



The varied contribution of significant others to Complementary and Alternative Medicine (CAM) uptake by men with cancer: A qualitative analysis



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A B S T R A C T

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Purpose: To explore how men's Significant Others (SOs), including family members and close friends, contribute to the uptake and maintenance of specific CAM therapies.

Methods: This study was the second, qualitative phase of a mixed-methods project investigating the use of CAM in an Australian male cancer population. Male participants were purposefully selected from a pool of 403 patients who answered a survey in the first quantitative phase (94% response rate and 86% consent rate for follow-up interview). Then semi-structured interviews among 26 men with a variety of cancers and 24 SOs were conducted. All 43 interviews were recorded, transcribed, and analysed thematically.

Results: Men used *CAM/Natural products* to cope with physical concerns, and this was actively supported by men's SOs who contributed to the uptake and maintenance of these CAMs. The shared CAM preparation and consumption functioned to strengthen the bond between men and their SOs, and also helped men's SOs to cope with uncertainty and regain control. In contrast, men practiced *CAM/Mind-body medicine* to receive emotional benefits, and only rarely shared this practice with their SOs, indicating a need for coping with emotions in a private way.

Conclusions: Men's CAM use is a multifaceted process that can be better understood by considering CAM categories separately. *CAM/Natural products* help men to cope with physical concerns, while *CAM/Mind-body medicine* assist men to cope with their emotions in a private way. Oncology professionals can use this information to better promote and implement integrative cancer care services.

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Introduction

Complementary and Alternative Medicine (CAM), defined as "diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine," (National Center for Complementary and Alternative Medicine, 2013) is frequently and increasingly used in cancer populations. A recent meta-analysis suggests an increase of CAM use by patients with cancer from 25% to 49% from 1970 onward

(Horneber et al., 2012). CAM can be categorized as *Natural products* (e.g., dietary supplements, herbs and botanicals), *Mind-body medicine (MBM)* (e.g., prayer, meditation/relaxation), *Manipulative and body-based practices* (e.g., massage, physiotherapy, acupuncture), and *Other* (e.g., exercise, naturopathy, Reiki) (National Center for Complementary and Alternative Medicine, 2013).

There are gender differences in cancer patients' CAM use with women reportedly being higher consumers of CAM compared to men (Hann et al., 2005; Kristoffersen et al., 2013). The use of CAM is in particular popular in breast cancer populations where the prevalence of CAM has increased from 67% to 82% between 1998 and 2005 (Boon et al., 2007). In contrast, a systematic review, including surveys from 1999 to 2009 assessing CAM use among prostate cancer patients, suggests that the median prevalence

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rate is 30% (Bishop et al., 2011). Explanations for these gender differences in CAM uptake centre around discourses of masculinity and femininity depicting women as having a strong interest in family health issues (Nichol et al., 2011) while men aim to be perceived with masculine traits like being independent, in control, and autonomous; qualities that are celebrated and maintained in Western cultures (Connell and Messerschmidt, 2005; Oliffe et al., 2009). Research suggests that gender differences in CAM uptake are associated with different coping styles, as men and women cope differently with distress. For example, it has been shown that distress increased the intake of dietary supplements in men while intake was decreased in women (Hedderson et al., 2004). Regaining control by using CAM seems to be more important for men than for women (Hann et al., 2005), and it has been reported that men prefer to apply problem-focused coping strategies, while women like to talk about and share emotions (Moynihan, 2002). How these coping strategies are associated with the uptake of specific CAM therapies requires further investigation, in particular in cancer populations other than breast and prostate cancer.

Evidence-based studies suggest that CAM may help patients to cope with treatment side-effects and disease symptoms, and contribute to patients' psychological well-being and quality of life (Pirri, 2012). Furthermore, CAM may also benefit patients' Significant Others (SOs), including family members, close friends, and caregivers (Kozachik et al., 2006), who often provide instrumental and emotional support for the cancer patient even when they experience high levels of distress themselves (Girgis et al., 2012). Coping with cancer has been depicted as a dyadic concern, as both partners are socially affected by changes in established communication patterns, roles, and responsibilities. A cancer diagnosis can result in more family conflicts due to difficulties in adjustment and communication (Zhang and Siminoff, 2003), but it may also bring couples closer together by the shared experience of finding new meaning after overcoming a distressing and life-disrupting event. Couples have reported positive changes in their relationship marked by communicating and maintaining shared belief systems resulting in enhanced closeness and emotional benefit (Gritz et al., 1990; Thornton and Perez, 2006).

