



Therapeutic landscapes and living with breast cancer: The lived experiences of Thai women



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ABSTRACT

Breast cancer is an “emotionally debilitating disease” that affects the lives of women of all ages. In this paper, we discuss the lived experience of breast cancer among women in southern Thailand and situate our discussions within the concept of therapeutic landscapes. We adopted a feminist framework as our research methodology and employed qualitative and innovative methods. The therapeutic landscapes of healing involved multiple levels of landscape changes including body, home, neighbourhood, health care and cultural contexts. Our findings offer a particular insight into the role of emotions, cultural beliefs, and practices in forming therapeutic landscapes among women living with breast cancer in Thailand. It is crucial that health care providers understand the emotional experiences of women with breast cancer and their particular cultural needs for emotional healing landscapes. Our findings could be used as evidence for developing culturally appropriate therapeutic strategies and interventions for women with breast cancer in Thailand and elsewhere.

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1. Introduction

In this paper, we discuss the lived experience of breast cancer among women in southern Thailand, and situate our discussions within the concept of therapeutic landscapes (Gesler, 1992; English et al., 2008) that has been adopted in feminist geography (Dyck and Dossa, 2007). Studies regarding therapeutic landscapes have often been place-specific, examining the effects of particular landscapes on health and illness. The concept has also been adapted in a number of contexts, for example retreat centres, hospitals, the home, the garden, and traditional healing places (Doughty, 2013). However, there has been little breast cancer research that focuses on the concept of the therapeutic landscape, except for research conducted by English et al. (2008) in Canada.

Breast cancer is the most commonly occurring cancer among women in the world. In fact, the incidence of breast cancer has increased in developing countries, particularly in the Asian region (World Health Organization, 2011). Women with breast cancer are not only affected physically, but also psychologically (Liamputtong and Suwankhong, in press). Breast cancer is an “emotionally

debilitating disease” that affects women of all ages (Banning et al., 2010, p. 307). Research has shown that women who are diagnosed with breast cancer suffer from much emotional debility, including anxiety, fear of dying, depression, negative, and suicidal thoughts (Sprung et al., 2011; Ching et al., 2012; Liamputtong and Suwankhong, in press).

Breast cancer is one of the leading causes of deaths in Thai women (Jordan et al., 2009). Breast cancer was the second leading form of cancer in women, following cervical cancer (Junda, 2004). Each year, approximately 192,000 women are diagnosed with breast cancer and the incidence of breast cancer has increased significantly in the last decade (Sriplung et al., 2006), particularly among older women (Jordan et al., 2009). Breast cancer has also become a common health issue among Thai women in rural areas (National Cancer Institute, Ministry of Public Health, 2009). To date, there appears to have been no research that addresses therapeutic landscapes and the lived experience of living with breast cancer among Thai women in Southern Thailand. We address the gap in literature in this paper. We are interested in rural areas as most rural people tend to rely on traditional health care practices in dealing with their health issues (Suwankhong and Liamputtong, 2014). These factors would allow us to examine therapeutic landscapes that our participants adopted for dealing with their breast cancer.

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2. Therapeutic landscapes: theoretical framework

Therapeutic landscapes allow us to understand the relationships between health and place (Gesler, 1992; English et al., 2008; Williams, 2014). The theory surrounding therapeutic landscapes suggests that there are specific places that have the capacity for enhancing health and healing. Therapeutic landscapes acknowledge the intricate interplay among physical, mental, social and spiritual components as essential for a holistic understanding of health and illness (Plane and Klodawsky, 2013). Therapeutic landscapes, according to Masuda and Crabtree (2010: 657), refer to places where human thoughts, experiences, social circumstances, and physical milieu interweave to create an ambience which is instrumental in healing. The original work within the therapeutic landscapes focused on specific “extraordinary” places, for example, natural and religious places that are known for healing power (Gesler, 1992, 1996, 2003; Williams, 1999, 2010, 2014). Recent contributions supporting this theory have, however, included “everyday landscapes” that foster individuals’ health and well-being (Andrews, 2004; Smyth, 2005; English et al., 2008; Plane and Klodawsky, 2013; Williams, 2014). More recent conceptualisations have also embraced places for treatment or cure including clinics and hospitals (Andrews, 2004; Curtis et al., 2007; Laws, 2009).

