YOGA, WOMEN, AND CANCER:
EXPERIENCES IN A SPECIALIZED YOGA PROGRAM

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Abstract

The purpose of this project was to better understand the experiences of women with cancer who participated in a specialized yoga program at a studio in Toronto. The focus on this particular location served as a case study of such specific physical activity programming for special populations. This study examined who participated in this program and explored their reasons for participating in efforts to better understand their thoughts on health, including the imperative to be healthy (i.e., healthism), illness, physical activity (specifically yoga), and the interrelationships between such issues in their lives. Using qualitative research methods, semi-structured interviews were completed in order to gain a better understanding of the lived experiences of women who have participated in yoga classes while having or recovering from an illness. Participants consisted of five women in remission from cancer who practiced yoga prior to their diagnoses, during treatment, and throughout recovery. Findings indicated participants' motivations for practice centered on achieving holistic health and experiences during the cancer journey were greatly influenced by their socioeconomic privilege. In addition, results showed an overwhelming focus on positivity and the adoption of healthism. Future implications of this research may be to modify existing specialized yoga programs and provide recommendations on the use of yoga in cancer care, as well as consider how to approach the influential "tyranny of cheerfulness" in cancer culture and combat dominant healthist ideals. In addition, this project will contribute to the existing body of sociocultural research in health and physical activity and increase knowledge of experiences in this population.

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Lastly, I would like to dedicate this work in memory of my Nana, Elizabeth Barnes, who continues to be my role model and inspiration.

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Chapter One: Introduction

Yoga has been included as a complementary form of cancer care by the *National Center for Complementary and Alternative Medicine (NCCAM)* (2012) as it provides an excellent form of physical activity for those with illness generally and with cancer specifically. The use of yoga for cancer care as a complimentary addition to traditional Western medicine is advocated for and supported by experts including *NCCAM,* health care practitioners, clinical researchers and yoga instructors as it is known to increase the quality of life, as well as help individuals manage symptoms related to cancer and cancer treatments (DiStasio, 2008; Smith & Pukall, 2009). Yoga is not meant to replace medical care, but is available to augment traditional cancer care by focusing on health and well-being through integrated body-mind-spirit activity.

As a student of yoga, my interest was piqued by learning from a colleague about one particular yoga studio in the City of Toronto which offers a special yoga program to those with illnesses such as cancer. According to this studio, the program was designed to focus on individual's specific health and physical activity needs during a time of illness and recovery, using yoga as a part of the recovery process. As I learned more about and reflected on this particular program, questions about the lives and experiences of the people who participate in this program emerged, which resulted in this investigation of yoga and cancer care at this studio.

The studio's website (not identified due to confidentiality) offered information about classes, schedules and fees, as well as instructor biographies, but my initial impressions of the program's connection with cancer care centered on questions of access and choice: Who and why would those with cancer practice yoga? What barriers did they face with regard to their participation in yoga? What opportunities did these participants enjoy? I was particularly curious about the financial costs associated with the yoga program, especially when I gathered

information on the studio's bursary program, which acknowledged donations of $50,000 a year that enable participation for those who are unable to contribute towards their program fees, whether as a result of their illness or low income. My initial reaction was to applaud such a bursary since, by removing this financial barrier, the program had the potential to be more accessible, particularly for those in lower socioeconomic groups. However, a more critical reading of the bursary program raised questions about the implications of having to self-identify as a person in need of financial assistance and having to ask what was involved in obtaining the bursary during a time of significant illness and stress.

With these reflections in mind, I recognized the need for a more thorough investigation of the day-to-day realities of women's lives during cancer and cancer care, and how they may be affected by different opportunities for and barriers to physical activity. Furthermore, given my own personal interest in yoga, I recognized the importance of better understanding why yoga was taken up as a form of physical activity in cancer care and how it impacted the day-to-day lived experiences of women with cancer. The aim of this project was to focus on women's experiences, especially how women's dual societal roles (as breadwinners and, often times, as primary caregivers) has made their experiences nuanced and complex, since the time devoted to traditional medical-based cancer care may leave no additional time to dedicate to self-care activities such as yoga. By better understanding the experiences of participants involved in this case study, a hope of this project was to address issues of access in ways that respected the individuals and their circumstances, without further marginalizing them.

A case study approach of this one Toronto-based studio was employed with the aim of better understanding the experiences of women with cancer who participated in a specialized yoga program. To date, there has not been any sociocultural research that specifically addressed

the experiences of women with cancer and their involvement in yoga. Previous research in this area seemed to have been in psychology, oncology, and religion; however, this research has not focused on the *qualitative experiences* of this specific population. This case study explored how some women with cancer used and came to understand yoga during their cancer journey, specifically, in an effort to better explore and understand the barriers to and opportunities for physical activity faced by women with cancer, more broadly. The objectives of this study are as follows:

1. To analyze the experiences, thoughts, feelings, and beliefs regarding the role yoga plays in cancer care;
2. To better understand women's sense of agency (or lack of) in terms of cancer care; and
3. To examine the opportunities for and barriers to physical activity for women living with cancer as framed by women's socioeconomic status.

The following research questions will be addressed to fulfill the objectives:

1. Who participates in this yoga program and why?
2. What are participants' thoughts on health, illness, and physical activity (specifically yoga), as well as the interrelationships between these issues in their lives?

Thesis Overview

The second chapter of this thesis will provide a review of existing literature related to the sociocultural understanding of the realities of women's lives during cancer. It will examine literature pertaining to the biomedical focus in cancer care, the impact of socioeconomic status, understandings of health and healthism, opportunities and barriers for physical activity with a particular focus on yoga, and investigate the influence of the Westernization of yoga on popular practices.

The third chapter will outline methodology of this study, including study design, participant recruitment, data collection and analysis, ethical considerations and procedures, and personal reflections in methodological experiences of this research.

Chapters Four and Five will provide an analysis and discussion of research findings. Chapter Four will explore participant sameness and motivations for practicing yoga during cancer treatment and recovery, as well as examine the influence of privilege on participants' cancer journeys. Chapter Five will examine participant understandings of health, the importance of physical activity in achieving health, and the emergence of healthism in response to illness as influenced by its hegemonic nature enabled through positivity and socioeconomic stability. Chapter Six will provide a summary of research findings, discuss the interconnections of core themes, and offer future directions and implications of research.

Chapter Two: Literature Review

Although there is a paucity of research specific to the sociocultural study of yoga and women with cancer, this section will provide a review of existing literature related to the social, cultural and economic realities of women's lives with cancer, including the impact of the biomedical focus in cancer care, the current understanding of health (including healthism), and the role of socioeconomic status in obtaining access to cancer care. In addition, it will examine some opportunities and barriers that facilitate and/or constrain participation in physical activity, question the focus on yoga as the form of physical activity in cancer care, and explore how the Westernization of yoga has impacted the ways in which it is perceived and practiced.

Biomedical Focus and Neglect of Complex Realities

In an examination of the realities of women's lives during a time of cancer, it is important to acknowledge the overall biomedical focus associated with cancer and cancer care research (King, 2006). Primarily focused on laboratory-based research of the disease at the cellular, biochemical and/or genetic levels, the goal of this research focus has been to prevent, control and cure cancer by understanding its causes and development (Canadian Cancer Research Alliance, 2010; Canadian Cancer Society, 2013). In understanding the development of cancer, some behavioural factors have been identified as affecting and increasing the risk of cancer, including smoking, being overweight or inactive, consuming alcohol and sun tanning (Canadian Cancer Society, 2013). By identifying these behavioural risk factors, in addition to physiological/biological factors, this research (and the products of this research process) often aimed to control cancer through linking prevention and treatment strategies (Canadian Cancer Society, 2013).

Cancer research policy similarly looked at initiatives and investments that ultimately focus on the prevention, diagnosis and treatment of cancer (Canadian Cancer Research Alliance, 2010). Policy makers and stakeholders (including researchers, health specialists and practitioners, as well as both government and non-government organizations) often collaborate on cancer research in order to maximize the impact of funding, share investments in research and improve the cancer research funding system. The Canadian Cancer Research Alliance (CCRA) (2010) maintains that their priorities are to prevent cancer through advocating healthy lifestyle choices that are believed to increase the overall quality of life. In addition, CCRA focuses its research on genomes and cells that initiate cancer, as well as providing knowledge translation of this research in order to benefit patients and those at risk for cancer, and for research to address the needs of survivors and to enhance cancer care. Also present in their research strategy is the firm belief that funding would have a significant impact on cancer control. Taking the research and research policy into consideration, attention has primarily been focused on the biomedical aspects of cancer as disease.

Enmeshed within this biomedical focus is the reluctance among some oncologists, scientists, researchers and policy-makers in the medical field to accept complementary and/or alternative methods to traditional cancer care (Pritlove, 2010). As Gorski (2010) suggests, traditionally, medical doctors turn to medical solutions first, excluding alternatives such as naturopathic treatments (for example, dietary changes or the inclusion of supplements). Informational searches led by patients on their own conditions are encouraged vis-à-vis the message of personal responsibility for health in society; however, these efforts are often contained by medical professionals since they assume, and are assumed, to be the experts who have both power and authority over patients and their choices for care (Abel & Thompson, 2011;

Rodin & Janis, 1979). The conflicting messages of being self-informed and taking charge of care, paired with the suggestion that survivorship depends on the acceptance of mainstream medicine relayed by medical professionals and experts (Pritlove, 2010), can add to the stress experienced by individuals during the cancer journey.

Biomedical therapies that have emerged in traditional cancer care are undoubtedly crucial for many patients' treatment and survivorship; however, having such a strong focus on clinical dimensions of cancer limits the scope of both the disease and its treatment. Such a focus deflects attention away from other critically important areas such as the social, cultural and economic factors that are also significant in women's day-to-day lives. Much of cancer and cancer care discourse has reflected this biomedical focus (King, 2006), depicting a straightforward journey which follows a neat progression through prevention, screening, diagnosis, treatment, recovery or palliative care (Cancer Care Ontario, 2009). Its rigid structure dismisses the social experiences and complications that occur during illness, while also suggesting a continuous loop of lifetime surveillance for cancer, which could indicate that cancer would always remain a part of an individual's identity (Moss & Dyck, 2002).

In attempts to better understand the social factors that affect the day-to-day experiences of women living with chronic illnesses, Moss and Dyck (2002) examined how women create strategies to accommodate illness in their lives. For example, women make the decision to disclose or conceal their illness to employers and friends, in response to fears of losing work or facing other repercussions and affecting social relationships. The social consequences of having an illness can also include changes in family dynamics (including a woman's relationship with her partner) and household responsibilities such as childcare, cleaning and meal preparation. Women often take on the role of primary caregiver and put the needs of children and spouses

before their own; yet when illness arises, women may feel like a burden to others when needing to attend to their own health (Popay & Groves, 2000). This conflict can become a private battle for some, leading to social isolation for those not wanting to burden others, while other women may seek emotional support from family members. The intensity and severity of chronic illnesses and symptoms affect daily activities which can vary one's ability from one day to the next, leaving some women feeling as though their bodies have let them down (Moss & Dyck, 2002). These symptoms may also lead to disruption or cessation of other activities and limit the time available for recreation and socializing. Other realities include changes to daily routines in order to accommodate physical limitations resulting from pain or fatigue, as well as cognitive impairments associated with either the cancer or the side-effects of treatments.

Cultural factors also become neglected with the focus on the biomedical model. Better understanding of the experiences and the impact of illness for women of diverse cultures or backgrounds who are not part of privileged groups (e.g., racialized women, immigrants, elderly, LGBTQ women and the poor) is necessary in order to provide women power and authority in their care and to allow for better relationships in care (Kearney, 1999). Cultural traditions and religious beliefs can include different experiences of illness and different understandings of the meaning of health and illness through diverse theories of how the body functions. In addition, differences in descriptions of symptoms, as well as traditional approaches to healing may lead some cultures to distrust the biomedical system (Kearney, 1999). Language barriers can also impede understanding of illness and treatment options, as well as ability to ask questions for clarification, to understand responses and to communicate needs (Gallant, Keita, & Royak-Schaler, 1997).

Cultural differences may also exist in the social roles of the family during illness (Kearney, 1999). Shared cultural understandings of social roles and meanings of health can be gendered: in some cases, women may be completely relieved of their domestic duties and receive assistance from other family members. Alternatively, where the division of domestic labour is unequal (i.e., more patriarchal), women continue – and are expected to continue – with their domestic and caregiving responsibilities during illness, which may further augment their physical and emotional demands (Popay & Groves, 2000). These roles within a culture may or may not change according to understandings of illness which, can at times, challenge sense of identity (e.g., the conflict between acting as a caregiver to family members and receiving care from health care professionals [Charmaz, 1995]). Identity and self-perception are also affected by changes in the self and body when learning to adapt to living with impairments as a result of illness. In addition, chronic illnesses, such as cancer, often compel individuals to constantly make adaptations during their lives and adjust their social roles in accordance with changes in health and ability.

Another aspect of women's experiences which has frequently been disregarded by the biomedical model is the economic realities of these women's lives during illness. Some of these factors include employment and income that can affect such things as child care accessibility and transportation arrangements to health care appointments and treatments (Gallant et al., 1997). Combining work and family responsibilities – the “double shift” (i.e., work both outside and inside of the home) – appeared to have the most significant impact on women's lives during illness (Annandale & Hunt, 2000; Kearney, 1999; Marshall, 1997). The various commitments in both the workplace and the home (e.g., scheduled work meetings and children's extracurricular activities) as well as associated workload and family issues could result in increased emotional

distress and even physical impairments (Marshall, 1997), which further complicate chronic illnesses and related symptoms. Since women are, most often, the ones who take on the responsibilities of the “double shift” they tend to be more affected by the existing gender differences and inequalities in employment and family roles – a situation aggravated by illness. A further review of the socioeconomic factors relating to access and agency in health care and physical activity will be discussed below.

The awareness of women's cancers has improved over time through organized activities such as *Walk to End Women's Cancer* and the *Susan G. Komen Foundation's Race for the Cure*, as well as through cause marketing of widely available consumer products that support research in finding the cure for cancer (King, 2006). Although fraught with problems (see King, 2006), clever marketing tactics of ‘responsible’ consumption (buying products which support causes) has also raised public awareness about the disease and has led to increased attention on information regarding detection and treatment methods. Although campaigns and organizations such as these appear to have good intentions, they culminate in a culture of images and literature which present the disease in a skewed manner, targeting and offering stories that focus on the interests of white professional women who identify as belonging to the middle-upper class (King, 2006). Such a narrow focus on survivorship and ‘cheerfulness,’ in addition to constructing women’s cancer in a limited frame by excluding the realties that many women face, has created a specific language of cancer which portrays the disease as a battle to fight and survive while at the same time demanding women to remain feminine through increased attention to their appearance and the display of optimism (King, 2006; Lucas, 2004). The impact of these examples place pressure on women to conform to the culture of cancer; women may feel out of place and vulnerable should their experiences fall short of these pleasant images of the cancer journey.

As noted, the current biomedical-focused research in this area has often tended to neglect or ignore the social, cultural and economic realities of patients' lives. It is important to gain an understanding of these interrelated areas as they have a tremendous impact on the individual lives of patients. Researching the social, cultural and economic experiences of those with cancer can further our knowledge of the disease as well as our ability to attend to and improve quality of life for women during a time of illness. Some practical consequences of broadening research perspectives can help accommodate the needs of women with illnesses, making their daily tasks more manageable during a time of increased stress, while enabling women to make their health and recovery a priority.

Socioeconomic Status

Socioeconomic status (SES) is another important element to consider during a time of illness as it has a disproportionate impact on rates of cancer, as well as the disparity in and access to care for women from marginalized populations (Adler & Coriell, 1997). As Adler and Coriell (1997) point out, despite being a strong predictor of illness, SES is often not considered by medical clinicians when evaluating risk factors for disease. Research indicated that cancer rates are highest among women in lower SES groups; however, rates of breast cancer specifically were known to have the opposite trend of being higher in women with higher SES (Borugian, Spinelli, Abanto, Xu, & Wilkins, 2011). The disproportionate rates of cancer were believed to be the result of a shortage of access to health care services, as well as a lack of education for women in lower SES groups on topics such as physical activity, nutrition and avoidance of certain behaviours such as smoking (Adler & Coriell, 1997; Borugian et al., 2011). However, the greater rates of breast cancer among women belonging to higher SES groups were suggested to be due to greater likelihood of screening for breast cancer which increased rate of detection; this result has

been credited to greater education in personal health and availability to attend screening appointments (Borugian et al., 2011). Another interesting factor in rates of cancer was the hormone differences in women who had fewer children, since women in higher SES groups tend to have fewer children (Borugian et al., 2011).

Membership in a marginalized group is likely to restrict access to positive health attitudes and behaviours: however, it is problematic to hold individuals accountable for their health if they are unable to obtain information and lack the means to follow through with healthy lifestyle choices. Interestingly, women in lower SES groups are at a further disadvantage, receiving less time with physicians, as they are more likely to seek medical attention from clinics and hospitals than do those in higher SES groups who have longer appointments scheduled with family physicians (Adler & Coriell, 1997). Receiving decreased individual attention meant that risk factors and other symptoms that could be serious when coexisting could be easily overlooked in these fast paced environments. Furthermore, these facilities focus on treating existing illnesses which overlook preventative care. As a result, health information on preventative care is not transmitted to the patient which often begins a cycle of treating illness instead of preventing illness among disadvantaged groups.

