspects of quality of life (Spence et al., 2010). However, an extensive review of the literature relating to physical activity and the risk of breast cancer recurrence found that few studies have examined the effects of physical activity in women affected by breast cancer in particular, and, further, that psychosocial factors are largely overlooked, despite being instrumental in predicting physical activity behaviour and influencing decisions to establish and maintain a programme of physical activity (Loprinzi et al., 2012). In addition, a randomised controlled trial to determine the effects of peer support on the quality of life of breast cancer survivors determined that the psychosocial outcomes of peer-led physical activity interventions are poorly understood (Pinto et al., 2015). Furthermore, a recent examination of the emotional benefits of walking demonstrates positive affect, providing a direct link between emotional and physical health

(Miller and Krizan, 2016). Most importantly, a systematic review and meta-analysis of the evidence related to physical activity in breast cancer survivors found that the most successful physical activity interventions were those that were supported by counselling (Bluethmann et al., 2015). Together, these findings suggest that more emphasis should be placed on the psychosocial element in supporting women in undertaking physical activity and on psychosocial support during physical activity for people undergoing breast cancer treatment and beyond. In the UK, however, neither physical activity nor psychosocial support is routinely prescribed as part of the treatment pathway for cancer survivors, and the referral of women affected by breast cancer to such programmes is often made by community-based organisations and cancer charities.

1.2. Best Foot Forward

Breast Cancer Care is a UK-wide charity providing care, information and support to people affected by breast cancer and is actively involved in providing ongoing psychosocial support to people affected by breast cancer. As part of their Moving Forward programme that supports people after breast cancer diagnosis and treatment, Breast Cancer Care developed and piloted Best Foot Forward, a peer-led walking group intervention, in three areas of the North of England. The intervention was offered to all those who had recently completed treatment for primary breast cancer in those areas, at all abilities and levels of fitness, who want to be more active and increase their wellbeing and energy levels. The walks were facilitated by trained Walk Leaders with a personal experience of breast cancer who had also been recruited through the Moving Forward programme.

The aim of the Best Foot Forward intervention was twofold: (1) to encourage physical activity; and (2) to enable psychosocial support. This aim was designed to be achieved by providing women with breast cancer the opportunity to undertake regular exercise outdoors in a supportive environment with other people with experience of breast cancer. Between 2013 and 2015 a concurrent evaluation of Best Foot Forward was conducted led by a team of academics at Edinburgh Napier University and the University of Stirling (RGK, AVI, GH). Evaluation processes involved members of Breast Cancer Care’s in-house research team (J-FJ, KS) in data collection processes, but Breast Cancer Care were not involved in the analysis or interpretation of study findings. The aim of the research was to understand the perceived therapeutic and supportive benefits of Best Foot Forward through the experiences of volunteer Walk Leaders and Walkers affected by breast cancer.

2. Methods

2.1. Research design

A mixed-methods study was conducted in three steps: (1) a postal survey; (2) telephone interviews; (3) walking interviews. Walkers and Walk Leaders were invited to participate in each step in turn. Each method was purposefully selected to progressively close the geographic and relational distance between researchers and participants, and between participants and the location of the walks they took part in or led. Hence, there was a move from structured questions (in surveys) to unstructured discussion (during walking interviews), and from involvement with researchers at home (by completing a questionnaire or speaking on the telephone) to shared experiences with researchers (during walking interviews). This gradual process was used to enable sufficient rapport and trust to be established between researchers and participants to enable walking interviews to mirror (as much as possible) the process of the walking group intervention itself. This meant that as individuals engaged in each step of the research process a deeper understanding of their experiences of involvement in Best Foot Forward was gradually revealed.

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