The concept of posttraumatic growth (Tedeschi and Calhoun, 1996) may explain how cancer patients and their SOs experience positive change after encountering a life challenge, which constitutes a diagnosis of cancer. This major life crisis compels the involved persons to cope with difficult feelings of uncertainty, anxiety, fear, and distress, and a successful coping strategy may result in perceiving positive change and finding new meaning. Research indicates that an individual experiences posttraumatic growth in five general areas: perception that new opportunities have emerged from the struggle, experience of closer relationships with some specific people, increased sense of one's own strength, greater appreciation of life in general, and a deepening of spiritual and religious belief systems (Tedeschi and Calhoun, 1996; Thornton and Perez, 2006). It seems to be important for couples affected by cancer to experience life-transforming processes, accompanied by changes in self-perception, new meaningful outlook on life, and interpersonal benefits, but how the practice of CAM may help dyads to increase connection and closeness has been insufficiently addressed in the literature.

There is quantitative and qualitative evidence that SOs often act as information sources and partake as role models or decision-makers in patients' CAM uptake and maintenance (Bishop et al., 2010; Klafke et al., 2012; Öhlén et al., 2006), highlighting that patients discuss their CAM use within their social networks rather than involving their treating clinicians. Although the importance of cancer patients' social relationships has been recognized in CAM

research (Öhlén et al., 2006), no studies have explored the implications of CAM use constituting a shared social activity between the cancer patient and their SOs. In addition, there remains a need to understand the motivations and implications for the uptake of CAM therapies that are not discussed or shared with SOs, but rather, constitute a solo activity in men.

This study, therefore, aimed to better understand the functions and consequences of specific CAM therapies used by men, also considering the involvement of men's SOs. We employed semi-structured interviews to explore the following research questions: What are men's expectations and experiences of using different CAMs? How are men's SOs involved in the uptake and maintenance of specific CAMs? What are the intrapersonal and interpersonal implications of CAM use in men with cancer? How do men and their SOs perceive their consumption or practice of CAM over time?

Methods

Study design and sample

This study report focuses on the qualitative phase of a larger sequential mixed-methods project investigating the prevalence, predictors, and social involvement of men's uptake and maintenance of a range of CAM therapies during cancer treatment. Both study phases were approved by the relevant institutional Human Research Ethics Committees, and all participants gave written informed consent. In the first quantitative phase, we used a survey to assess the prevalence and predictors of CAM use, and described how cancer patients' social networks impact on the uptake of specific CAMs (reported elsewhere (Klafke et al., 2012)). For the second qualitative phase, survey participants were sampled purposefully (Patton, 2002) using a maximum variation technique to produce variety in stage and type of cancer, high and low levels of CAM use, and perceived levels of intrapersonal and interpersonal levels of conflict regarding CAM use. The in-depth interviews were guided by an interview schedule (Table 1), but remained open and flexible, so that participants' individual experiences could be addressed, and questions in the interview schedule added or modified for future interviews.

Data analysis

All interview transcripts were inserted into the software NVivo9 (QSR International Pty Ltd, Doncaster, Victoria, Australia) to facilitate the systematic thematic analysis of the data (Braun and Clarke, 2006). Braun and Clarke (2006) have recommended conducting a thematic analysis with a clear epistemological foundation, so that the qualitative analysis goes beyond descriptions and is able to provide a sound argumentation for the research questions. We took a constructionist perspective, as we sought to understand the social dimension impacting on men's CAM uptake, in particular by exploring how men and their SOs talk about CAM negotiations and decisions, and how this affects their interpersonal relationship. This constructionist framework enabled analysis of how participants use language and linguistic devices when talking about the meaning and experience of CAM use, and consideration of wider socio-cultural structures of power relations and social norms.

Thematic analysis began during data collection and focused on finding patterned responses or meanings within the interview transcripts. Data were inductively coded into categories, then further grouped into themes and sub-themes. Once a theme was identified, it was assessed across the entire dataset to further develop or separate the theme. The coding scheme and evolving thematic map was regularly reviewed and refined within

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