Agency in cancer care is greatly affected by socioeconomic stability, where differences exist in accessibility and care itself. When income is restricted, individuals can face limited access to resources for cancer care, since treatments can be very expensive. This acts as yet another barrier separating women in marginalized populations from receiving equal and necessary care. Some cancer medications are covered under the *New Drug Funding Program,* administered by Cancer Care Ontario, a program created to provide equal access to high quality intravenous cancer medications (Cancer Care Ontario, 2013a). However, this does not include all

medications and there is an application process with eligibility criteria that must be met in order to qualify for reimbursement – a process which has implications of furthering the social stigma of poverty and shame of not being able to afford care through the requirement of identifying oneself as in need of financial assistance. In addition, Gould (2004) pointed out that there were many other cancer-related services that are out-of-pocket expenses not covered by government or hospital subsidies (some which include medication and dispensing fees, transportation, parking and food costs at hospitals, alternative medicines or supplements, as well as wigs and prosthetics) (as cited in Pritlove, 2010, p.11).

Information available on the cost of cancer care can also be difficult to comprehend. In fact, policies exist which make it difficult to receive much needed funding for costs associated with cancer care. Pritlove (2010) referred to the "don't ask, don't tell" policy in which hospital staff and doctors were not forthcoming with their patients about programs that exist to help them and where information on government and hospital subsidies was not readily available, and only discussed if a patient asked about something directly. The policies assumed competency with language used and could be confusing for those with limited education or those who were unfamiliar with the English language (Cancer Care Ontario, 2013b). In such a diverse country, it is important that health care policies be transparent for those with different levels of health literacy. In addition, reimbursement programs, medical coverage, and private insurance companies only covered some pharmaceutical medications and do not support the costs of most complementary treatments for cancer such as therapeutic yoga. This is significant as it not only limits the extent of care to those who are financially able, but also places further limitations on types of cancer care available.

When financial resources are limited, there are fewer options when it comes to alternative therapies that are not included as an essential part of traditional cancer care treatment. While one source suggested that over 80% of those with cancer were estimated to use complementary and alternative medicine (CAM) treatments, such therapies were inaccessible to those on restricted budgets because such services were paid out of pocket and were not included in provincial health insurance coverage (Thrive Alive Foundation, n.d.). Financial resources were a likely explanation as to why affluent individuals are more likely to be using CAM. It was also believed that the increased use of CAM therapies is the result of the public's interest in participating in their own health care and feeling responsible for their cancer care (Richardson, Sanders, Palmer, Greisinger, & Singletary, 2000). This has been linked with the current attitudes and beliefs about healthism and understandings of health behaviours in line with Surveillance Medicine (to be examined in the following section).The implications of feeling responsible for taking part in personal health care again leads to feelings of dissatisfaction and failure for not achieving personal health.

On average, those who used CAM therapies were found to be white, middle-class and well-educated individuals between 30-50 years of age (Richardson et al., 2000). Yoga, in particular is viewed as an elite activity where most participants fall into these categories. There is still a disproportionate majority of higher SES individuals who participate in yoga, which is likely linked with stigmatization and feelings of embarrassment for low-income women (Pritlove, 2010), as well as feeling out of place in an environment that is comprised of those with higher incomes. It is important to consider why this is, and the impact that these demographics will have on the results of this research. With regard to the yoga studio that is the focus of this case study, although easily accessible by public transit, the studio is located in an affluent

neighbourhood. This program also offers greater financial accessibility by providing subsidized classes for those who are unable to pay the regular fee. The bursary program can cover the full cost of participating in classes; however, participants are encouraged to contribute what and when they can. This may affect the socioeconomic position of participants as classes become financially accessible; for example, a 10-week special needs program costs approximately $280 without bursary assistance (information obtained from studio's website). This aids in providing equal opportunity to receive a quality type of CAM treatment, which is currently inaccessible to many of lower SES. However, this also brought to question what it might mean for those who have to identify themselves as requiring assistance. There is a stigma and embarrassment that women with low-income may face when inquiring about funding opportunities, as they may be made to feel like they are abusing the system, asking for a free hand-out (Pritlove, 2010).

SES also impacted the ease of access to physical activity programs. It has been found that those with low SES have lower rates of participation in physical activity as compared to those with higher SES (Lindström, Hanson, & Östergren, 2001). This is problematic as physical activity has been found to be very important for the health of those with chronic illnesses such as cancer (Blaney et al., 2010). The financial cost associated with participating in physical activity is a limiting factor that can prevent women's participation altogether. Factors within one's socioeconomic position that limit participation include arrangements for childcare, employment, family responsibilities, available time, transportation arrangements, as well as the location of the activity and safety of the environment (Ball, Salmon, Giles-Corti, & Crawford, 2006; Humbert et al., 2006). Each of these factors centre on financial availability and can act as barriers to or facilitators of physical activity, depending upon SES. Such groups as the *Coalition for Active Living* (2006) promote participation in regular physical activity through supporting environments

that facilitate this, while being more socially and economically inclusive of all Canadians. However, their rigid view of ideal exercise may be perceived as discouraging or intimidating, in fact acting as a barrier to participation, as beliefs and approaches to health and physical activity may differ by culture (Adler & Coriell, 1997). As a part of the social, cultural, and economic realities of women's lives during cancer, there are both opportunities and barriers that exist which act to facilitate or constrain access to care as well as the ability to participate in physical activities such as yoga which have therapeutic benefits.

Health and Healthism

Health is defined by the *World Health Organization* as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity," a definition which remains unchanged since 1948 (Nordqvist, 2009). The importance of achieving health in everyday life has become more significant over time, resulting in an increased health consciousness among individuals (Crawford, 2006). Previous models of illness held that sign, symptom, and pathology comprised illness; however, in today’s model of Surveillance Medicine (cf., Armstrong, 1995), the relationships among the above characteristics of illness have changed, where health is under constant surveillance and assessed on a continuum of healthy and ill characteristics for which everyone is expected to monitor and assume individual responsibility. Health has been scrutinized in terms of bio-medicine’s understandings of what is normal and abnormal, through the use of screening techniques to detect current illnesses, as well as inspection for predictive factors which indicate risk for future illness (Armstrong, 1995). In addition, health surveillance includes understanding and adopting healthy lifestyles when individuals are encouraged to engage in such practices as exercise, dietary changes and stress-management (Holmes, 2009) as preventative strategies to avoid illness altogether. This model of

health has led to a form of anticipatory care for potential illness, where individuals take healthcare into their own hands with preventative measures. This close surveillance of health also aids in identifying the causes of illness which is helpful in selecting appropriate methods of care and improving therapy (Armstrong, 1995).

Being healthy is a highly valued social status yet the resources needed to adequately remain healthy are not equally available to all. Achieving health is a goal among many who adopt healthy lifestyles, yet also a source of anxiety for those who have difficulty attaining health and well-being (Crawford, 2006). The notions of health and illness are produced by those in the medical field (with influence from current scientific knowledge), and reproduced through socially constructed definitions of health and illness by mass media outlets such as the news, advertising, literature and knowledge translation from lay people (Crawford, 2006). Medical professionals are often perceived as having authority over individuals, acting as experts of human health with their specialized training and credentials, access to specialized resources and use of scientific language in interactions with patients (Pritlove, 2010). The information offered by medical professionals shapes how illness is understood and what actions need to be taken towards healing and health. The dominant Western model of health promotion advocates acknowledgement and assumption of personal responsibility, encouraging individuals to seek out health information and medical knowledge (Crawford, 2006). However, granting medical professionals the status of 'health experts,' while promoting the idea of personal agency and self-care among patients, has created a paradox in which patients are expected to assume responsibility for their own health yet their power to determine the course of their care is limited and often restricted to the medical options offered by medical professionals. In a sense, this

diminishes personal agency over health care, dictating that those faced with illness should follow the advice and options presented by those with medical authority.

Healthism is the viewpoint that individuals are responsible for their own health and disease as well as for getting better (Crawford, 1980). According to this view, blame for illness has often been placed on individuals based on such personal circumstances as lack of control over life situations or failing to make necessary lifestyle changes. For example, individuals with cancer or other illnesses may be suspected or even accused of having brought the illness upon themselves by making unhealthy ‘choices’ such as holding onto stressful emotions or memories which were then thought to contribute to a breakdown of the nervous system and the body’s defences (Lantz & Booth, 1998). Ignatieff even went as far as saying, “we not only get the diseases we deserve; we get the diseases we want,” (as cited in Crawford, 2006, p. 411). These ideas are perpetuated by the notion of healthism and can be problematic, having deleterious consequences for the patients.

With the focus of healthism on individuals’ responsibility for health and illness prevention, the onus for self-care may lead to victim blaming when individuals do become ill, and it may be assumed that illness is the result of failing to take appropriate action (Crawford, 1980). As Kearney (1999) notes, “in Western societies, victims of disease are often blamed (and blame themselves) for their own conditions, implying moral weakness as a cause and moral fortitude as a cure” (p. 6). This line of thought stigmatizes individuals with the label of illness and abnormality, which can lead to decreased self-esteem, social isolation and changes in relationships. Placing blame on those with illness creates the assumption that these individuals had the capacity to be healthy and the means to acquire health information and the resources needed to take action, when in fact barriers may exist preventing them from attaining good

health. These barriers may have included a lack of access to health care professionals and medications, financial inability to obtain healthy foods and lack of access to a safe environment in which to be physically active. A greater examination of the barriers to health and physical activity will be discussed later.

Healthism helps shape popular beliefs about personal health and the importance of self-care and, in so doing, it reinforces the struggle for health (Crawford, 1980). Individuals are constantly bombarded with health information from news stories, magazine articles and popular talk shows, in a society that has professionalized and commercialized health consciousness and the pursuit of health (Crawford, 2006). This has enabled individuals to perceive their health in a different way, encouraging them to be hyper-vigilant to the surveillance of signs and symptoms indicating illness and informing them on how to take appropriate intervention. With responsibility for health at the individual level, attention deflects away from the broader structural and social dimensions of health and illness. When such structural problems as social inequity, gender inequity, class differences, and race issues lead to greatly different lived-experiences among individuals (particularly women) in society, linking the cause of an illness to individual behaviours or choices does not adequately capture the complexity of the issue, unfairly placing further blame on the victim who is already burdened with the disease and other disadvantages.

Cancer has been socially constructed as a personal health problem, for which the choices and behaviours of individuals were perceived to result in disease (Lantz & Booth, 1998). The message to women is that their behaviours lead to responses in their bodies that create illness, which essentially blames women for their illness, while portraying them as knowingly responsible for not adopting healthy lifestyles.

Individuals with cancer are held individually responsible for their illness and face criticism as a result of a broader societal discourse that supports healthism. Moreover, much of the popular information material widely available on cancer care is often presented as how-to guides for coping with or overcoming cancer. A cursory search through shelves at the local Indigo bookstore found such book titles as: "*How to Treat and Prevent Cancer with Natural Medicine*" (Murray, 2002), "*Eat to Beat Cancer*" (Hatherill, 1999), "*The Anti-cancer Food and Supplement Guide*" (Yost, 2010), "*The Forgiveness Project: The Startling Guide of How to Overcome Cancer, Find Health and Achieve Peace*" (Barry, 2010). The ease with which this material can be accessed speaks to the societal perception of cancer care as an individual responsibility. This perpetuates healthism by informing readers that they have the ability to take action with their cancer care. The problem with material such as this is that some of the suggestions found in these self-help style books are used to inform important life decisions for cancer care. Coupled with individual responsibility for health, this essentially places blame on them as well as leading them to believe that they are at fault for not recovering, should they not follow these instructions.

Opportunities and Barriers for Physical Activity

There is currently a deficiency of information and research available in sociocultural research and provincial government policy that considers the opportunities for and barriers to physical activity for people living with chronic illnesses and the impact of those opportunities and barriers on their physical activity experiences. The lack of opportunities greatly affects participation, when membership in a higher social class and financial resources are among the most influential factors that facilitate participation in physical activity (YMCA of Greater Toronto, 2011). Although there are limited opportunities for women with illnesses, participation

in physical activity is facilitated by the availability of affordable (including subsidized) programs, as well as by exercise programs that feature group-based, supervised activity, which are tailored to individual needs, as well as those with gradual progression in level of difficulty (Blaney et al., 2010). Interestingly, research indicates that an important motivation for participation comes from the benefits of physical activity (Blaney et al., 2010). This motivation is important to initiating participation, as well as having confidence in performing physical activity, which also allows individuals to be comfortable in continuing with the activity.

Although physical activity is encouraged as a technique for managing chronic illnesses, there are certain barriers that also exist for women with cancer, further limiting their opportunities for participation. The side effects of cancer treatment appeared to be a significant barrier as there are numerous symptoms that inhibit or decrease ability to participate (Blaney et al., 2010). Fatigue was the most common barrier which individuals used as a guide to determine whether the level of physical activity was safe, as well as uncertainty over when to initiate an exercise program during illness (Kearney, 1999). Physical impairments and lack of confidence were also influential; however, focusing on only the physical limitations neglects the social, economic and cultural barriers of physical activity programs that are geared to women with cancer.

Being active may require more attention to the social needs and circumstances of women with cancer. Some factors include family commitments, managing households, securing food, and providing childcare (Kearney, 1999). Household responsibilities also present a challenge as women must often balance their paid work with domestic labour of maintaining a home, with laundry and meal preparations as well as being a caregiver for children while managing their own illness and attending medical appointments (Annandale & Hunt, 2000). Balancing life

responsibilities with illness is challenging, perhaps more so for those with children who may be used to attending to the needs of others before their own (Sulik, 2011).

Encouragement for maintaining social constructions of gender during a time of illness is encouraged by media images of how cancer should look, in which women face pressure to uphold their femininity. This may include engaging in health work and the additional pressures of managing themselves to maintain a feminine appearance (King, 2006; Lucas, 2004). For example, such images appear in the promotional materials for the *Look Good, Feel Better* program (2012) – images that show what is an acceptable appearance for women who have cancer, which reinforce hegemonic notions of beauty and femininity. The images emphasize the importance of looking normal and therefore hiding the ill body (Ucok, 2007). This may complicate changes in self-perception and issues of body image that can be especially stressful for many women when developing their illness identity (Moss & Dyck, 2002). In addition, the message that empowering women to have a well-kept appearance is enough to take back control over cancer is problematic, as it suggests that aesthetic fixes are enough to combat a life threatening illness (Lucas, 2004).

Other barriers to physical activity include economic factors, such as the financial resources and cost of activities, employment obligations, time constraints, and whether childcare is available and affordable (YMCA of Greater Toronto, 2011). In addition, the location of the activity and arranging transportation may act as obstacles, as well as the facility itself which may not be physically accessible (e.g. absence of ramps and elevators). The activities may also not be tailored to those with special needs, such as cancer. Lastly, cultural factors may also act as barriers that prevent or decrease the likelihood of participation in physical activity, such as

differences in customs and beliefs, the requirement of religious or culturally specific clothing, and limited understanding and confidence with the language.

These barriers signify unequal access for marginalized groups, particularly women, immigrants, racial minorities, elderly, persons of different sexual orientations, lower income groups, and those located further away from places of physical activity (Kearney, 1999; YMCA of Greater Toronto, 2011). Even for individuals not living with chronic illness, the social determinants of health often act as influential factors which work to either facilitate or constrain participation in physical activity. These factors include the following as defined by Health Canada: "income and social status, social support networks, education and literacy, employment or working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender, and culture" (as cited in YMCA of Greater Toronto, 2011). It is important to recognize how these opportunities and barriers affect participation in physical activities such as yoga since they ultimately affect who is able to participate. These factors aid in explaining why there could be a disproportionate number of affluent individuals in yoga classes, whose experiences might not accurately represent those of all women.

Why Focus on Yoga?

It is important to understand why the focus of this proposed study is on yoga specifically and not other forms of physical activity. Yoga plays an important role in cancer care, offering numerous benefits and allowing individuals to focus on themselves while receiving specialized attention and social support during a time of increased stress. Yoga is a form of physical activity that is suitable for those with different levels of ability and physical limitations, with notable benefits for those experiencing symptoms associated with cancer and side effects from cancer

treatments (DiStasio, 2008; Worle & Pfieff, 2010). It is a common belief that yoga is both popular and beneficial to health, able to improve quality of life and survival following diagnosis; therefore, developing a greater understanding of the determinants of participation in yoga during illness is a significant topic to investigate (Kroenke, Kubzansky, Schernhammer, Holmes, & Kawachi, 2006; Smith & Pukall, 2009). However, yoga is an expensive form of physical activity when the cost of classes may prevent participation of those in lower socioeconomic groups. This barrier helps to maintain the exclusivity of yoga when only the elite can benefit from specialized classes which feature individual attention to participants' unique needs – crucial for those with chronic illnesses.

