

Breast Cancer in Thailand: Developing Effective and Accessible Media for Integrative Therapies

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Abstract

Breast cancer patients face a number of challenges that begin during the diagnostic process and last long after they finish medical treatment. Integrative therapies, which are any therapies that support medical treatments, have the potential to alleviate many of these challenges. The goal of this project was to help the Bangkok Breast Cancer Support Group and the Queen Sirikit Centre for Breast Cancer develop effective and accessible media about integrative therapies for breast cancer patients and survivors. In order to do this, we conducted interviews with breast cancer survivors and integrative therapy providers to better understand patients' experiences of breast cancer and how integrative therapies could benefit them. We also performed a comparative study of the content and structure of the media that we decided to develop, DVDs and DVD menus, to ensure that the media we created was appropriate for our message and audience. Our DVD addresses only integrative therapies that are evidence-based, complementary to cancer treatment, and consistent with a healthy lifestyle. We also made recommendations for future website development to help our sponsors better meet their goal of informing breast cancer patients about implementing a comprehensive treatment approach.

Executive Summary

The goal of this project was to develop media in the form of a DVD that will educate and inform breast cancer patients about integrative therapies – that is, therapies that work to support and complement the medical treatment of breast cancer. Having breast cancer is an extremely challenging experience that can lead to depression, anxiety, stress, and many other additional problems if both the physical and psychological needs of the patient are not met. The medical treatments for breast cancer focus on treating the physical disease, but often have their own side effects and do not address the psychological effects that are caused by having breast cancer.

Integrative therapies can fill this gap by helping to relieve the side effects caused by the medical treatments as well as address the psychological needs of the patient. One purpose of our DVD is to describe these integrative therapies to help patients understand their specific benefits and how to use them to support their medical treatments in a well-rounded healing approach.

Though these integrative therapies all have clear benefits when used in conjunction with medical treatments, we found through our interviews with survivors that breast cancer patients sometimes confuse or do not understand these therapies, a state that leads them to make poor decisions about whether or not to use them. However, we also found that women who were told of integrative therapies by a friend, fellow patient, or family member placed trust in their opinions and were more open to using integrative therapies. Thus, another goal of our DVD is to convey accurate information about integrative therapies through a personal approach that will help to prevent this confusion.

By studying other health-related DVDs with similar objectives and supporting our observations with the literature on effective video media, we identified a set of guidelines that directed the development of each aspect of our DVD. Each of these components works towards creating a message and media that educate and inform breast cancer patients about integrative

therapies, how they can benefit patients, and how patients can practice them. Hence, our DVD furthers our sponsors' mission of "treating the entire woman" and ensures that through this media, breast cancer patients can be well-informed about how to treat all aspects of their disease.

In crafting the message for this DVD, we found that yoga, which is often used as an integrative therapy, has extensive physical and psychological benefits for breast cancer patients that make it an important part of supporting medical treatments. This calming and restorative exercise is gentle enough for patients to use throughout and after the treatment process, and has such benefits as restoring strength and balance, improving range of motion after surgery, relieving pain, and reducing stress and anxiety. We established these benefits through our interviews with breast cancer survivors and integrative therapy providers, which are further supported by our background research.

We also found that when meditation is used as an integrative therapy for breast cancer patients, it can have significant psychological and even physical benefits that give it the potential to help patients through their medical treatments. Meditation relaxes patients' minds in order to calm them, which can relieve psychological distress such as depression and anxiety. This in turn teaches patients to accept the pain and other physical side effects that may come with medical treatments from a calm and relaxed state of mind, instead of panicking or fearing their experiences. Interviews with breast cancer survivors who used meditation and therapy providers who taught meditation established its benefits as an integrative therapy and provided insights into ways in which breast cancer patients can practice meditation.

A third important finding that emerged from interviews with breast cancer survivors and therapy providers is the benefits that nutritional therapy can have for breast cancer patients, making it an important consideration in their treatment plan. Nutritional therapy focuses on

promoting good nutrition for cancer patients, which can boost their immune systems, increase their level of energy, and give their bodies the minerals and nutrients they need to have the strength to undergo challenging medical treatments. By encouraging a sound body, nutritional therapy is also linked to promoting a sound mind, as many survivors and therapy providers noted the link between the two. Our findings about nutritional therapy as an integrative therapy are also supported in our background research.

The findings indicate that yoga, meditation, and nutrition can be appropriately used as integrative therapies for breast cancer patients. These three therapies complement and support the medical treatment of breast cancer and have a wide range of both physical and psychological benefits. Additionally, they are flexible and adaptable enough to be able to accommodate a widely varying array of patient needs. These characteristics make yoga, meditation, and nutrition the integrative therapies of choice for our DVD.

The DVD we developed offers nine chapters that include an introduction to integrative therapies (mainly yoga and meditation), a discussion of their benefits, survivor stories about their experiences with integrative therapies, and guided demonstrations for using yoga and meditation as breast cancer patients. This media will help educate and inform breast cancer patients about integrative therapies and their benefits when used as a complement to the standard medical treatments of breast cancer.

