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Yoga for Breast Cancer Survivors, by Mel Haberman, PhD, RN, FAAN; Sally Blank, PhD, FACSM; and Phyllis Eide, PhD, RN



"The way I had lived my life, I was running on empty, burning the candle on both ends and trying to be a perfectionist with my family and children and it was nearly killing

me. So the meditation, which I thought was just gobbly gook before I tried yoga, ended up being the part I value the most. I'm guaranteed two days a week where I have that quiet time where I can just totally cleanse my heart and my soul and my mind of the busyness. I'm hoping to someday be able to bring this to other places outside the yoga class." **Breast Cancer Survivor and Yoga Participant**

A few years ago, Sally Blank, my research partner in Spokane, and I began to think about an intervention study for women with late stage breast cancer. In talking with local oncologists and cancer nurses, we determined that women with stages III and IV disease are often a stable group. These women live, in many cases, with life-threatening disease for many years and regrettably,

there are few supportive services available to them in our community, outside of traditional support groups. In addition to being an Associate Professor at Washington State University with research expertise in exercise immunology and muscle physiology, Sally is also a committed practitioner of Iyengar yoga, which led to our interest in utilizing yoga as an intervention with breast cancer survivors.

We formed a team of collaborators that included Phyllis and Dr. Jackie Banasik in nursing, Dr. Joni Nichols, a medical oncologist, Ms. Melanie Mattson, a graduate student in nursing and oncology research nurse, Dr. Robert Bendel, a statistician, and Ms. Michelle Crowe, a graduate student in exercise science. Our classes were taught by yoga instructors trained and certified in the Iyengar tradition. We are grateful for the enthusiastic and compassionate teaching from Ms. Jacqueline Kittel, Ms. Alison Rubin, and Ms. Jeri Stewart. We also established an intervention site at Harmony Yoga in Spokane.

We have now conducted two pilot studies of the yoga intervention. The most recent study was co-funded by the WSU Cancer Prevention and Research Center and the CWHGR. We have a combined sample of 32 women who have taken the eight week yoga intervention, in a separate class specifi-



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cally held for study participants, and 12 women who served as our treatment-as-usual controls. The women range in age from 31 to 69 years. The hypothesis that has guided our research is that yoga may serve as a mechanism to reduce stress, thereby improving quality of life and selected indices of immune function.

The immune variables selected include: diurnal variation of salivary cortisol concentration, immunophenotyping of peripheral blood lymphocytes, natural killer cell cytolytic activity, and antibody-dependent cell-mediated cytotoxicity. We also have data from a dozen or more psychosocial instruments that measure breast cancer quality of life, social support, pain, coping, symptom side effects, the use of alternative therapies, cancer self-efficacy, demands of illness, and coherence.

We are grateful to Dr. Fran Marcus Lewis for her consultation and permission to use several of her research questionnaires. Yoga practiced in the Iyengar tradition emphasizes precision of body alignment and mindful attention to posture and breathing through a variety of poses that may be sustained for several minutes by beginning students. With the use of props, home practice, and the careful sequencing of yoga postures, women improve stamina, strength, flexibility and confidence.

It is the personal stories of the women breast cancer survivors that have compelled us to continue this line of inquiry. When

arriving for the first yoga session, the women are typically fearful of their ability to perform yoga since none of them have any previous experience with Iyengar yoga. They reported pain, stiff joints and muscles, some limitations in mobility, loss of sensation and awareness on the affected side in the armpit/ chest area, and fatigue.

One woman stated, *“Maybe it’s because we all started basically on the same level, that none of us were yoga gurus...because all of us were these inflexible, very stiff people....As you learn something together, I think you bond....It would have been different if we just sat around a table and just talked, but because we were busy doing something, we have this shared common experience.”*

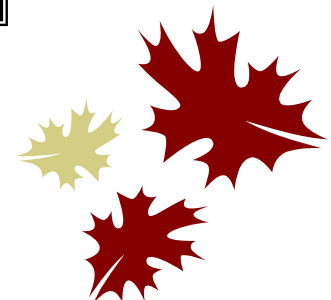
It is truly amazing to witness the personal transformation that occurs in eight short weeks of attending the twice weekly yoga sessions. The women gained in confidence as they successfully assumed and held postures that were unimaginable to them just a few short weeks ago. One survivor told us, *“I am very grateful for the time spent in class, as I have renewed strength, more mobility, and a sense of caring about each other.”*