A common finding of studies that focused on different illnesses was that yoga was beneficial for many symptoms and could lead to significant improvements (DiStasio, 2008). Since yoga has become more mainstream than ever, more people have become knowledgeable about the benefits of practicing yoga, which include physical, psychological, and social well-being. Some physical benefits that relate specifically to the ailments of cancer and its treatment include increasing strength, flexibility and overall mobility which aid in pain relief, as well as strengthening of the immune system which is crucial to the body's ability to fight disease (Kollak, 2009; Worle & Pfeiff, 2010). Of the psychological benefits, practicing yoga increases self-awareness which helps to relieve stress and stress-related symptoms, relaxing the body and mind leading to optimal mental health (DiStasio, 2008; Kollak, 2009). This also impacts cognitive functioning and attention, enabling individuals to be more focused and better able to concentrate which is necessary for making important life decisions about cancer care (Kollak, 2009).

Social benefits of participating in yoga classes include having a supportive social environment that provides emotional support, reducing isolation and feelings of rejection from others, which also aid in coping with the stigmatization of cancer (Bloom & Spiegel, 1984; Ussher, Kirsten, Butow, & Sandoval, 2006). Specialized yoga classes may act as a support group since other members may identify with similar experiences. A supportive environment provides a safe non-judgmental space, unconditional acceptance, a sense of belonging and community, as well as acting as a source for information on cancer and treatment (Charmaz, 1983; Ussher et al., 2006). For example, when participants are able to identify and relate to others in the class environment, they may feel more comfortable removing a wig, or with the visibility of portable chemotherapy infusion pumps or other physical impairments. Most significantly, receiving social support was linked with maintaining and restoring health which has been found to greatly increase survival after diagnosis (Kroenke et al., 2006).

With these benefits, some may feel empowered and have more confidence to interact with health professionals and ask questions, seeking information about diagnosis and treatment (Bloom & Speiegel, 1984; Ussher et al., 2006). These interactions may create feelings of agency to explore complementary treatment options. This sense of agency in cancer care has the potential to give control and power back to individuals who may feel helpless from the realization of having a life threatening disease and who may have experienced the powerful limitations that exist as a result of structural barriers (Bloom & Spiegel, 1984; Pritlove, 2010).

Evidence has shown that many individuals with cancer combine some aspects of CAM with traditional cancer therapies (Richardson et al., 2000). With the increase in cancer incidence rates in recent years (Richardson et al., 2000), the use of CAM is expected to increase, which could indicate limitations in existing cancer treatments, or the extra actions taken by individuals

who feel personally responsible for their own health care as a result of pressures from healthist ideals in society. This may even be the result of awareness of CAM therapies through media coverage and advertising, as well as the increasing interest in natural alternatives. The highest participation in CAM is in the United States, where a multibillion dollar industry and growing popularity of CAM therapies indicate that professionals in oncology should offer more information on different options which complement conventional cancer care and show great benefit to patients (Richardson et al., 2000). In addition, these professionals should present patients with the resources necessary to allow equal participation for all, such as referrals to more financially accessible programs and information on how to obtain financial support or bursaries.

Including yoga in treatment plans is a relatively new part of CAM, therefore, it is important to understand why it is utilized and learn who is advocating for the practice of yoga and from where referrals come. Information from medical professionals seems to be given more weight than other sources, as they are viewed as the most knowledgeable on a disease with such a biomedical focus. However few oncologists review CAM therapies with patients as they are more likely to recommend the medical options of the field in which they are trained and with which they are familiar (Richardson et al., 2000). Since nurses may have a greater holistic understanding of care and come into contact with patients more frequently, this might be the best route for transmitting knowledge on the benefits and risks of incorporating yoga into cancer care, types and levels of yoga, as well as offering additional resources on yoga centres and the selection of programs (DiStasio, 2008).

Westernization of yoga.

The popularity of yoga as physical activity is greatly attributed to the commercialization and athleticism of yoga. The Westernization of yoga has influenced a number of transformations

from yoga as originally practiced in traditional Indian culture to modern yoga, including: de-emphasizing religious undertones and spiritual aspects of meditation, while focusing more on the physical benefits of yoga, and reducing stress, setting Eastern and Western practices apart (Smith, 2007). As a more mainstream activity, yoga has become increasingly athleticized as today's society places more emphasis on health and weight loss amidst the current obesity epidemic. This athleticism of yoga is part of popular culture, where the goal of practicing yoga becomes achieving a long-lean body (Cherry, 2013).

Yoga classes are more available now as they are offered not only at dedicated yoga studios, but also at many fitness centres and even include hybrid classes[1] – this changes the dynamic of classes as they are set by their location, catering to that type of clientele (those wanting to exercise and improve physical fitness through memberships in fitness clubs). The emphasis of classes such as these are on physical fitness and appearance of the body, which is in contrast to the notions of health and transcendence in traditional yoga. Yet from a standpoint of the commercialization of yoga, the classes have become more financially inaccessible as the cost of classes continues to rise (Cherry, 2013). Therefore, although there are a greater range of classes available, they remain inaccessible to the greater population for participation.

The commercialization of yoga has grown substantially over time through clever marketing techniques making yoga into a trendy and popular form of fitness and symbolic of wealth. This has been supported and made popular by many North American celebrities photographed wearing a particular style of yoga clothing, in addition to advocating for yoga as a technique to maintain personal fitness (Smith, 2007). For example, in Canada, a large part of yoga's popularity has come from the influence of Lululemon, which produces expensive clothing that has a lifestyle brand and well known symbol that have become synonymous with the activity

and women belonging to higher socioeconomic groups (Lululemon, 2013; Stokes, 2008). This company sells a type of lifestyle, that means purchasing their product is a way of buying into and appearing to belong to a higher social class; these expensive clothes act as a symbol of wealth, and the popularity of this brand strengthens the affluent environment of yoga studios. Lululemon has contributed to the commodification of yoga and has taken over the yoga market with their popular clothing, holding that the look of yoga is important and claiming to inspire people to be active (Lululemon, 2013; Stokes, 2008). From the eyes of this brand, yoga is viewed as a holistic health movement and part of a fashion trend (Stokes, 2008). However, treating yoga as a commodity and focusing on the aesthetic appeal of yoga fashions departs from the origins of yoga and the important health benefits that it offers, which may make it more difficult to recognize yoga as a therapeutic tool.

Yoga was first introduced in the United States on a larger scale in 1893, but only increased in popularity in the 1970's (Holistic Life Foundation, 2006). Since this time, yoga has undergone many changes in the cultural shift of Westernization, which has also been influenced by the commercialization and commodification of yoga as a lifestyle and activity of the wealthy particularly in recent years. Through these processes, yoga's Indian cultural roots are lost and taken over by hegemonic white culture in the West (bell hooks, 1992). According to bell hooks, there exists a human desire to experience 'the Other' and differences of their cultures. Whites have continued to exert their power, privilege and dominance over the new Westernized culture of yoga by taking over the activity and making it their own, 'invading culture' and moving further away from its traditional origins. This is especially evident in yoga classes in various locations in Toronto that I have witnessed, where yoga practitioners tend to be white middle-class women. Although investigating race is beyond the scope of this study, it is important to acknowledge the

impact of race and whiteness and the strong influence that it has imposed on the Westernization of yoga.

The primary goal of this study was to understand the experiences of women with cancer who participated in a specialized yoga program located at a Toronto yoga studio. By understanding the realities of life during cancer, and how social, cultural and economic factors are often left out of the biomedical cancer discourse and policies, it can be seen that the broader structural and social roots of health and illness are missed. Leaving the responsibility of health and illness to individuals is problematic especially since cancer is largely viewed as the result of lifestyle and behavioural choices. Relying on the explanation that lifestyle factors affect the development of illnesses such as cancer leads to healthism, blaming individuals for their illness. Again this is problematic as lifestyle choices are linked with SES which in turn greatly affects the disproportionate rates of cancer as well as access to care. Essentially, marginalized groups are blamed for their illness as a result of their socioeconomic position. Therefore, why look at yoga as a form of therapy if it is an activity of the middle and upper class? Developing an understanding of yoga as an elite activity will give insights into how the activity can be modified to be more accessible and inclusive of all socioeconomic groups, so that more people can benefit from the undeniable health benefits and popularity of this activity.

Although the internet offers a vast amount of information and instructional videos on how to practice yoga from the comfort of one's home, eliminating the barrier of financial cost for classes, a gap still exists in the quality of practice and absence of specialized instruction necessary and available to those in lower socioeconomic groups with illness, highlighting the continuing inequalities of social class. While it appeared that there is a greater range of barriers that prevent or constrain participation in physical activity than there are opportunities, and the

additional impact of illness on people's lives, it has become necessary to investigate how access and agency are affected in the types of cancer care that become available. Furthermore, the importance of programs such as the one which is the focus in this study which offers subsidized classes allows those with different socioeconomic backgrounds the ability to participate, potentially initializing change in the typical elite demographics of its students.

This study will examine who participates in this program and explore their reasons for participating in an effort to better understand participants' thoughts on health (including healthism), illness, physical activity (specifically yoga) and the interrelationships between such issues in their lives. These areas will be addressed to meet the following objectives: to analyze the experiences, thoughts, feelings, and beliefs regarding the role yoga plays in cancer care; to better understand women's sense of agency (or lack of) in terms of cancer care; and to examine the opportunities for and barriers to physical activity for women with cancer.

Chapter Three: Methodology

The objective of this study was to examine the experiences of women who have or have had cancer and who participated in a specialized yoga program at a specific Toronto-based yoga studio. In this case study, qualitative research methods were used to investigate who participated in this program, their motivations for practicing yoga during their recovery from cancer, and their perspectives on health, illness and physical activity during a time of illness. The following chapter will describe the study design, recruitment of participants, explain methods of data collection and analysis, review ethical policies, and offer personal reflections on the methodological experience of this research.

Study Design

This study employed a single-case study design to focus on a specific Toronto yoga studio that offered a specialized program for those who practiced Iyengar yoga as a part of their recovery process from a chronic illness, including cancer. By focusing on a single location, this study design was able to preserve the real-life context of the data as their experiences related to this yoga program (Yin, 2003). Using this approach has enabled a detailed and intensive analysis of this particular location and its features as it offered a specialized program (Bryman & Teevan, 2005). The single-case study was appropriate as this studio offered the opportunity to investigate a specialized program that had not undergone sociological investigation and was able to uncover new information that was previously inaccessible (Yin, 2003).

Participant Recruitment

The Special Practice program of focus offered individual instruction for all types of illnesses and was not cancer specific; it therefore had a smaller pool of participants from which

to recruit. As a result, this research was expected to be a small case study, as the number of participants was limited by the number of eligible participants (women who have or have had cancer and who attend or have attended the program in this studio).

Participants were recruited with the help of an important gatekeeper, the president of the yoga studio. The involvement of the president was crucial to allowing this project to take place and gaining access to participants. This key informant provided contact information of potential participants who fit the criteria of this study, however this also created a limitation on participants as the president controlled which individuals were available. Following ethical approval from York University, six eligible women were contacted (one person was introduced by the gatekeeper at the studio, five were contacted by email) and five of these women responded with enthusiastic agreement to participate in this study (the sixth woman did not respond). Eligible participants were given a brief background about the research, informed of its purpose, and given electronic copies of the Study Information Sheet (Appendix A) to provide more detailed information and the Informed Consent document (Appendix B) to provide contact information, outline benefits and risks of participation and assurance of confidentiality. Following agreement, three interviews were scheduled to take place at the yoga studio for convenience and comfort of the participants who were familiar with this location, and two interviews were scheduled by telephone for two participants who were unable to attend in person.

Every effort was made to be inclusive of different groups in this study. It was acknowledged that the characteristics of those who typically participate in yoga programs combined with the availability of the bursary program could impact the demographics of those attending this facility. However, since participants were referred to the researcher there was no

way to control for any biases of the president which may have influenced her selection of participants, as well as no opportunity to obtain a representative sample of women with diverse backgrounds, such as socioeconomic status, sexual orientation, race, ethnicity or disability. Due to the small number of participants available for this study, interviews were completed with all interested participants, which ensured no bias from the researcher on participant selection.

Data Collection

Semi-structured interviews.

In depth semi-structured interviews were conducted one-on-one with participants in order to gain a better understanding of the lived experiences of these women of having an illness while being active in yoga classes. The semi-structured interview format allowed for questions to be altered or ordered differently from the interview guide, depending on factors such as the flow of the interview and the use of probes based on the development of participants' responses (Berg, 2004). This flexibility allowed for follow-up questions such as asking for elaboration of significant responses (Bryman & Teevan, 2005). The interviews followed a set of questions outlined on the Interview Guide (Appendix C), were recorded using an audio recording device and later transcribed following the interviews.

Interview questions were open-ended or used probes for elaboration to ensure participants could respond freely and draw on their experiences and personal perspectives without the influence of leading questions. These exploratory questions were designed to obtain information on participants' backgrounds, their experiences with yoga and cancer care, to understand their perspectives on health and physical activity, assess their perceived agency during the cancer journey, as well as existing opportunities and barriers to access yoga and other

physical activities. Participants were also given time to provide additional remarks and reflections at the end of the interview.

Three interviews were conducted at the yoga studio, in the privacy of one of the empty practice rooms at a time when no other classes were scheduled at the studio. Two interviews were conducted by telephone at a prearranged time to accommodate those unable to attend in person (audio was recorded using the same recording device with the telephone's speakerphone function for best quality sound). The duration of interviews ranged from fifty-three minutes to one hour and forty-eight minutes in length. All participants expressed their great appreciation of being included in the study and were happy to share their experiences to contribute to the expansion of research in this area.

Observations of participants' behaviour, where possible, including facial expressions, tone of voice, and mood expressed were also collected to add depth to the interview recordings, providing elements of human experience that may have otherwise been lost in the reading and analysis of transcripts (Gillham, 2008). In addition, observations and field notes were taken following visits to the yoga studio to document any details related to the research questions, or information to better understand the specialized yoga program and studio. Accumulating multiple forms of data provided more precise information and offered a descriptive element, which gave context to collected data and proved useful during the analysis of transcripts.

Data Analysis

The analysis of the data was influenced by the grounded theory approach, specifically employing Glaser and Strauss' (1967) constant comparative method to analyze the data following transcription. The constant comparative method is effective in analyzing qualitative

data, with the benefit of "[giving] concepts in grounded theory their precision and specificity" which prevent misinterpretation of data through the rigor of breaking down data into codes and providing comparisons and analysis of codes simultaneously (as cited in Strauss and Corbin, 1990, p. 62). In this process of analysis, raw data were coded using open coding, where participants' responses were broken down and conceptualized with the use of labels (codes). Codes were further examined through a second coding process and sorted into axial codes which provided larger categories representative of initial codes and connections among categories (Strauss & Corbin, 1990). Codes were grouped into emergent categories and compared to determine which of these themes were most significant, and then combined to establish core themes. In addition, the use of diagrams and concept maps aided in thematic analysis which gave clarity in determining the relationships between themes and categories. These themes were then related back to the original research questions in order to develop a theory reflective of these participants' experiences with having cancer and practicing yoga, which focused on positivity and healthism as evident in Chapters Four and Five.

The results of this case study represented a small number of participants who were able to provide sufficient interview data to achieve thematic saturation. However, it is important to emphasize that due to the small number of participants and the studio's specialization of Iyengar yoga for chronic illnesses in this case study, results are not generalizable beyond this group of individuals examined in relation to this location (Yin, 2003).

Ethics Approval, Confidentiality and Informed Consent

This research was conducted according to the policies set out under the York University Graduate Student Human Participants Research Protocol. As such this research project complied with required ethics, confidentiality, and informed consent procedures as per York University

guidelines. This project involved the participation of human subjects, and was approved by the York University Human Participants Research Committee (HPRC).

To protect the anonymity of research participants, participant names have been omitted and the identity of the yoga studio has been withheld to further respect confidentiality and privacy of participants, their families and the yoga studio. Specific references that may have revealed participants' identity were altered with more general descriptions in interview excerpts, appearing in square brackets. Transcripts were available to participants for the purpose of verifying the interview record, however no participants requested to review transcripts. Transcripts and recordings of the interviews were stored on a password protected external hard drive, only accessible to the researcher and her supervisor, Dr. Parissa Safai.

Participants were provided with an electronic copy of the Study Information Sheet (Appendix A), and the Informed Consent waiver (Appendix B) via email to review and understand prior to agreeing to participate, and were provided with printed copies of these documents at the interview. Participants were required to sign the Informed Consent Waiver which outlined that their participation was voluntary and confidential, and that they had the right to refuse to participate in the research, or withdraw from the project, at any point during the research without penalty. Each participant was required to sign two copies of the Informed Consent Waiver, with one copy being kept by the researcher and the other returned to the participant for their records. (For those interviews conducted by telephone, participants printed and signed their electronic copy, and sent them by mail to the yoga studio. These sealed envelopes were picked up by the researcher prior to scheduled interviews). Participants were informed of all confidentiality provisions and the nature of the research to the fullest extent possible.