Therapeutic landscapes have been associated with the prevention and treatment of illness as well as improvements in health (Milligan et al., 2004; Conradson, 2005; Williams, 2007, 2010, 2014). According to Williams (2007, 2010, 2014), literature concerning therapeutic landscapes has also included places which are specific to special populations and marginalised groups (see Wilson, 2003; Wendt and Gone, 2012). In her work, Williams examined the significance of spirituality and healing landscapes within health promotion programs among First Nations in Canada (Williams, 1999; Williams and Guilmette, 2001). Furthermore, Dyck and Dossa (2007) showed that religious practices and prayers were characteristic of routine therapeutic landscapes among immigrant women in Canada.

In this paper, we have replicated English et al.’s (2008) theoretical framework of the therapeutic landscapes, that they used to research women surviving breast cancer in Canada. English et al. contend that within therapeutic landscape theory, two kinds of places are intrinsic to healing: those representing extraordinary landscapes and those concerning everyday landscapes. English et al. define “extraordinary” therapeutic landscapes as those landscapes situated externally from the day-to-day lives of individuals. They are often linked with extraordinary events in their lives, for example, being hospitalised. Extraordinary landscapes characterise sites that individuals confront for a short period of time.

In contrast, the everyday therapeutic landscapes include home and community-based circumstances. The home is a site which not only gives rise to individuals’ sense of identity and belonging, but is also conducive to physical and emotional well-being (Williams, 2002, 2010, 2014; English et al., 2008). English et al. (2008) suggest there are several strategies that people adopt to create therapeutic landscapes in their home. These experiences include constructing personal spaces of healing, and reducing exposure to harmful agents which are problematic to maintaining good general health. However, an important part of the everyday landscapes for health and healing lies in the support from family members. Social support, including emotional, tangible, and informational support (Mbekenga et al., 2011) acts as a buffer to alleviate distress and strengthens resilience for individuals who experience stressful life events (Richmond et al., 2007; Zhao et al., 2011). Social support also encompasses the informal support individuals receive from their social networks beyond family and significant others. Everyday

places within communities also act as landscapes for good health and healing. Places in communities can create supportive social networks among individuals Plane and Klodawsky (2013). Milligan et al. (2004) showed that community gardens facilitate supportive social networks and improve well-being and quality of life among older persons.

Increasingly, bodies are also recognised as constituting health and illness terrains (English et al., 2008). Through illness, the body comes to be “a changed landscape” that requires adjustment and healing. Often, this adjustment and healing entails individuals “work on their own bodies, enacting and embodying newly acquired health knowledge” so their health can be regained (Parr, 2004, p. 77). Hence, bodies are converted into healing landscapes. In English et al.’s research (2008), women revealed that their bodies constituted a crucial everyday landscapes for recovering from breast cancer. To these women, healing required both their physical body and their emotions. English et al. (2008, p. 72) contend that for women living with breast cancer, “the body represents the most personal landscape of everyday healing, conceptualised in terms of both physical and psychological components”.

3. Methodology

We adopted a qualitative approach for the proposed research as it allowed us to learn about individuals’ lives, stories, and behaviour (Bryman, 2012; Liamputtong, 2013). This proved beneficial as these methods capture the meanings and interpretations people give to

Table 1
Socio-demographic characteristics of the participants (n = 20).

Socio-demographic characteristics	Number	Percentage
Age		
0–49	5	25
50–59	6	30
60–69	3	15
70–79	6	30
Religion	20	100
Education level		
Primary school	12	60
Secondary school	6	30
Bachelor degree	1	5
Master degree	1	5
Marital status		
Married	17	85
Divorce	2	10
Widow	1	5
Occupation		
Housewife	3	15
Self-employed	13	65
Farmer	2	10
Government employee	2	10
Monthly income (Thai baht)		
<10,000	4	20
10,000–19,999	8	40
20,000–23,000	5	25
>30,000	3	15
Stage of breast cancer		
1	13	65
2	2	10
3	3	15
4	2	10
Diagnosed period (year)		
1–5	8	40
6–10	6	30
>11	6	30
Genetic		
Yes	13	65
No	7	35
Position of breast cancer		
Right	10	50
Left	10	50

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