The eight women in one of the classes, who did not know each

other prior to meeting at the class, immediately formed a support group. One group member stated, *“We all talk once a week – we’ll go and have lunch together.... We share our ideas and we share our cures for our rotten fingernails and it has just been great. It has just been so helpful to me to have those friendships because it has been very difficult for me when I’m out with my friends, friends that I’ve had for years. I always feel like I have to keep cancer out of the conversations so I don’t make them feel uncomfortable, and with the yoga friends, it’s O.K.”*

And, yes, the women’s spontaneous formation of a support group introduced a confounding alternative hypothesis to our original supposition that stress would be lowered by the yoga intervention. To our delight, this same group of women all signed up for a second eight-week course of yoga after the conclusion of the original study.

For our most recent study, 150 women with stages II-IV breast cancer volunteered for the yoga intervention. We could only accept 9 women for the yoga group and 9 women as controls. Thanks to the CWHGR funding, we were eventually able to



offer the yoga intervention to the 9 women who served as controls for the first phase of the study.

In conclusion, offering an active yoga practice breast cancer survivors, many with advanced disease, created opportunities for the women to explore physical and psychosocial limitations due to the illness and treatment. The success of the yoga intervention was highly dependent on the yoga instructor's ability to evaluate the physical and cognitive abilities of the women during class par-



ticipation.

Women who experienced physical limitations, such as restrictions in joint range-of-motion, required the modification of some yoga poses. Women who had cognitive difficulties in following the verbal instructions given in class required more tactile adjustments during practice.

Publications

Anderson, K.H., Christopherson, C., Moll, D., & Lewis, F.M. (2005) Comparing marital characteristics and marital satisfaction in couples with breast cancer. *Oncology Nursing Forum*, 32(1), 147.

Brunner, R., Gass, M., Aragaki, A., Hays, J., Granek, I., & Woods, N.F., et al (2005). Effects of Estrogen on Health-Related Quality of Life: Results from the Women's Health Initiative Randomized Clinical Trial. *Archives of Internal Medicine* 165:1976-1986.

Cochrane, B.B. & Lewis, F.M. (2005). Spouse's adjustment to breast cancer: A critical analysis of intervention studies. *Health Psychology*, 24(3). 327-332.

Lewis, F.M., Casey, S.M., Brandt, P.A., Shands, M.E., & Zahlis, E.H. (2005). The Enhancing Connections Program: A pilot evaluation of a cognitive-behavioral intervention for mothers and children affected by breast cancer. *Psycho-Oncology*, 14, 1-12.

Talley P., **Heitkemper, M., Chixz-Demet, A., & Sandman, C.A.** Male violence, stress and neuroendocrine parameters in pregnancy (In press, *Biological Research in Nursing*, 2005)

Woods, N.F., LaCroix, A., & Gray, S.L., et al (2005). Frailty: Emergence and Consequences in Women Aged 65 and Older in the Women's Health Initiative Observational Study. *Journal of the American Geriatrics Society*, 53:1321-1330.

Woods, N.F. (2005). The Menopausal Transition: Changing Physiology, Symptoms, and Hormone Therapy. In P. Kaplan, (Second Edition), *Neurologic Disease in Women*. New York: Demos. Pp. 27-40.

Awards

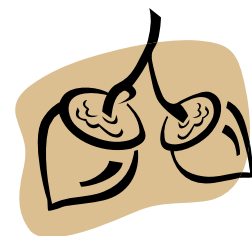
Dr. Basia Belza received two awards at the Annual Scientific Meeting of the American College of Rheumatology: The President's Award and the Association of Rheumatology Health Professionals Star Award, November 2005, San Diego, CA.

Dr. Frances Marcus Lewis received the Distinguished Lectureship Award, Western Institute of Nursing, April 2005, San Francisco, CA.



Dr. Margaret Heitkemper (center) received the Pfizer Award for Women's Health at the Friends of the National Institute for Nursing Research Gala, October 2005, Washington, D.C.

Dr. Nancy Woods received an Honorary Doctor of Science Degree from the University of Pennsylvania, May 2005, Philadelphia, PA.





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