Methodological Experience

A colleague informed me about this studio and its specialized program catering to those with illnesses such as cancer. Familiar with breast cancer research and the experiences of family members with cancer, combined with my personal interest in practicing yoga, I became interested in exploring the connections between cancer and yoga. Following an initial inquiry about the program and visit to the studio, I was granted access to the studio for the purpose of familiarizing myself with the space and the staff prior to data collection. I was offered access to participate in their non-specialized classes by the president of the studio as a condition to conducting research in this environment and being allowed access to their students. This gatekeeper insisted that participating was the only way to understand both this type of yoga and the experiences of the women I interviewed. Due to the nature of the studio and the president's request, I had become familiar with the studio by participating in three different levels of classes (Foundations, Level One, and Level Two) and taking an apprenticeship position (observing and learning about how the special needs classes were designed and instructed) prior to data collection, in order to become fully aware of what participants experienced during classes. My involvement in these classes gave me an insider status at the studio, and credibility from support of the president, which aided in developing rapport with participants.

My personal interest in yoga began when I started practicing yoga 10 years ago and since then I have practiced different types of yoga in a range of settings including dedicated yoga studios, my high school, community programs, university recreation centre, and outdoor mass practice events, in addition to my personal practice at home. Over the past year, I have practiced Iyengar yoga regularly at the studio of focus and involved in their Special Practice class over a 4-

month term (as a result of the research agreement to conduct my research and to be given access to participants).

In this apprenticeship I shadowed an experienced teacher for a complete season, where I learned about students' health histories and development of their specialized practice plans, observed and assisted practice, and offered supervised instruction to students. This opportunity has significantly deepened my understanding of yoga as the practice of Iyengar is unique to all other types of yoga I have experienced in its regimented instruction of precise poses, the inclusion of props in practice, and its strong connection to traditional and spiritual origins of yoga. This transformative experience has changed my understanding of yoga and motivations for practice. My self-awareness has improved both in and out of practice. I now practice with intention so that each of my poses are done with the understanding of what areas are activated and strengthened, why each pose is important and how each of the poses can prevent future health problems, in addition to how they can increase chances of injury when done incorrectly.

My proximity to the project through this required practice has produced a double-edge sword of benefits and frustrations. My participation as both a student and teacher has provided a wealth of knowledge through experiential learning of which I am eternally grateful. It has prepared me to better understand the experiences of my participants in this program and to be able to provide an informed and well-rounded analysis of data from my practical experience with the studio and academic research on yoga and cancer. I have felt enjoyment through my personal progress through classes and ability to hold each pose with a complexity of determination and peace, as well as my achievement and satisfaction of performing an unassisted headstand.

When leisure becomes work.

In addition to the abovementioned benefits, I have experienced some frustrations. Prior to commencing this research, practicing yoga had been a leisure activity where my involvement meant following along in a class, engaging in physical activity and meditation. However, as a result of my critical engagement as a researcher, my participation in classes changed. I was no longer achieving the calmness of meditation because I was using time I had previously spent in meditation on reflecting on the class practice, instruction, any details that connected to my research and how I might frame whichever piece I had been working on that day. My proximity to this project meant that this research and involvement in attending two classes each week (one for observation, one for practice) in addition to my personal practice of yoga created a self-perception that was confirmed by others close to me as an "all-consuming" experience, a concern of participant observation (Spradley, 1980).

Challenges of closeness.

With this closeness, I observed the influence of healthism and the ways in which it infiltrated peoples' lives, often unintentionally. However with my awareness of it and ability to critically assess this, I was able to recognize the sources of these healthist notions, their potential consequences and intervene in the reproduction of healthism by making others aware of what healthism is and how its dominance and problematic functions can be persistent. However, these realizations did not occur until after facing several challenges with my approach to this study and its analysis.

My close involvement to this project meant that I became an advocate for the promotion of yoga and was convinced that it was truly beneficial for these participants. This proximity skewed my vision of this project and complicated my analysis of this project. My sensitivities to

this topic emerged and providing a critique of participants' experiences and actions was challenging for fear that it would be interpreted as attacking them and their perspectives, or portray participants in a negative way. I understood the difficulties faced by these participants and was largely concerned that my analysis could be misinterpreted and viewed as reproducing healthism and blame of these participants for being actively engaged in their cancer care. I became consumed by the intense focus on positivity surrounding yoga and cancer culture which provided a challenge to my analysis. These constant concerns and my awareness of these issues led me to share my apprehensions to my supervisor and ensure close scrutiny so that my analysis did not criticize participants. Instead my attempt became to understand what helped during participants' cancer journeys and why, in addition to determining whether the skills these women possessed were available to benefit others.

In conclusion, it is important to investigate the experiences of women with cancer and their involvement in yoga. In addition, it is crucial to develop the body of knowledge on the social, cultural and economic realities of women's lives during cancer. The aims of this study were to analyze the experiences, thoughts and beliefs regarding the role yoga plays in cancer care, to better understand womens' sense of agency in care, and to examine the opportunities for and barriers to physical activity for women living with cancer, as framed by their socioeconomic status. To fulfill these objectives, research questions examined:

1) Who participates in this yoga program and why?
2) What are participants' thoughts on health, illness, and physical activity (specifically yoga), as well as the interrelationships between these issues in their lives?

The remaining chapters will examine and discuss participants' responses and insights to these questions and resulting implications. Chapter Four will examine participant sameness and their motivations for including yoga in their cancer treatment and recovery, as well as the influence of privilege on their cancer journeys. Chapter Five will discuss the complex relationships of participants' perceptions of health, illness, physical activity and the ways in which they connect.

Chapter Four: Privileged Women Striving for Health

The following chapter will address the first research question posed in this study: who participates in this yoga program and why? The data from the five interviews highlight a variety of themes including: the homogeneity of experience and status among the participants; the socio-economic privilege enjoyed and employed by the participants with regards to their health; as well as the perception of safety and community afforded to the participants via their participation in the specialized yoga program at this specific studio. More detailed discussion of these points will be raised below.

Women Familiar with Physical Activity

There were a number of commonalities shared among the participants of this study. All the participants were between the ages of 53 and 73 years, all identified as White, all were able-bodied, all identified or inferred that they were heterosexual, all identified as being middle-class or higher. All participants engaged regularly and routinely in physical activity throughout their lives and, in their time of illness, continued to pursue physical activity as a way with which to cope with cancer. Participants described their activities with great enthusiasm: "I'm a very active individual – up until the damaging results of radiation – trekking, hiking, cycling, kayaking – just being out there and wanting to move…Now I do yoga, swim three days a week, lane swims, and go for walks" (P1). Another woman explained that "physical movement is important to me, it's an important part of my life…I cycle, I cross-country ski and downhill a little bit, and I practice yoga" (P4). Another participant was involved in a yoga teacher training program at the time of her diagnosis, and discussed her active lifestyle: "I've always been very athletic, I'm not a sedentary kind of person. I took classes at [a professional dance school]… did cross-country

running, swimming, Tai-Chi, and briefly Aikido... I like to go for walks on the boardwalk, and practice yoga" (P2).

For these participants, the inclusion of yoga in their physical activity practices was routine prior to their illness. These are women who enjoyed (and continue to enjoy) yoga and, in fact, three of the five participants currently teach yoga in addition to their personal practice and have received extensive teacher training in Iyengar yoga. It is important that I recognize that these participants were yoga devotees prior to having cancer as their adoption of yoga into their personal lives has influenced (and continues to influence) their perspectives on health, well-being, healthcare and cancer. This has implications for understanding the potential for physical activity and yoga in the lives of those with cancer as these participants were familiar with both yoga specifically and with physical activity more broadly. In other words, these participants did not have to overcome obstacles associated with learning how to become physically active or engaging with a new physical activity during the difficult and high-stress time of illness and recovery.

All the participants spoke of an understanding of health as holistic and expressed their openness towards to including complementary and alternative therapies into their health and cancer care plans. One participant (P5) noted: “My complementary treatment mitigated some of the effects of treatment I'm sure, because I had a very strong chemotherapy treatment. I went to a Traditional Chinese Medicine specialist, an herbalist and she did acupuncture. And I had an herbal tea that I drank every day.” Another participant (P1) said:

> After cancer treatments, I was at a point where I was still in pain and I was doing everything right …I know Western medicine is important, but I rely a lot on alternatives.

> And I thought "what do I have to lose!" I do acupuncture regularly. I went to physio, this osteopath, Registered Massage Therapist. I've actually gone for Mindfulness Meditation classes. I was doing my supplements…and I went to spiritual healing.

When asked why they participated in yoga, similar responses followed: to achieve holistic health; to develop skills or tools that help in coping with cancer; as part of survival; to fill void or offer distraction/escape from stress and fear of cancer; to foster positivity that is important to mental health and outlook in chronic illness; for social support; because it helps participants feel normal; for routine and structure; to practice self-awareness and the power of mindfulness necessary for facing the cancer journey; has an enormous effect on attitudes, overall health and outcomes; as well as simply being an activity which makes them happy.

One participant explored the value of incorporating yoga practice into her treatment plan: "Yoga has helped me immensely too, with the grounding and positive outlook. The whole journey of cancer and staying with my practice has helped me more than I can ever express" (P3). A connection was drawn between this woman's participation in yoga and her health outcome, where the role of yoga provided her with essential skills for overcoming her illness. Other participants noted the transferability of skills they had learned in yoga towards other life situations. When asked about these skills, one participant described how these tools made her experiences with cancer easier to manage.

> Being able to breathe through something, letting my muscles go so that I'm not tensing and making things even more uncomfortable…it definitely made the intrusive interventions much easier to manage. I have no doubt that chemo was easier for me to get

> through, the surgery, whatever effects from radiation. It's because I practice the yoga, from the physical body and my outlook, mental state. (P4)

This participant explored how having these yoga-centric skills and abilities helped her to navigate her illness experiences with treatment and during recovery. As a result of the influence of these skills, this participant felt a sense of confidence and ease in going through her treatment and this participant felt that she had strengthened her ability to negotiate her illness and cope effectively. This was a common sentiment among the participants and speaks to the potential of yoga to contribute to the lives of individuals as they negotiate illness and recovery. That said, and as will be explored in greater depth throughout Chapters Four and Five, the almost causal association between yoga, positive attitude and ability to persevere through and survive the profound difficulties associated with cancer care was offered by participants with little – almost no – discussion of the hardships that cancer entails. Participants' focus on positivity and positive outlook reproduced the commonly espoused belief that one is responsible for their health and that attitude matters above all; a belief that masks the environmental, social and cultural dimensions of cancer and cancer care that are not in the control of the individual and which require collective, governmental and policy action (cf., King, 2006).

A Sense of Community and Normalcy

This study focused on one yoga studio in Toronto and all the participants felt that this studio provided them safety, security and community. Furthermore, the participants highlighted the way in which their continuation of yoga and this specific yoga studio allowed them to maintain some degree of normalcy in their lives during their cancer journeys.

> [Yoga] was just part of my routine and I didn't want to let that go. I mean it had to be modified…but also, with being home and not working during treatment, having that structure, knowing that I was going to my yoga as part of my day was really very important. I couldn't do very much. (P4)

This participant discussed the significant life changes that resulted during her cancer treatment and how having an element of normalcy through scheduled yoga classes gave her an important structure for days where fatigue greatly limited her activity. Attending the same studio during cancer treatment helped to provide a sense of community that offered important social support, as participants knew teachers well and were comfortable working with them. In addition, the importance of community support was evident through participants' efforts to find support outside of the healthcare system.

Participants spoke of the ways in which doctors and the biomedical approach to cancer put forth and enforced strict guidelines for patients on treatment to ensure efficacy of treatment:

> I was very well-informed by the medical staff, team, and [cancer institution]. They had a great information program, and I was informed what was not recommended or forbidden. For example, for radiation I was told not to put on creams or even use soap when washing the armpit. (P5)

Other restrictions included instructions not to take vitamin C supplements (P1) or to eat grapefruit due to interactions with chemotherapy drugs (P5). However, continuing with yoga as their primary form of physical activity during illness fostered a sense of control, from their sense of normalcy associated with the familiarity of yoga and the studio, during what was felt as an uncontrollable disease and uncontrollable treatment regime. In a disease where patients

"surrender to treatments," they may feel helpless, and having some degree of control is necessary to maintain power and normalcy within their lives, through their decision to attend weekly yoga classes, and initiate various other forms of complementary care (P2). With an activity that focused so much on the self, it gave individuals a sense of control within themselves, while aspects of disease and treatment were beyond them. One participant explained that oncologists were only interested in "getting that poison into your system to kill everything," with little to no acknowledgement of other factors affecting holistic health (P1). Some of these participants expressed that they felt consumed by the cancer journey, where every aspect of their life was impacted by their illness, the topic of cancer was unavoidable and "the fear takes over [their] lives and numbs everything," (P3). However, with this studio women felt comfort in the safe space of the yoga studio where they could control their distance to cancer, and had the compassionate ear of teachers when needed.

The comfort in already being familiar with this studio and personal connections with teachers played an important supportive role in their cancer journeys, which provided normalcy through continuity with the studio:

> I think the fact that I was doing yoga prior to [cancer diagnosis] and I was already connected here, that I knew there was the Special Practices available to me. And even before I knew about the diagnosis, I told [the president] what was going on, and that was important for me as a support. (P4)

It was important for participants to receive support from those at the studio; both physical support vis-à-vis the individualized care and modifications of their existing activity as well as encouragement and emotional support during a challenging period in their lives. Participants felt

that this studio provided as sense of community and normalcy which was perhaps why none of the participants sought out new physical activities during and following treatment, and they felt it was important to continue their existing activity.

The studio itself was found to act as a positive and safe space, which offered greater comfort to participants than other environments. Participants also had confidence in the expert level of care offered by extensive teacher training and experience. This participant discussed the support she received from the studio:

> I was very grateful, very thankful and blessed that I was in the yoga studio, they guided you even after the treatments and getting your strength back and confidence. Knowing they watch you so closely, it was fabulous. Not that I want to go through cancer again, but it was a huge help. (P1)

This environment offered comfort in social support from teachers and others in the class who were also affected by an illness. Participants seemed to gain confidence both emotionally and in their physical ability from having this support during their individual practice, knowing that their activity was monitored. Attending the Special Practice class each week also created familiarity with the space and people, fostering a community atmosphere and offering comfort in this healing space.

Although the class focused on special needs, participants felt that this environment provided a positive space to focus on themselves without being overwhelmed by being in a medical or cancer-specific location. Participants noted that removing themselves from these cancer spaces helped them to feel normal. "I didn't do well with [cancer-specific] support groups, I didn't want to sit around and talk about it. I believed if I looked and concentrated on other

things in life, that I had a better chance," (P2). Aside from the well-known benefits of practicing yoga, attending these classes helped the women continue to distract themselves from their illness, which offered an outlet for coping with their illness. "It meant I didn't have to think about [cancer], all I had to do was do my practice and breathe," (P2). The activity of yoga served as a distraction, whereas the yoga space and presence of others provided important social support to participants. "[Yoga] was a nice distraction from treatment and I needed that. And I knew that if I needed anything else, the teachers and [president] were available," (P4). Participants felt that this supportive community created an opportunity to network with others experiencing chronic illness, and receive advice from experienced teachers, many of whom have experienced health concerns themselves (as noted on instructor profiles on the studio's website).[2]

These participants were in an environment where they could receive complementary care, while creating distance from locations associated with cancer. Participants noted that being in this positive space made them feel more comfortable and less sick.

> There's days where you feel a little dark and down. And there are caring people that are here, I've come in and felt like [glum]…Just seeing fellow class mates and the yoga instructors. When you leave it's just like, who was that person that came in the door. And when you leave here, it's *always* 100% better than when you came in. And you kind of get to forget about [cancer] for a bit. (P1, emphasis added by participant)

Three participants spoke about such places and organizations with a cancer focus, which they felt were overwhelming in its constant presence, consuming them. "You're spending so much time [at the hospital] you begin to feel that you live there," (P5) and "I went to a [cancer-specific] support group and it didn't fit for me. The women who were there were much more ill than I

was," (P4). Being removed from the ill spaces appeared to aid in maintaining their positive thinking, yet also revealed the existence of denial which will be discussed shortly. The importance of feeling connected to a space outside of the healthcare system during illness was evident in this participant's need to receive support.

> I think because I did [yoga] in a different place that wasn't necessarily connected to the cancer made a big difference. In society, you're either sick or you're not. And when you go to Wellspring, you're going there because you are sick, because you have cancer. I think if I had gone there, it would have made me feel more in that 'sick' role as opposed to the fact that I was already practicing and this would be a natural place for me to come and I just needed some extra help. And it didn’t have to be associated with cancer per se, it didn't have to be focused on that… It's a more holistic place. I didn't have to change because I was dealing with cancer treatment, I didn't have to get shoved off somewhere else. And I think that was important. (P4)

This participant's avoidance of cancer ‘places’ made her feel protected from cancer's serious reality. It was evident that continuing to practice yoga at this location helped to make her feel normal, with the absence of cancer-focus. This woman experienced a sense of belonging to the community within the yoga studio which she was already comfortable attending.

This participant enjoyed the inclusivity of studio, and not having to leave for a separate cancer location. She was able to attend the same facility which she was familiar and comfortable with, therefore not needing to associate with cancer specifically. Her ability to participate was also influenced by the exclusivity of the studio and her socioeconomic privilege allowing her to afford classes, which will be explored in greater detail shortly. The only difference in changing

to the Special Practice class was that she had to attend at a different time; she still received instruction from familiar teachers which strengthened her feelings of community support. Although it is not a cancer-specific class, the individualized approach at this studio has personalized practice plans created by the president of the yoga studio, who consults with the founder of this type of yoga, Mr. Iyengar, when necessary on complex individual cases (information obtained from conversation with president and observations at the studio). These plans include modifications for specific illnesses or physical challenges which consider needs and limitations, incorporating selected pose sequences to aid in healing, recovery, or strengthening of particular areas associated with illness or surgery. Therefore, participants were still able to receive specialized care away from the cancer-specific location.

By not having to attend a cancer-focused location, the yoga studio appeared to protect her through serving as a distraction from the reality of cancer. Keeping a distance from cancer was also noted by other participants, as mentioned, and it was clear that this distance was necessary to maintain a positive state of mind, "I didn't think it was the end of my life, and I didn't want to either!" (P2). It appeared that adopting a healthy self concept was necessary or helpful to actually being healthy, in essence "I think I am healthy, therefore I will be healthy" (P2). Along with keeping distance to cancer, the possibility of avoiding the illness reality and rejecting the identity change of having an illness, appeared to be in effort to maintain her healthy sense of self.

Participants often attempted to maintain normalcy by diminishing the seriousness of cancer. Although regulating oneself by suppressing emotions has been idealized in the sociocultural context of illness, careful attention must be paid to the interaction of illness and physical activity. While aiming to hold on to a piece of 'normal' life, one participant casually mentioned her illness during yoga, brushing off its severity:

> And when I did have cancer, I hadn't told [the president of the studio] or [the instructor] yet and I was in a regular class, and the next week I was starting treatments – and I said, “I'm going to be starting cancer treatments next week, so I probably won't be in class” [laughter]… And that was the wrong approach. Your body's fighting and you need to rest your body. (P1)

In an effort to maintain some degree of normalcy in physical activity and the routine of attending her regular yoga class, the participant regulated herself so intensely that any emotion connected to cancer was completely absent in this example. Although this was in an effort to protect the self and keep aspects of the 'normal' life, this participant was later able to recognize that by denying the seriousness of her illness she could have put her health in jeopardy (to be highlighted below).

Participants felt a sense of community in the yoga studio, and the value of attending these specialized classes was evident. As a result of illness, participants faced changes in their physical abilities and developed new limitations, therefore modification of their activities was important for continued engagement in physical activity. This participant explored how the individualized approach of classes met her changing health needs:

> When you have your health, you have everything. But [with an illness, you're] not able to do some of the poses like everyone else. "I used to be able to do that, and I can't do it now." So, accepting your limitations and working smartly, and going at your own pace. It doesn't matter where everyone else is, it's your own practice and you're doing it for yourself – it's not a competition here. (P1)

These statements showed the importance of engaging in regular activity and being able to tailor it to individual needs, a benefit of the type of classes offered at this studio, which focused

on catering to individuals' varying abilities. This participant recognized the importance of accepting her limitations and working with them rather than fighting them, while understanding that she was not in competition with others in this individualized class. Having the ability to make modifications in participants' yoga practice was an important factor in their journeys towards optimal health.

Furthermore, participants discussed the existence of external pressures to be normal. Women experienced an increased emphasis on physical appearance and maintaining the 'normal' healthy self. One participant explained the pressure she felt from the *Look Good, Feel Better* program (within the healthcare system) to manage her physical appearance:

> And for some strange reason, because I don't wear make-up as you can see, they kept pushing this evening of make-up and hair and stuff while you were sick. I don't know why, but I went. I think because they were pushing it so much and I was curious, I had a sense that maybe it will feel a little better for me… It seemed to be all over, and they were giving away a lot of products. (P4)

Although organizations such as this appear to have good intentions of improving the way women feel about themselves, there seemed to be a push to disguise illness by maintaining a normal physical appearance throughout illness by regulating the self. By accepting or, in this case, giving in to this event, one could argue that women are encouraged to conform to the sociocultural image of what cancer is supposed to look like, with a superficial focus on appearance. Maintaining normalcy in appearance through the use of hairpieces and makeup, presenting a 'healthy' self to others was deemed important, fitting in with the 'normal' population to appear less different, increasing confidence. It was thought that emphasizing physical beauty

in the face of cancer would make this participant feel better when, in fact, this pressure made her uncomfortable. In addition, this woman speculated that perhaps the companies involved were participating as a promotion for women attending the event to buy their products later on, which may have been a marketing goal. Although the claim exists that outer beauty will make ill women feel better, these messages are problematic as they further dictate the self-regulation of normal appearance in ill women. This was reflective of social constructions of normalcy during illness where presentations of the ill self were discouraged, and ideals of health were replicated and reinforced by cancer's culture of cheerfulness, which will be examined in the following chapter.

The Influence of Privilege

Health is greatly shaped by the social determinants of health including: income and income distribution, education, unemployment and job security, employment and working conditions, early childhood development, food insecurity, housing, social exclusion, social safety network, health services, Aboriginal status, gender, race, and disability (Mikkonen & Raphael, 2010). These factors intersect and create opportunities and barriers to health and healthcare, and have particular influence on individuals' access to complementary and alternative treatment options which can be expensive and are often not covered by insurance policies, should the individual be privileged enough to have insurance. Of particular interest in this study are the factors that influence socioeconomic privilege.

Privilege was largely unrecognized by participants but was influential in their cancer journeys. All participants had privilege which supported their goals of achieving optimal health, as well as providing opportunities to learn about coping skills and have the financial means to

develop these skills. The following participant recognized that her socioeconomic privilege enabled her participation in the yoga program which aided in her recovery:

> When I came during the day time [to the Special Practice class] it clued me in, in terms of who comes here and who benefits from the bursary program, because it's clear that many of the people who come in the day time would not be able to manage without the bursary program. So yeah, I make my donation… Yoga is an expensive activity. But having the bursary program makes it much more accessible to people who may not be able to do it. No, it's expensive for sure. When I started, I only came once a week because I can't afford this, not more than once a week. And now I'm in a different place, I'm fortunate and have a little bit more disposable income. (P4)

This participant was not able to recognize her initial privilege to attend classes, but did identify her privilege to attend class more frequently and her ability to provide a donation. This woman also acknowledged that others in attendance may not be privileged and noted the importance of the bursary program to provide access for others in need. However, absent from this discussion was recognition that those who would benefit from the program may not be able to attend due to the time of classes. The scheduling of Special Practice classes during the workday hours assumed that individuals did not work during the day and were able to attend these times. This excludes those with fulltime jobs during the day who need to continue to support themselves and their families during their illness. These individuals were perhaps the ones in most need of receiving bursaries to attend the Special Practice classes.

The privilege of those able to contribute with donations is important to support the bursary program, which intends to remove or ease the financial barriers to access for those with

socioeconomic instability (information obtained from bursary fundraising document). This participant explained the importance of privilege to this program:

> There are some people for whom having to pay for classes makes it difficult to attend. Especially as women or anybody suffering from cancer or a chronic illness is often out of work. So the bursary program is an important aspect… [This studio] is fortunate because they have donations, the resources to provide bursary. And not every community does that. And not every yoga community *can* do that. (P5, emphasis added by participant)

This participant recognized that not all who would benefit from attending classes were able to as a result of financial barriers, and the existence of this studio's bursary program allowed for the participation of those without privilege. This discussion highlighted importance of socioeconomic privilege within the studio and the wealth in the surrounding location from others. Therefore the existence of privilege and generosity in the studio enabled the participation of others, which allowed them the opportunity to be healthy.

Another issue of concern that was not addressed by participants was consideration of what it might mean for someone to admit needing financial help as well as navigating the process of obtaining the bursary. To experience this within the privileged environment of the yoga studio could potentially lead to feelings of shame or loss of independence for having to rely on the charity of others to participate in classes. There is greater potential for these feelings to develop, as inquiring about the bursary and filling out the form occurs without privacy, in the studio's open foyer where others wait before classes begin (information obtained from observation and personal experience). [3]

The privilege of participants allowed them the choice not to work, which eased their burdens of cancer as the disease took over their lives. Two participants spoke directly about their ability to take time off work:

> I took work off. I had insurance through work. I spent time listening to books, the [meditation] tapes and music and I slept a lot, I rested a lot. I ate healthily and I took care of myself …all I had to do was just get well! And you know, *I wasn't alone.* I was not. Whether it's bringing the food and, physically making sure that you get that nutrition, or speaking with someone and getting that emotional support. I had that. I wasn't alone, and I never felt that either. (P2, emphasis added by participant)

> I was lucky enough not to have to worry about a job, losing a job, or taking time off a job. I chose not to work. [Cancer] is really quite all-consuming. You begin to feel like you're living at the cancer centre because you're there almost once a week, sometimes more… It interrupts, it dominates – it's the major aspect of your life. (P5)

The privilege of having insurance allowed both women to have time off work to focus on only one responsibility: to recover. For Participant 2, her presence in a privileged location meant that others around her also experienced privilege and, therefore, had extra time to provide support to help manage her cancer care. She was able to receive social support from friends and other teachers at the studio who provided practical assistance with bringing food and providing transportation to and from appointments.

Identifying the ways in which privilege functions to ease the cancer journey helps to identify the areas where others are oppressed by this privilege. For example, those who need to continue their employment must find ways to manage their 'all-consuming' illness and make

arrangements to attend frequent appointments at the cancer centre. In combination with missing work from these appointments, attending a daytime yoga class would appear impossible, especially since yoga is not mandatory to cancer care, but a complementary therapy which employers may see as unnecessary. In addition, those with work responsibilities may be accused of not taking the time to recover, as a result of dominant healthist perspectives, in comparison to the fortunate participants.

Although this studio offered a bursary program, these participants were not necessarily those who needed bursary support. One participant (P2) explained that her use of the bursary as a way to ensure that she did not exhaust her private medical insurance:

> It’s a generous program that allows people who in a stressful situation – and certainly I had insurance but to have the added benefit of classes here without draining an insurance program that I was on – because there's costs involved in the hospital, there's prescriptions, parking! There's all kinds of costs that one can't even foresee when one's healthy. So to have those costs covered and to be able to come in – I came in [for yoga classes] throughout all my treatments, I think there was only a few days I didn’t come in.

This participant was grateful that the costs of classes were covered and identified the program as being 'generous' as it absorbed some of the many costs that occur with cancer. At first glance it would appear that this participant would not be in need of financial assistance, however considering the context of this woman's circumstances, the bursary support proved enormously helpful. As a single woman who had been working part-time, extra support may have been crucial as her cancer was discovered in the later stages, and the possibility of insurance running out was a valid concern. Due to her stage of cancer, she was unsure that she would be able to

return to work, further limiting her financial resources. However, the fact that this participant had insurance meant that she possessed some degree of privilege. Although this participant had financial resources available, she noted the unforeseen costs that those without socioeconomic stability may struggle with. Therefore it can be seen that although privilege can greatly influence one's cancer journey, there are circumstances which interfere with socioeconomic stability providing complications.

As a result of current understandings of the impact of expenses associated with having children, it was assumed that participants with children would experience greater financial responsibility, negatively impacting their socioeconomic stability. Although the income of these participants was affected, children provided an important life purpose and motivation to recover (regardless of the age of children) for the three participants who had children, and this appeared to be of greater focus than socioeconomic resources. However, the one participant who faced socioeconomic instability, provided a powerful response when asked about managing the responsibilities of having children during the cancer journey:

> I was out doing incredibly menial jobs, but you can see I'm a fighter. That's an important part of my personality with survival instincts… and maybe it's because I had two children…I love my children, and part of it was having something to live for. Our emotions play an *immense* part in getting cancer and overcoming it. But when you have something to live for, that responsibility, something to care for and keep the heart chakra open – there's a reason for living. (P3, emphasis added by participant)

For this divorced participant, having children was not seen as a financial burden, but a very important element in her motivation for recovery which also served as an outlet to fulfil her

spiritual needs to give love and compassion (to keep the heart chakra open). However, this participant's choice to focus on other priorities (children) highlights the possibility that although she was less wealthy than other participants, on the continuum of privilege perhaps she had more socioeconomic stability than thought in comparison with other women in society. This participant also made an interesting remark of the relationship between emotions and getting cancer; bold comments such as these support the presence of healthist attitudes throughout interviews, a major theme that will be examined in the following chapter.

Racial privilege.

Although race was not of specific focus in research questions initially, the silence of race in this group of privileged white women must not go unnoticed. The whiteness of participants was a silent element in participant sameness which was not acknowledged by these women. Participants made no mention of their privilege as white women, and although they may not have thought their race was relevant since they were not asked about it directly, their race was an important part of their overall privilege. Racial privilege has allowed these participants other privileges that they were likely not aware of, which supports McIntosh's (2009) work that white privilege is often unrecognized, and that those with privilege are unable or reluctant to acknowledge their unearned privileges.

In addition, racial privilege is greatly influenced by other social determinants of health. The combination and interconnection of different social determinants have a cumulative impact on health and ability to access health and cancer care services. Mikkonen and Raphael (2010) explain that these factors which influence living conditions shape individuals' health and ability to be healthy, and stress that health outcomes are *not* the result of lifestyle choices. The reality is that social determinants are beyond individual control and racialized Canadians are especially

impacted, as they are subjected to a range of adverse circumstances and particularly affected by higher rates of unemployment and lower income (Mikkonen & Raphael, 2010).

Racial privilege is of particular concern to this study as its silence in the data has still impacted these participants' experiences throughout the cancer journey. The abilities and actions of these privileged white women to navigate the cancer care system and access specialized yoga classes for complementary treatment could be confused as the norm for all women with cancer. Therefore, it must be made clear that the data collected in this study is only reflective of the experiences of these five women interviewed.

In conclusion, participants' sameness was especially evident in their motivations for practice and their privileged status. In understanding that the privilege of these participants offered the most influential factors, which allowed for the abovementioned experiences in their cancer journey, the ability to consume holistic health practices and conquer their goals of achieving holistic health can be better understood. Women felt responsible for taking control of their health and doing everything they could to recover and be healthy. The influence of the yoga studio and participants' privilege enabled them to negotiate their illness and treatment with confidence from the support perceived in the sense of community the studio offered. There was also a noticeable presence of privilege among participants, whether from having socioeconomic privilege with resources to focus only on recovery and have the means to consume holistic health practices, or from other privileges which may have been associated with their race. Regardless of the source, there was little critical attention from participants on the ways their privilege has influenced their experiences. There was also a presence of health promotion and internalized healthism, issues which have dominated participants' narratives, and will be examined in the

following chapter in the context of understanding participants' perspectives on health, illness, physical activity and their interconnections.

Chapter Five: Interrelationships of Health, Illness, and Physical Activity

In understanding the experiences of women with cancer and their involvement in a specialized yoga program, an examination of participant perceptions of health, illness, physical activity and their interrelationships is required. The following chapter will explore participants' understandings of health, the importance of physical activity in achieving health, and the emergence of healthism in response to illness as influenced by its hegemonic nature enabled through positivity and socioeconomic stability.

Understandings of Holistic Health

All participants understood health as having holistic elements which included a spectrum of physical, mental, and spiritual health, and was accepted generally as the product of making healthy choices and remaining positive. Along this holistic spectrum was an interesting concept that one could be healthy and ill at the same time (for example, mentally healthy while having a physical illness such as cancer [P2]). Obtaining balance in each area of holistic health was essential for achieving health, and including physical activity in one's life was key to holistic health, which was met through the practice of yoga, described as a "complete activity" addressing all areas of health (P3). Most participants noted that they only practice yoga as they believed it was the only activity which addressed each area of holistic health. Echoing sentiments raised by other participants, Participant 5 discussed her understandings of health:

> Not everyone who is sick or dying is unwell. I think when we get sick, it's a distraction. It disintegrates things in our lives, and we have to struggle to get them back. We have periods of vulnerability – mentally, emotionally, or physically we are not so healthy. But in general, wellness seems to be a broader concept than just being physically or mentally ill.

It can be seen that health and wellness are broad concepts, while illness has also been described generally as a vulnerable state in which individuals need to work at their recovery. It is necessary to understand participants' meanings of health as these notions create foundational concepts on which to base understandings of their experiences.

Another interesting factor in participants' understandings of health was the acceptance of biomedical care as the norm while also asserting their personal agency in accessing complementary care. One woman explained how "I always understood that I needed the medical profession *and* I needed yoga. I needed the practice and the support of my community" (P2, emphasis added by participant). It was widely believed across participants that the combination of biomedical and complementary care were necessary to successful health outcomes even though some participants noted a lack of support from their oncologists in complementary care. One participant explored an interesting idea of focusing on singular aspects of health:

> He thinks massage therapy is a waste of money, but I think 'what do I have to lose!' In a lot of Western medicine, they're pretty regimented in their thoughts and they're not really believing in alternatives. They just want that poison in there to kill everything. They don't want you to be healthy. (P1)

This participant clarified that in the latter statement, holistic health is not considered and the focus is solely on attacking the physical tumour. She also noted the belief that naturopathic care and supplements would interfere with treatment. In the strive to attain optimal holistic health, this woman faced barriers such as this lack of support, and felt that she did not have much input in her cancer care plan. She felt confident in asserting her agency and took her health into her own hands by seeking complementary care such as yoga, meditation, massage therapy,

acupuncture, osteopathy, naturopathy, supplements, spiritual healing and even trying a crystal bed. Including complementary care was important to this participant's health outcomes, most evidently through practicing yoga, however this participant also mentioned her use of C-bands and acupuncture (discovered through her naturopath) which she found helpful when anti-nausea medication did not suffice (P1). Therefore incorporating complementary care was necessary in addressing health care needs which appeared to be insufficient in this participant's cancer care plan.

Importance of Physical Activity to Achieve Health

Physical activity, specifically yoga, was identified by all participants as a means to achieving health, in addition to being a distraction and positive way of coping as mentioned in the previous chapter. Participants identified other (usually solitary) types of activity that they enjoyed, yet none of these addressed all areas of their health concerns; however, yoga was deemed by all participants as essential to their recovery process. In the following, yoga will be explored as an activity that had a positive impact on health, offered important and needed modifications, as well as which served as motivation for recovery.

The positive impact of yoga was an influential factor in all participants' perceptions of their health. One participant explained the importance of attending her yoga class and the resulting impact on her health:

> It kept you moving, kept that energy level up and you're healing. But if you stop moving – and I'd have a pretty hard time not moving – like, I have to move because if you don't have mobility you almost feel like you're going to *die*. That your life is coming to an end. So I did everything I could to keep mobile. (P1, emphasis added by participant)

The importance of physical activity to this participant's health was evident through her comments on improved energy levels and mobility, and perceptual changes of wellness and ability as a direct result of practicing yoga. This participant's association of immobility and death showed the perceived importance and pressure to remain active while in recovery. In addition this demonstrated a healthist perspective, where this participant felt responsible for staying active and in control of her life, such that she would feel responsible for her own demise should she have chosen to be inactive. According to this participant, it seemed that she believed these actions to keep mobile saved her life.

Another participant explained how this specialized Iyengar yoga program had a substantial impact on her cancer journey.

> When I started yoga [precancer], my motivation was simply to get some exercise, but I found it was a more holistic approach to fitness because it included philosophy. And it gave me satisfaction on a psychological and intellectual basis… had I not had that resource, I suspect my whole approach to having cancer and treatment would have been very different. (P5)

This participant recognized the holistic health benefits of yoga and speculated that incorporating this type of physical activity into her routine again had a positive impact on her experience with cancer, and found it was essential to achieving successful health outcomes. It is important to acknowledge this, as all participants practiced yoga at this studio prior to their cancer diagnosis and treatment, and expressed similar attitudes of the importance of this holistic activity. This gave participants the comfort and confidence to return to the studio as members in the Special Practice classes, knowing it would meet their personal health needs.

It was, therefore, difficult to determine the barriers and challenges of finding physical activity programs specifically for cancer because most participants did not feel the need to search for them. They were satisfied with the holistic health focus in their yoga classes and were aware of the Special Practices program prior to needing it. In fact, all participants were confused or unsure when asked about their challenges with physical activity. They insisted that they did not need anything else beyond yoga, again describing it as a complete activity with reference to the wide range of health benefits. Their reluctance to pursue another activity is perhaps a result of their comfort and familiarity with this studio, in addition to confirmation by trusted instructors that yoga was sufficient in meeting their health needs (an attitude I observed during my own practice at this studio).

A number of participants expressed the importance of having a physical activity that could be modified into a gentle, non-rigorous activity: "I did restorative practice when I had [cancer] and even after treatment. I did restorative for quite a long time maybe longer than most people. I didn't rush into rigorous training" (P2). For this participant, yoga was used as a therapeutic addition to treatment and helped her with physical rehabilitation, while considering her concerns about the intensity of her activity. Greater self-awareness was developed through this woman's involvement in yoga, which helped in gauging her altered abilities and tailoring activity accordingly. This was important as it helped her safely return to greater levels of difficulty in physical activity. However upon closer examination, threads of health promotion exist and this participant expressed feelings of guilt for not returning to her regular practice as quickly as she would have liked.

Physical activity also served as an important motivator for recovery. One participant expressed that the idea of returning to an enjoyable or favourite activity was a useful goal:

> The best thing is when can I get back on the golf course or gardening, it doesn't matter what it is, but it matters to that person. People who don't have a physical activity, they must find one. Some physical activity is vital, or your life force will slowly die. Do what you can. I teach yoga to people who sit in chairs. (P3)

Despite physical barriers and limitations from surgery, there appeared to be a positive focus on ability rather than disability for engagement in physical activity. The idea was presented that the excitement and enjoyment of physical activity was an important motivator to return to activity, aiding in recovery. This participant also suggested that it did not matter what the activity was, so long as the individual was able to perform an activity as well as feel enjoyment from the activity. In addition, she discussed that modifications are often made in yoga suggesting that activity is always possible. Therefore there is not only a motivation to return to an enjoyable activity, but also a responsibility to be active regardless of physical limitations. These perspectives exemplify the presence of health promotion and pressure on ill individuals to be active.

It is a well known fact that physical activity is important to health. Whether for its holistic health benefits, distraction from illness, or an activity to help transition back into regular life, it is important for people to have a form of exercise that they can return to, and ideally one that has a gradual progression of difficulty. Participants have expressed thoughts and feelings that they needed to be active from the pressure of health promotion, despite having and recovering from a potentially life threatening illness. Feeling this pressure to be active and 'healthy', engaging in physical activity and other health behaviours is connected to the existence of healthism in society.

Emergence of Healthism in Response to Illness

With the presence of Surveillance Medicine in societal understandings of health, healthism has emerged as a dominant response to illness (Crawford, 2006). The existence of healthist thinking was evident in participants' reactions to their own experiences in their cancer journeys, which was influenced by personal and peer views, in addition to dominant thoughts on illness and health promotion in North American society more broadly. The following will examine the reality that health and illness are greatly influenced by healthism, and explore the hegemonic nature of healthism, supported by substantial evidence of positivity in participants' narratives, as well as the explanation that positivity is enabled by socioeconomic stability.

Health and illness are greatly influenced by healthism. This has become evident through the overwhelming presence of healthist notions in participants' illness narratives as well as from responses to interview questions directed specifically at understandings of health on both personal and broader levels. The results from these study participants support Crawford's (1980) analysis of health as an individual problem, requiring personal health consciousness to attain general well-being through holistic understandings of health and responsibility for self-care. These notions of healthism are often produced and reproduced with little awareness of their impact, which was especially prevalent in the analysis of interview responses.

Participants' conceptions of health and their experiences communicated through illness narratives reflect an overwhelming influence of healthism. Participants all accepted the healthist notions that they were individually responsible for their health outcomes, which they believed were significantly influenced by their attitudes and lifestyle choices (specifically choosing to practice yoga as their regular physical activity). It is believed that the influence of healthism

significantly impacted their experiences with cancer. The following excerpt explores the internalized belief of responsibility to be physically active in an effort to enhance recovery:

> I needed to get out of my bed, lying and feeling horrible... Physical movement was fantastic, for me it was yoga. I must take care of myself. You'll find a lot of people still lingering in cancer and not taking their life into their own hands. You've got to do something physical, it doesn't matter what but start with something small and do something – it's a huge part of healing. (P3)

This participant had strong beliefs about the need for herself and others to be proactive and take responsibility for their health, particularly in terms of attitudes on the importance of physical activity. She believed that allowing herself to feel sick was unproductive, with the idea that inaction could be perceived as wallowing in illness, which seemed both unacceptable and personally unsatisfying. She also felt that it was important to be active regardless of intensity level, to better enable healing. The acceptance of these attitudes show this participant's subscription to healthist ideals, as well as her preproduction of them – blaming others (as well as herself later on) for still having cancer as a result of their own inaction.

Following the healthist attitude to be responsible for adopting healthy lifestyle behaviours, one participant explained her decision to make changes:

> Cancer taught me that I have to take care of myself. And I was very proactive in my care…This wasn't the first time in my life that cancer was in my life. After my father passed away [from cancer], I quit smoking a year later. By the time I was diagnosed with cancer, I hadn't smoked in 14 years. But I think the results would have been different if I

> hadn't taken steps to take better care of myself. I think that's probably made the biggest difference in my life. (P2)

This participant explained that she learned from someone else's experience with illness, which seemed to inspire her to be healthy through smoking cessation. In witnessing her father's cancer journey, the presence of healthist attitudes surrounding his illness may have influenced this participant's views on the relationship between lifestyle behaviours and illness onset. Once exposed to healthism, it appears that the internalization and adherence to these attitudes is nearly unavoidable through its powerful cycle of production, reproduction and further reinforcement by others. This participant acknowledged the role of her behaviours on health and believed that taking the responsibility to change her behaviour was important. In reflecting on her choices, this participant speculated that the outcome of her cancer journey may not have been successful had she continued to smoke. Therefore, it was evident that emergence of healthism in response to other's illness had great influence on this participant's health choices and outcomes.

One participant reflected on her cancer journey with a healthist lens. She explained that she was diagnosed with breast cancer in 1988, at which time mammogram clinics were new and used only if there was a "problem or a tumour," (P3). Therefore, self-examinations were the only way for women to detect breast cancer.

> I had a tumor in my right breast, and needed to have it taken off within the week – they thought it would metastasize any minute... But if I think about it again, I had not done enough self-examination. I'm the kind of person who doesn't get sick. But I did, and that was a shock. (P3)

In her reflection, she admitted that she should have taken the responsibility to do self-exams more regularly, and speculated that she may have been able to detect her tumour at an earlier stage. Although self-exams will not detect all sizes of tumours, this participant associated blame for not detecting it herself. This regret showed influence of healthism on illness attitudes, such that this participant voluntarily took blame for not having caught her cancer earlier. In consideration of this participant's experience and the lack of access to mammography screening at the time of her illness, this came as a surprising reflection, as there is still great uncertainty in present day over knowing what to be screened for and when. Currently, Cancer Care Ontario (CCO) suggests women aged 50-74 years should be screened for breast cancer (this participant was diagnosed at 48), and they recommend those aged 40-49 years of age discuss mammography with their health care provider (Cancer Care Ontario, 2014). Falling into the latter category means that it is the individual's responsibility to inquire about cancer screening. But what about other cancers? Unless a person has been identified as 'high-risk' for a specific type of cancer, it is not feasible to be screened for every type of cancer on a frequent schedule to ensure cancer is detected in its early stages. When we consider how individuals are encouraged to take personal responsibility for the unknown, the flaws of healthism become more apparent. Yet this is how healthism infiltrates women's lives and tricks them into thinking they are at fault for their illnesses.

Healthist attitudes were very prominent throughout interviews, and even extended into advice about my own connection to cancer, with family history.

> Well don't let that put you into fear, be realistic and do all that you can to keep on top of things. Look back and see what's prominent, as Angelina Jolie and others have done, and I wanted to do [genetic testing and elective double mastectomy]. If it's really strong, take

> it out and prevent it if you can. You will find yourself being very strong, realistic and very healthy for yourself. (P3)

This advice came with good intentions, from this participant's personal experience with cancer and genuine concern from one woman to another. However, it is evident that healthist attitudes such as these are easily and innocently transmitted from the existence of Surveillance Medicine and healthism. Within understandings of illness, this is the norm and these attitudes become socially reproduced without question.

Healthist attitudes create feelings that women may have caused their own illness and this unfair deflection of responsibility comes from broader factors such as the social determinants of health. Unfortunately, a large influence of healthism in response to illness and the acceptance of blame for attitudes and lifestyle behaviour which may have been relevant to the onset of cancer, has become a commonality.

Hegemony of Healthism

With such prevalence of healthism in society, it could be thought that the infiltration of healthism in women's experiences would be unavoidable. These participants provide evidence of the hegemonic nature of healthism and the power of the prevailing ideology of cancer messaging (i.e., the "tyranny of cheerfulness") and the perceived responsibility to be positive, as participants explored their illness experiences, perceptions of illness and attitudes towards optimal health. In addition, the presence of positivity is enabled by socioeconomic stability, which eases the hardships of cancer.

The power of healthism was most evident in participants' fixations on positivity and deliberate decisions not to think about the negatives. Despite having a serious and potentially life

threatening illness, the study participants overwhelmingly, and interestingly, described their illness experiences framed by words and perceptions of optimism and positivity. Women spoke optimistically about their experiences with this yoga program and their positive tone extended to the cancer journey. There were very few negative comments about participants' experiences with cancer and little insight given about why this was the case. Maintaining this positive mindset without critical attention resonates with King's (2006) concept of "the tyranny of cheerfulness," as the culture of cancer clouds the reality of this disease by turning to positive depictions of cancer survivorship. The focus remains on cancer as a happy supportive time, where women are surrounded by friends and family, which receives great influence from consumer-oriented philanthropy and cause-related marketing. The existence of health activism and philanthropic goals have a positive focus which interferes with larger understandings of cancer, distracting from the devastating realities of cancer (King, 2006).

The perceived responsibility to embrace positivity is also reinforced by messages transmitted in yoga, through the connection to spiritual roots of traditional yoga. The origins of positivity at the studio of focus were strongly influenced by traditional yoga and spiritual texts, and classes which follow the direct teachings of Mr. Iyengar in India. Each participant referred to positive aspects they learned in yoga, and the perceived influence on their cancer journeys. One participant mentioned that in Sanskrit (the original language of these texts) there was a lot of positive language used in passages and descriptions, which continued into the ways in which yoga practice is explained and taught. In addition, this participant noted the importance of "understanding that the positives come from the negatives," and carried this belief forward to help make sense of her cancer journey, by looking for the positives that emerged from her illness experience (P2).

When asked about the role that yoga has played in their cancer journeys, all women attested to the positive benefits of yoga and impact on their holistic health. Women noted a plethora of positive skills learned from regularly practicing yoga, some of which included: development of a positive attitude, self-awareness, confidence, gratitude, acceptance, calmness, compassion for oneself and others, ability to challenge fears, as well as recognize one's potential. Participants' responses indicated that the development of these positive attributes aided in undergoing cancer treatments, acceptance of disease and experience of gratitude, as well as making the cancer journey easier to manage. One participant explained how these skills prepared her for surgery:

> The calmness that I had going into surgery, my blood pressure wasn't even elevated, the calmness that everything is going to be fine; the calmness you get within a yoga class. You know that you're centering your body and you get the confidence that everything is going to be fine. (P1)

For this participant, the skills she learned in yoga created, in her opinion, a notable physical difference. This woman also mentioned that her calmness was quite apparent, such that the nurse inquired whether she practiced yoga; skills such as self-awareness and pranayama practice enabled calmness, despite the exceptionally stressful circumstances and realities of cancer, which appeared to make her cancer journey more manageable. For this participant, learning various techniques and developing these skills proved beneficial, enabling greater confidence and perceived control.

Participants in this study routinely spoke of how practicing yoga helped to develop a positive attitude and allowed them to move towards acceptance of their illness. The same

participant as above, diagnosed with cervical cancer, spoke about attitude and acceptance of her health:

> If you're going to have cancer, it's not a bad one to have. It's got a pretty good success rate… I can't change this, I've got cancer. Having a positive attitude – you can make or break your whole life with your attitude…you could *wait to die*, paralyzed with fear... Changing your thought processing, there's other people out there that have problems too, so just work with what you have, and it could always be worse, you know? (emphasis added by participant)

This participant maintained her positive attitude, appearing grateful for having what she described as a less severe type of cancer, by recognizing the possibility of having a more devastating circumstance. There was a notable importance of having a positive outlook on life and accepting one's current state of health, making the most of ability. With the responsibility to be positive, it was suggested that failing to do so would essentially allow oneself to become increasingly ill.

By recognizing one's ability in relation to others' this participant felt grateful for her abilities and chose to focus on this rather than limitations. However, she also engaged in othering, whereby her perceptions of good health were framed by other peoples' poor health. In choosing to ignore the negative aspects of cancer in her own life, she has reproduced the healthist attitude of conforming to cancer's culture of cheerfulness. Although this participant communicated that she accepted the reality of her diagnosis and was able to move forward focusing on a prosperous future, she had little awareness that she reproduced healthism. The importance of attitudes and the ability to impact personal experiences were evident, and although

these attitudes appeared to serve as powerful coping mechanisms to improve psychological comfort while combating fear, simply ignoring the negatives put pressure on individuals to reproduce healthism and further burry the structural problems of the cancer care system.

Yoga played a strong role in participants' cancer journeys, by developing positive characteristics and coping mechanisms, which aided in their recovery towards holistic health goals. Through practicing yoga, these women developed numerous skills which made the treatment process easier to manage. One woman shared the affect of these skills on her cancer journey:

> It's generally considered life-threatening. I mean the word 'cancer' scares people to death, and that can challenge your belief system. But the study of yoga has strengthened, broadened and deepened my belief system. So when I got cancer, it wasn't a matter of, 'oh my gosh, why me?' It was, 'what can I do? How is it going to affect the way I'm living?' And fear was part of that, I mean it had to be. But it's also contributed an enormous amount of knowledge since then about myself and what other people go through. People's responses to this disease differ. Yoga is only one way to create strength. But for others, it's not something they get over easily… Yoga made me more sober and less vulnerable to emotion about it… Maybe yoga gave me this capacity to stand back from it, that any number of things could have happened to me. But I would think the same way because of how I think, as a result of my practices. (P5)

This participant recognized the seriousness of cancer and associated fear, which would have threatened her beliefs if it were not for her experience with yoga. Despite challenges, she was able to approach her illness with what seemed to be a practical outlook, where she adopted a

positive perception of understanding her illness. This was the result of skills learned in yoga to help combat fear through building strength as well as perhaps the influence of the "tyranny of cheerfulness." However, adherence to the positive frame of cancer culture deflected attention away from the seriousness of cancer, reinforced by yoga, which served as a distraction from illness. Instead of focusing on the negative aspects of disease, she viewed this as an opportunity for a learning experience in which to grow personally, and chose to look for ways she could cope and learn to be healthy. This was evident in response to her cancer diagnosis which reflected the ownership and self-responsibility of healthism.

This participant credited her ability to think objectively to what she had learned from yoga. With similar gratitude as the previous excerpt, this participant also recognized differences in others' illness experiences and outlook. A positive influence existed such that acceptance and attitude underwent a change in order to cope effectively, where positivity acted as a coping mechanism that reframed the thought of a devastating disease. These actions reinforced the need to be positive during illness, and unintentionally reproduced healthism. This participant developed the ability to mentally remove herself from immediate threat and navigate cancer with a greater degree of mental clarity. In addition, she explained the importance of positivity which protects people from vulnerability. However, ignoring the unpleasant reality of cancer may not be the best strategy as it also sends conflicting messages about personal responsibility during illness.

Positivity and mindfulness were used as strategies to managing cancer, in coping with the diagnosis and developing practical approaches to managing the subsequent journey. This was credited as a great life skill by all participants, serving as a helpful tool both during and after

cancer treatments, and into long-term recovery. One woman discussed the reality of having cancer and the interplay of positivity:

> I don't really think about it a lot. I had cancer, and the treatment was challenging… I think more about what I can and can't do, and what I have to be careful with. But I don't think a lot of cancer. I just feel it's never coming back. I don't dwell on it. Maybe if I had a different kind of cancer? …I'm not saying that cervical cancer isn't serious. But it wasn't as serious as other cancers. Cancer is cancer, it's bad. But I feel very confident in the treatment I had… that I'll be okay, and just taking care of myself. I keep going for my checkups and I don't dwell on it. (P1)

This participant explained her acceptance of cancer, but clarified that she chose to not focus on the disease itself but rather the reality of her physical ability and limitations. Maintaining a positive outlook, this participant believed that her cancer would not return, which was perhaps also strengthened by confidence in her treatment. Confidence in the medical system was present, which acted as another influence toward having a positive frame of mind. This was likely the result of her privilege, being able to effectively navigate the cancer journey and understand the medical processes of cancer, the importance of adhering to medical advice and attending appointments, as well as having the resources to do so. She believed that by monitoring her health and focusing on self-care, she would continue to be cancer-free. Being mindful and having this positive outlook on illness appeared to be a distraction away from illness, which may have served as a coping strategy. She offered the idea that her cancer was not as serious in comparison to other types of cancer, which diminishes the severity of her illness as discussed earlier. The choice to not think about cancer in an effort to be positive, may have been a denial of the illness reality, where remaining distant may have protected and relieved her of stress.

However, positivity acts as a form of denial and is reflective of cancer's culture of cheerfulness. It appeared as though denial served as a coping mechanism which protected individuals from fear associated with illness. Evident through participant responses, denial occurred at the micro level of the individual, although it received great influence from the "tyranny of cheerfulness", present in cancer culture.

Positivity as a form of denial was evident, particularly from one participant who spoke very positively about her illness for the duration of the interview, but when concluding she came to a new realization. "I had cancer. Cancer is cancer. And I don't dwell on it," (P1). Although she appeared to have accepted her illness quite passively in this statement, she adopted a positive perspective, which was perhaps a coping mechanism. She later reflected and recognized that yoga served as "a great diversion from the worry and stress [of illness, and you realize that] it could always be worse." On the surface, this woman seemed to have accepted her illness with gratitude and was at peace with it, but then went on to say: "in some ways [cancer] is absolutely devastating … and it's funny how you had to be strong, put up a front, put up a face for everybody." She reflected, "how much do you really suppress in your mind, being positive? …it's not always good to suppress it so much, is it? You've had a nasty disease. You're grieving."

These statements expressed acknowledgement that cancer was a devastating disease, yet she communicated a sense of gratitude that it could have been worse. This participant displayed denial of the seriousness of her illness in an effort to remain positive which supports social scripts of illness management within cancer's culture of cheerfulness. She discussed the importance of self-management and how it was more for others than for herself – which was perhaps a result of broader messages in the culture of cancer. This is reflective of the "tyranny of cheerfulness" and the importance of impression management, maintaining normalcy in

presentations of the self and appearing healthy to others (Geiser, 2008). This participant took the time to reflect during the interview and realized that by adopting a positive attitude throughout her illness she had suppressed her emotions and denied herself the opportunity to grieve over her illness and changes in her identity that resulted (for example not working and having to restrict type and intensity of physical activity), which exemplifies the problematic effects of denying the reality of illness through positivity and adhering to the culture of cheerfulness.

The influence of positivity outside of yoga has also been apparent in attitudes of health care. One participant spoke about her confidence in health care from the positivity of her doctors:

> My oncologist said right from the start: *treatable, curable*. And I just kept that in the forefront of my thoughts. And I didn't go anywhere in my mind that I wasn't going to make it. Even though I was in the later stages of it… I had brilliant doctors and a good state of mind – and yoga helped that. And I brought that positive state of mind to treatment and everyone was happy to see me! It had that trickle down, domino effect. (P2)

This woman's positive outlook was strengthened by surroundings of her medical doctors and involvement with yoga. Although in the later stages of cancer, her commitment to positive thinking was evident. She explained the contagious elements of positivity which helped make treatment more bearable, yet the presence of positivity furthers cancer's culture of cheerfulness, maintaining society's script of positivity during illness. This positive focus may have also acted as a distraction from the serious reality of illness, where denial was used as a protective mechanism from fear in an effort to better cope. However, it is possible that this woman was downplaying the serious of illness in her positive outlook as a result of sociocultural norms of

attitudes to illness. This was a common theme among all participants – comparing themselves to others, with the realization that their circumstances could be worse, that some women experience a greater level of suffering. Participants, therefore, recognized the importance of gratitude for their situation. Once again, these instances of framing one's illness in relation to others', participants have engaged in othering and labelling which reinforces the power of healthism.

Despite others' reactions to this participants' illness, she maintained her positive outlook. However due to the severity of her illness, it was possible that her positivity served as a form of denial.

> I never felt it was the end of my life either. Even though some people were telling me it was! On some level I knew I was very sick… but for some reason, I never felt like: *I'm going to die.* Or, maybe I surrendered to the process, sort of up to God… So much we say about the language of fighting, but for me it was about surrendering and not to fight the treatment. (P2)

In remaining positive, she explained the importance of acceptance and surrendering to treatment. She made an interesting mention of the "language of fighting" that exists in the culture of cancer which greatly influences womens' perceptions and attitudes towards the disease. Her awareness of this and refusal to adhere to these cultural scripts appear to be unique amongst the mass understandings of cancer. It is my speculation that a variety of personal circumstances have led to the development of this positive attitude and ability to surrender. It was possible that this attitude emerged from her decades of yoga practice, which developed understandings and acceptance of the self and ability, awareness, the importance of life balance, as well as creating an important spiritual connection. Alternatively her attitudes may be the result of closeness to her

father's cancer journey, and learning from his experience. Lastly, the positive skills and coping mechanisms learned in yoga have further enabled her navigation of the cancer journey and ability to surrender.

Although yoga has provided an undoubtedly positive experience for individuals with cancer in this study, we must be critical and aware of problems that exist outside of the individual, in the broader sociocultural context which may have been influential with or without individuals' awareness. This suppression and dedication to positivity, was likely the result of cancer's culture of cheerfulness. Numerous examples of positive messages and attitudes taught by cancer awareness campaigns or events exist, such as *Run for the Cure,* and *Look Good, Feel Better* programs which offer messages of strength and beauty during a time of illness. Society's positive messages have become internalized and can lead women to believe that the self-regulation of suppressing emotions and putting on a good face were expected, becoming normalized. One participant commented on how she felt targeted by the *Look Good, Feel Better* program to attend their events, feeling forced to look a certain way while having cancer. Despite her minimalistic approach of natural beauty, she felt an "annoying" pressure from the messages of this program (P4). These comments support King's (2006) critique on cheerfulness in survivorship and are reflective of society's positive messages of attitude and appearance, targeted to women with cancer.

Within the culture of cancer messages continue to be overtly relayed and implied, informing women how they should manage themselves and behaviour in response to their cancer diagnosis which also have great influence on self-regulation and identity. In addition, the dissemination of this information is interpreted by others as appropriate attitudes within society of how to treat those with cancer. Understanding the interaction of the self and sociocultural

attitudes involving illness is a complex issue that must be examined. The double-edge of positivity in the cancer journey is evident, from spiritual origins in yoga to the cultural ideals and understandings of illness. Through exploring the positive role of yoga in participants' cancer journey, it was clear that practicing yoga was essential to having mindfulness and life balance, developing positive attributes, and learning the spiritual roots of positivity all within the positive environment of the yoga studio. The importance of positivity during illness was evident, yet it is important to acknowledge the existence of denial of illness and connection to dominant healthist beliefs which force positivity. Denial may in fact be a coping mechanism used to protect one's previous 'healthy' identity. Whether or not adopting positivity to frame one's cancer journey is beneficial, is largely complicated by the existence of sociocultural attitudes towards illness. Attitudes present from cancer culture, health care professionals, and the yoga environment produce, reproduce, and reinforce positivity, placing pressure on individuals to adhere to healthist responsibilities.

The existence of positivity is enabled by the privilege of these participants and their socioeconomic stability to have the resources to support them during their illness. It is crucial to understand the influence of privilege on the ways with which participants could afford to be positive and to give full attention to getting healthy, as evidenced in the previous chapter. Without the strains from limited financial resources, some of the hardships of cancer were eased, allowing these women the ability to focus more on themselves and their recovery.

All participants had privilege to varying degrees, and their positivity was directly related to their privilege. All women were able to have sick leave from work during their illness, and felt comfort in attending their yoga classes. The majority of participants spoke about the importance of having scheduled activity during their time off and felt that having this class to focus on

themselves in a positive, healing space was not only helpful but necessary in their recovery. Participants found that it was important to have the structure of attending scheduled classes, and found comfort in this routine. Some women expressed that since they had been working full-time, they felt uneasy about having so much unstructured time. Not knowing what to do with themselves, these women enjoyed having an activity to look forward to and having somewhere to go that was positive.

The following excerpts were from participants who had the socioeconomic resources to allow them to have time off work. Such privilege allowed them to adopt positive attitudes which were upheld by the dominance of healthist responsibilities to attend to recovery above all else.

> It turned everything on its head, being home, not working. What am I going to do with my entire day? So having that structure, knowing that I was going to my yoga as part of my day was really very important… We're vulnerable, we get sick and we kind of get through it… so it was a nice distraction from the treatment. (P4)

> I had [time] off, I wasn't working. You know because I had insurance, I took a whole year off to recover from it. I think *time* to recover, to not have that pressure of going back into the rat race, if you will, the fury of life, the pace of it. (P2)

This reflects the influence of socioeconomic stability which allowed these participants to take the time to recover, enabling positivity. The existence of privilege in their lives meant that they could have time off work which allowed them to focus solely on their recovery which helped to avoid feeling blame and the responsibility of healthism. With the absence of routine during illness, yoga was important to creating normalcy in participants' daily lives. Yoga was used as a distraction and escape from illness, which offered an opportunity to distance

themselves from the reality of illness while providing routine and structure, enabling positivity within the cancer journey. In addition, having the socioeconomic stability to have sick leave from work allowed these participants to have the extra time needed to focus on their health, while also giving additional pressure return to 'normal' precancer life at a faster pace – since they were able to fully attend to their health – which allowed these women to avoid scrutiny for alleged lack of surveillance and healthy behaviours associated with healthist thought.

Therefore when women do not have socioeconomic stability in their lives, they do not have the flexibility to take time to focus solely on recovery. As a result their health may suffer, or not return to their precancer health as quickly as those who are privileged with access to necessary resources which aid their recovery. By not being able to return to health as quickly as others, individuals face greater critique from those who adopt and reinforce healthist perspectives.

The hegemonic nature of healthism and acceptance of the culture of cheerfulness was so apparent in participants' efforts to be positive in response to illness, such that even the sole participant who struggled with finances made the effort to find resources to allow herself the opportunity to travel.

> If you want sunshine, then find the money to go. In between when I had my surgery and chemo and radiation …I went to a quaint little bed and breakfast in New Mexico. And I'd travelled down by myself …And I booked myself in and stayed for a couple of weeks, you see I took myself out into the sun. So after my mastectomy I [went] down there and hung out in the pool and the health spa and came back, I had my radiation, chemotherapy and I went back a second time. (P3)

In attempt to find positivity and happiness during her illness, this participant went on vacation by herself. She expressed that the reason for her trip was to "get out" and "do something that she liked," which was travelling and being in the sun. In addition she noted that this was necessary to address her "need to stop feeling horrible" which she described as part of her healing. This drive to feel better about her health and circumstances provide evidence for the pressure to be responsible for health, by taking time to be away from normal life and focus on personal recovery from illness. Although this trip happened on a whim, of her own inclination, perhaps the feeling that she needed to take time to recover in a pleasant environment was influenced by her surroundings of positivity in yoga and the pressure of hegemonic healthist notions. These factors and internalized responsibility were evident in this participant especially, as she did not have the socioeconomic stability for this trip (and it was unclear how she was able to secure financial resources to travel), but insisted that it was important and fulfilled her responsibility to recover.

Important to the socioeconomic stability of those with cancer, is relieving the financial burden of paying for yoga classes. All participants noted the importance of the bursary program offered at this yoga studio, to increase access to yoga for those who cannot afford to pay for classes. Some participants proudly mentioned that they donated to the program, while others gratefully received assistance. One participant, who taught yoga at a different studio, discussed her experience with bursaries:

> [Speaking] generally for the need for bursaries – [I've] run classes for women with breast cancer, who have been treated for breast cancer or post-treatment for breast cancer, for a number of years here. I don't know how many people were impeded from taking the class because of the cost. But when I first started this, I think they paid very little because [of

> sponsors]. But I know that there are some people for whom having to pay for classes makes it difficult for them to attend. Especially as women or anybody suffering from cancer or a chronic disease is often out of work. So a bursary program is an important aspect. (P5)

These statements give recognition that not everyone has the socioeconomic ability to attend classes. As a result, it is important to understand the financial impact of chronic illnesses, particularly when taking leave from work, or when women are primary caregivers and alternate arrangements need to be made. Having bursaries available to those requiring assistance is important to providing complementary care during a time of need. Providing bursaries to those in need helps to alleviate financial burden of yoga classes, yet being in a place of privilege and affluence may be uncomfortable for those who do not identify with this group.

Regardless of the bursary, Special Practice classes are still inaccessible to those who must continue to work during their illness as a result of socioeconomic instability, as they are offered during regular workday hours, which are only convenient for those not working. This limits practice to those who have socioeconomic resources to be supported or support themselves during illness. Although the hegemony of healthism prevails, those without privilege are at a loss, unable to have full access to complementary care resources which aid their recovery. Furthermore, it is difficult to assess bursary programs as it is impossible to know how many people have actually been affected by the cost of classes as those are the people who do not attend.

Socioeconomic instability may also hinder participant's positivity and ability to take responsibility for health. Taking responsibility through engaging in physical activity allowed for

perceived control during a disease described as "all-consuming" which required submission and acceptance of uncertainty (P3; P1; P4). It was a common belief that people were responsible for their own health outcomes through their actions or inactions. Participant 3 described in the following her speculation that her own lifestyle and lack of positivity may have been the cause of her cancer:

> You know, they call cancer the 'angry man's disease' – and I was angry, I had a very difficult time with a very difficult marriage. And I've seen so many women get sick, many with breast cancer… someone has always had cancer after a loss of some sort. And I learned we need to have balance… I wonder if my breast cancer would have come if I had lived a very harmonious life? With no need to go and strain to survive and live in tremendous fear of money. (P3)

This participant felt responsible for her anger and negative attitudes in general that she held during a challenging period in her life, such that she believed they led to the development of cancer. These statements suggest that women's lifestyles were the cause behind their illnesses, and it was implied that women need to change their lifestyles to avoid cancer.

Understandings of illness are greatly influenced by healthist thinking to the degree that this woman thought that her emotional state may have caused her illness. These problematic concepts are common in society, which essentially blame women not only for their choices of physical activity, but also their emotional health. Of particular concern was this participant's mention of finances, and feeling responsible that her socioeconomic circumstances had played a role in her diagnosis of cancer. Dominant healthist attitudes make sweeping judgments on individual responsibility for health with little consideration for the impact of social determinants

of health on illness experience. In fact, many Canadians are unaware of the impact of social factors on their health, which are largely beyond individual control (Mikkonen & Raphael, 2010).

However, since some 'losses' that Participant 3 referred to may be outside of an individual's control, whether it is appropriate to let women think that something beyond their control is still something for which they should be responsible needs to be questioned. Questions such as this exemplify some of many flaws within healthism, yet the unfortunate reality is that these concepts of self-responsibility have a large influence on notions of health and understandings of illness journeys.

Participants' insistence on remaining positive, as supported by cancer's culture of cheerfulness, healthism, and privilege, demonstrate the complex interconnections of health, illness, and physical activity. Through participants' understandings of health as holistic, and acceptance of the importance of physical activity to health, the emergence of healthism has proven to be a dominant response to illness. The often deliberate decision by participants to disengage in the horribleness of cancer highlights the ways in which the "tyranny of cheerfulness" has consumed popular thinking of cancer. As a result, there is little critical attention from participants to the ways in which the current cancer care model does not address structural issues.

Chapter Six: Conclusion

The aim of this study was to analyze the experiences of women with cancer and their involvement in a specialized yoga program during treatment and into recovery. Specific research questions examined who participated in this program and their reasons for doing so; as well as what participants' thoughts on health, illness, and physical activity were and the interrelationships between these issues.

The five women who participated in this study expressed their views on the role that yoga played in their cancer care, their perceptions of health and illness and the importance of physical activity. During the course of the interviews, participants discussed many important issues as they shared their experiences and reflections on their cancer journeys. Participants' responses indicated the influence of the "tyranny of cheerfulness" and healthism in the development of their perceptions. This concluding chapter will provide a summary of significant research themes and identify areas for future research.

Summary of Research Themes

Through conversing with these five women, we were able to understand what these five participants found helpful during their cancer journeys and why, in addition to determining if the skills these women developed through yoga were accessible to benefit others. It was evident from the analysis of participant experiences and reflections in Chapter Four that yoga was perceived as a positive and valuable form of physical activity in which to engage, providing numerous health benefits including mindfulness, strength and advanced breathing techniques. In addition, the participants valued yoga – it was an activity with which they were familiar prior to their diagnoses – and their routine yoga practice was a distraction from illness. This was important as participating in yoga acted as a coping mechanism allowing these women to achieve

feelings of normalcy. This highlighted the importance of normalcy during illness, where presentations of the ill self were discouraged, and ideals of health were replicated and reinforced by cancer's culture of cheerfulness (King, 2006). Yoga at this specific studio was seen an important outlet for these participants which helped them navigate the cancer journey with greater clarity and ease.

The participants' privileged social positions figured strongly in the data analysis in this study as well as negotiating illness with socioeconomic (and other forms of) privilege allowed these women greater access to resources needed to be healthy. It was also understood that participants' socioeconomic privilege had a significant impact on their experiences, which enabled greater agency in cancer care options and access to resources, as well as removing barriers to physical activity – as women either had the financial means to afford yoga classes or the ability to access the bursary in this studio.

However, in the analysis of participants' experiences, the existence of healthism was found to have complex origins within both the positivity of the culture of cancer and the yoga environment. Together this created an overwhelming need to portray a positive image during illness, which supports King's (2006) research on the dominant "tyranny of cheerfulness" found in cancer culture. As noted earlier in the thesis, for one participant, the realization of the danger associated with just focusing on the positive was a 'lightbulb' moment for her and one that emerged through the course of our conversation together. The women in this study adhered to the social norms of responsibility of illness by maintaining positivity in presentations of the self. These areas are influenced by a complex social construction of health that produces and reproduces the need to attain normalcy through a silenced and private journey when ill, while striving to attain health through short comings absorbed from healthist responsibilities (King,

2006). The demonstrations of participants' dedication to positivity have been greatly influenced by cancer's culture of cheerfulness, healthism, and privilege, which further complicate interconnections of health, illness, and physical activity. Through these perceptions of health as holistic, and acceptance of the importance of physical activity to health, the emergence of healthism is the dominant response to illness, as evidenced by participant reflections on their experiences. Participants' decisions to deflect their attention away from the negative aspects of cancer, highlight the ways in which the "tyranny of cheerfulness" has consumed popular thinking of cancer and appears to be produced and reproduced in the daily realities of this study's participants.

Chapter Five explored participants' health-focused mentality through their adoption of health promotion and internalization of healthism. Participant perceptions of health and the importance of physical activity in achieving health were greatly influenced by the hegemonic nature of healthism, which is in support of Crawford's (1980) work on the positioning of individual responsibility for health and illness. Furthermore, these responses to their illnesses were enabled through positivity (as developed in both yoga and cancer culture) and socioeconomic stability/privilege. Participants expressed strong beliefs in their need to be physically active and in control of their health as a result of societal and localized pressures of health promotion, despite their recovery from a life threatening illness. The existence of this pressure to be active and 'healthy,' engaging in physical activity and other health behaviours is connected to the hegemony of healthism in society (Crawford, 1980). These healthist attitudes suggest that women may have caused their own illness and unfairly deflects responsibility from broader factors such as the social determinants of health. Unfortunately the dominant influence of healthism in response to illness and the associated blame from unhealthy attitudes and lifestyle

behaviours are often deemed as correlated with the onset of cancer. Although this has become a commonality, it conflicts with the wealth of evidence on the social determinants of health that suggest that health is not shaped by "lifestyle choices but rather the living conditions [people] experience" (Mikkonen & Raphael, 2010, p. 7).

Strengths and Limitations

This research is necessary in further developing sociological understandings of women's participation in physical activity during or following illness. A strength of this study was offering an in-depth examination into the real life individual experiences of a small group of women. This study offered a glimpse into the day-to-day realities that impact some womens' lives. Expanding knowledge on women's experiences during times of illness will add much needed detail that has often been absent in existing health and cancer care research. The nature of this small case study allowed for an in depth analysis of participant experiences, however it also means that the results of this study cannot be used to make generalizations. Understanding a greater range of womens' experiences – particularly those who are marginalized – will aid in developing equitable health care for those in need. This study attempted to fulfill these gaps in research, however further investigation is still needed to include more diversity among participants. Participant sameness in this study proved a limitation, especially with regard to socioeconomic privilege, as it was difficult to gain a complete understanding of the barriers to access which other women may face.

Research on women's experiences with yoga and cancer will further promote the importance of physical activity during illness and draw attention to various factors associated with participation. Integrating this knowledge into the existing body of research in other domains will help to create a more comprehensive holistic view to better understand how yoga is used as complementary and alternative healthcare by women with cancer. Bringing awareness to the

realities of womens' lives during cancer could foster necessary support in social, cultural and economic areas. By drawing attention to sociocultural understandings of cancer, there is greater potential of altering the biomedical focus of cancer research, allowing for the removal of blame, and instead, increasing attention to the importance of socioeconomic status during illness, as well as increasing the opportunities for physical activity during illness and addressing the barriers that prevent participation.

Future Research Directions and Recommendations

This research may be used to modify existing specialized yoga programs, provide recommendations on yoga in cancer care, and increase well-being in cancer patients. This study also highlights the need for more financially accessible programs for women with cancer. Further research involving women who represent a more diverse group, (i.e., women of varying socioeconomic status, racial and ethnic backgrounds, sexual preference and disability), in addition to other influential social determinants of health will provide a greater understanding of the daily realities that impact the lives of women during their cancer journey.

Understanding the experiences of the women in this study allows for the evaluation of this specialized yoga program and whether it should be incorporated into other women's cancer care plans. According to these participants, incorporating gentle physical activity that is enjoyable is important in the recovery process. Therefore, it is recommended that this studio offer evening classes to accommodate the schedules of women who continue to work during their illness as a result of socioeconomic circumstances. In addition, it appears that it would be of benefit to make the process of inquiring and obtaining the bursary at the studio more discreet, perhaps to be discussed in the privacy of one of the offices, in order to remove any feelings of

shame associated with having to identify oneself as needing financial assistance, especially in a location of privilege.

In analyzing the experiences of women with cancer and their participation in this yoga program, an understanding of the role of yoga in the cancer journey has emerged as well as the exploration of participant perceptions on health, illness and physical activity. This investigation supports the theory that women's experiences were greatly influenced by the incessant focus on positivity and internalized healthism. These significant themes undergo a cycle of production and reproduction by the current manifestations of positivity in popular yoga culture, as influenced by traditional spirituality, and understandings of individual actions and their reactions in the body within yoga, as well as from the dominance of the "tyranny of cheerfulness" and healthist ideals in cancer culture. Together these themes have created complex reinforcements of each other, further putting pressure on individuals to live up to the social constructions and expected performances of illness.

The intent of this study was to create a greater understanding of the personal experiences of women with cancer, and the realities of the cancer journey. Furthermore, it is hoped the results can be used to improve other women's experiences with cancer by highlighting yoga as an important complementary therapy that can be incorporated into cancer care plans. Crucial points of departure from this study are that an awareness and education of consequences of healthism are greatly needed to ease the burdens of chronic illnesses. In addition, awareness of issues pertaining to the "tyranny of cheerfulness" are also necessary to deflect the pressure felt by women to conform to these social scripts, allowing them to be themselves without feeling judgment.

Notes

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[1] There are many hybrid classes offered, such as *Yumba Yoga Dance* (zumba and yoga), *Yoga and Spin Class*, *Yoga Barre* (dance based, incorporates free weights with yoga routines), *Yogalates (*yoga and pilates), *Acroyoga Jam* (yoga and acrobatics), that incorporate more athletic training and movements that completely change the style of yoga from its traditional roots (Cherry, 2013).

[2] However, Participant 4 felt most comfortable receiving support from her religious community and discussed the social support she received in the comfort of her synagogue, from other women who had cancer:

> There were many women who I knew who had cancer. And so one thing that I did was to reach out to those women and hear about their experiences… so I didn't need the support group from [Wellspring], I had my own support group. And I also think I wouldn't have been able to get through it without the yoga. (P4)

This participant took the initiative to reach out to other women she knew through the synagogue. She felt more comfortable in her own community and religious group, and was able to identify with others in more than one way, feeling a stronger connection. Her religion and social group were connected to her existing identity and role as a Jewish woman in the space of her Jewish community. Consequently, she was able to maintain this identity as opposed to adopting a new identity as solely a cancer patient in the new support group, which only centered on one aspect of her identity. It was perhaps easier to accept her illness within her community, as the religious part of her identity remained the same, and therefore she experienced less of a change in her identity. She had greater feelings of belongingness, which made her more comfortable with illness by being able to relate to her social group in different ways, rather than the cancer-specific group at Wellspring. In addition to this group, this woman was reminded of yoga as a form of social support, important to survival and coping, where continuing to attend this studio was again an important community resource for support.

[3]As part of being granted access to participants, the president of the yoga studio offered full bursary coverage, so that I could have a better understanding of Iyengar yoga through first-hand experience practicing at their studio, and later observation of the work that was done in Special Practice classes, by shadowing a teacher.

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Appendix A: Study Information Sheet

Title: Yoga, Women, and Cancer: Experiences of Women in a Specialized Yoga Program

Principal Investigator: Angela Cowling, MA Candidate (York University)
Supervisor: Parissa Safai, PhD (York University)

To Whom It May Concern,

I am conducting research on the experiences of women with cancer and their participation in a specialized yoga program. This case study focuses specifically on women who currently have or who are in remission from cancer and who have practiced yoga as a part of their cancer recovery. The objectives of this research are: 1) to analyze the experiences, thoughts, feelings, and beliefs regarding the role yoga plays in cancer care; 2) to better understand women's sense of agency (choice) in cancer care; 3) to examine women's' ability to participate in physical activity during illness as related to their socio-economic position.

I am interviewing individuals who can share their experiences with health and physical activity to develop an in-depth understanding of this area. Your participation in study would be invaluable. Any material used in publications resulting from this study will have identifying characteristics or statements omitted or paraphrased to protect your identity.

The interview will be audiotaped and transcribed. You can stop the interview at any point in time or decline to answer any specific question. All interview materials (e.g., notes, tapes and transcriptions) will be kept in a secure, locked cabinet. All information collected will be kept **strictly confidential**. You can review your transcript at any point in time during the study. There is no financial compensation to those participating in the study.

The study has minimal risks and the decision to participate or not is **completely voluntary**. This study offers you the opportunity to share your experiences of health and physical activity, which will contribute to expanding our knowledge on this topic in the socio-cultural study of physical activity and health.

For more information, please contact Angela Cowling, a Masters candidate by email at cowling@yorku.ca or by phone at 416-616-4906 or Dr. Parissa Safai by email at psafai@yorku.ca or by phone at (416) 736-2100 ext. 23040. Thank you in advance for your participation.

Sincerely,

Angela Cowling, MA Candidate

Appendix B: Informed Consent

Title: Yoga, Women, and Cancer: Experiences of Women in a Specialized Yoga Program

Researcher:
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Purpose of the research:
The objective of this study is to investigate women's personal experiences of yoga during their cancer journey. This study is also focused on better understanding how socioeconomic position impacts women's abilities to participate in this mode of physical activity during a time of illness.

What you will be asked to do in the research:
You will be asked to participate in one (1) 30-60 minutes semi-structured interview focused on your personal experiences with yoga during your cancer care. In addition you will be asked to discuss your thoughts and feelings on health, illness and physical activity, more broadly.

Risks and discomforts:
We do not foresee any risks or discomfort from your participation in the research. However, should you experience any emotional concerns that arise as a result of speaking about your experiences, you may call The Mental Health Helpline, 1-866-531-2600, which provides free information about mental health services in Ontario, and offers referrals to counselling services and support in the community. There is no financial compensation for research participants.

Benefits of the research and benefits to you:
You will benefit by having the opportunity to share your insight on women's experiences with physical activity during illness as well as contribute to expanding our knowledge on this topic in the socio-cultural study of physical activity and health.

Voluntary participation:
The decision to participate or not is **completely voluntary** and you may choose to stop participating at any time. Your decision not to participate will not influence the nature of your relationship with the yoga studio or York University either now, or in the future.

Withdrawal from the study:
You CAN stop participating in the study at any time, for any reason, **without consequence**. Your decision to stop participating, or to refuse to answer particular questions, will not affect your relationship with the researchers, York University, or any other group associated with this

project. In the event that you withdraw from the study, all associated data collected will be immediately destroyed.

Confidentiality:
The interview will be audiotaped and transcribed, but the name of the participant will not be recorded. Any material used in publications resulting from this study will have identifying characteristics omitted or paraphrased to maintain your **anonymity**. **Confidentiality** will be provided to the fullest extent possible by law.

All interview materials and data will be kept in a locked facility accessible only to the researcher. All data (interviews and fieldnotes) will be stored under lock-and-key until the end of December 2014 and then will be permanently destroyed.

Questions about the research?
If you have any further questions regarding the research in general or your role, as a participant, in the study you may contact the researcher, Angela Cowling, or her supervisor, Parissa Safai, PhD through this e-mail address: psafai@yorku.ca, and the phone number: (416) 736-2100 ext. 23040. Furthermore, the School of Kinesiology and Health Science Graduate Program office may also be contacted for further information at (416) 736-5728.

This research has been reviewed and approved by the Human Participants Review Sub-Committee, York University's Ethics Review Board and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. If you have any questions about this process, or about your rights as a participant in the study, you may contact the Senior Manager and Policy Advisor for the Office of Research Ethics, 309 York Lanes, York University, telephone 416-736-5914 or e-mail ore@yorku.ca

Legal Rights and Signatures:

I, ____, consent to participate in *Yoga, Women, and Cancer: Experiences in a specialized yoga program* conducted by Angela Cowling. I have understood the nature of this project and wish to participate. I am not waiving any of my legal rights by signing this form. My signature below indicates my consent.

Signature______________________________ **Date**___________________
Participant

Signature______________________________ **Date**___________________
Principal Investigator

Additional consent
I give consent to the researcher, Angela Cowling, to use this method of data collection:

☐ Audio recording

Signature______________________________ **Date**___________________
Participant

Appendix C: Interview Guide

1. Tell me about yourself?

   (Probe: currently have cancer/had cancer? Type of cancer? previous involvement in yoga?)

2. How did you first hear about this yoga studio? And why did you choose this location over others?

3. Are you involved in the bursary program here? Can you share your thoughts about this program?

   - If yes: What does it mean to you to be a part of it?

4. Can you describe your main motivation for why you practice yoga?

5. What have you learned from attending your yoga class here?

6. In what situations have you found these skills helpful?

   (Probe: have these skills helped you with any situations that involve your illness?)

7. What does health mean to you?

8. As mentioned, I am interested in learning about the experiences of those who have cancer or in remission. Can you tell me about the day-to-day realities of life with cancer?

   (Probe: examples?)

9. In addition to yoga, what methods of cancer care did you use? (for example, biomedical (chemotherapy, radiation, etc.), complimentary care, etc.)

10. Do you feel as though you've had the ability to make choices with your cancer care?

11. Can you share your thoughts and feelings about the role that yoga has played in your cancer care? How has yoga helped you with your cancer journey?

12. As a woman with cancer, what opportunities have you encountered regarding your participation in yoga or other forms of physical activity?

(Probe: example)

13. What challenges have you encountered?

    (Probe: example? financial limitations, time, not feeling physically able to exercise)

14. Is there anything else that you would like to share, that you believe is important in understanding women's experiences with having cancer and doing yoga?

15. Do you have any questions for me?