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1. Introduction

Cancer is one of the leading causes of death worldwide, being responsible for more than 7.4 million deaths in 2004 alone (World Health Organization, 2009). Breast cancer is the second most common cause of these cancer deaths, and the most diagnosed cancer among women (Breastcancer.org, 2010). In Thailand, the incidence of breast cancer is steadily increasing as the country develops and as it adopts more Western lifestyles (World Health Organization, 2009). With the number of women affected by breast cancer on the rise in Thailand, its social effects are also becoming increasingly noticeable as women are taken out of their home and work environments for doctor's appointments, treatments, extended hospital stays, or in the worst cases, death (Vatansapt et al, 2001). The absence of wives, mothers, sisters, and daughters from the home environment compromises the stability of the families, leaving other family members to replace their roles (Vatansapt et al, 2001). The ramifications of this disruption in the family unit are echoed throughout society as both the patient herself and those around her struggle to adjust to the changes that inevitably come with a diagnosis and treatment of breast cancer.

Having breast cancer is a multi-step experience that involves the many different factors of diagnosis, treatment, and survivorship. The diagnosis of breast cancer can often take weeks if not months, and the medical treatments of breast cancer can cover a wide range from drug therapies to surgery. However, medical care for the physical disease of breast cancer during these processes is not sufficient by itself, as it does not address the many emotional or physiological effects of breast cancer and often creates many more physical side effects. Therefore, medical and social service organizations are encouraging a holistic treatment approach that goes beyond the standard medical treatments for breast cancer patients. This approach includes integrative therapies that support the medical treatments (Bangkokbreastcancer.com, 2010) to contribute to

the patient's overall physical and psychological well-being (Susan G. Komen for the Cure, 2010) during the diagnosis, treatment, and survivorship stages of breast cancer.

In Thailand, the Bangkok Breast Cancer Support Group (BBC) and the Queen Sirikit Centre for Breast Cancer are two organizations that are dedicated to supporting the use of these therapies. However, they have virtually no integrative therapy programs in place currently, and need effective and accessible media to serve as an educative resource for breast cancer patients and survivors. Educating breast cancer patients about integrative therapies is a crucial step towards implementing a holistic treatment approach for the BBC's patients, because uninformed or misinformed patients do not have the knowledge necessary to make an educated decision about whether or not to use integrative therapies. If patients had access to effective media that provided information about what integrative therapies are, the benefits that they can have, and basic instructions on how to use them, they would be able to make more well-informed decisions about integrative therapy use.

Therefore, we developed a DVD to educate and inform breast cancer patients about integrative therapies and their benefits when used to complement the medical treatments of breast cancer. This includes an overview of what integrative therapies are and their benefits, breast cancer survivor stories about their experiences using integrative therapies, and guided demonstrations by therapy providers for using yoga and as a breast cancer patient. These components incorporate an understanding of breast cancer as a disease, of the challenges that breast cancer patients face through diagnosis, treatments, and survivorship, the experiences of breast cancer survivors as individuals and of the available integrative therapies that could potentially benefit breast cancer patients and survivors.

In addition, the DVD that we developed needed to be sensitive to the sponsor's challenges as well as considerate of Thai culture and Thai women's needs as they cope with breast cancer, since they are our predominant audience. Thus, a deeper understanding of the experience of breast cancer patients throughout the course of their disease and of how integrative therapies have the potential to alleviate some of the challenges that they face during this experience was necessary. We also needed to supplement this information about our message with knowledge about how to create effective media, both in content and in presentation. In order to fill this knowledge gap, the following research questions were answered:

- How is breast cancer diagnosed? What are the treatments for breast cancer? What are the effects of breast cancer, its diagnosis, and its treatment?
- What integrative therapies are available? Do they have any benefits for breast cancer patients? If so, what are they?
- How are these therapies overlapping- which therapies complement which aspects of medical treatment and/or each other?
- How will the media we choose educate and inform breast cancer patients about these therapies in the most effective, culturally appropriate way?
- What is our specific audience? How can we tailor this media to our audience?

We obtained information that filled this gap, and then applied this knowledge in the process of developing accessible and effective media, coupled with recommendations for future media development, for our sponsors. The information we gathered was acquired primarily through interviewing breast cancer survivors and integrative therapy providers. This was done to gain insight into how integrative therapies fit into the experience of a breast cancer patient, which formed the base of our message to educate and inform breast cancer patients about integrative therapies. A genre analysis, or comparative study, of DVDs and DVD menus that focused on content and structure was performed to guide us in delivering our message when developing our own film media for our audience of breast cancer patients. Constructing our message and our media in this way allowed us to meet the sponsors' needs and expectations for

effective and accessible media about the benefits of integrative therapies for breast cancer patients as well as make recommendations for future website development that will not only be beneficial to the patients themselves, but also to our sponsors and to the wider Thai society as a whole.

2: Integrative Therapies in the Treatment of Breast Cancer

This chapter provides an overview of topics relevant to the problem of developing effective and accessible media that addresses the use of integrative therapies to support the medical diagnosis and treatment of breast cancer in Thailand through the Bangkok Breast Cancer Support Group and the Queen Sirikit Centre for Breast Cancer. A review of the impact of breast cancer in Thailand, the need for integrative therapies as part of a comprehensive treatment approach coupled with a discussion of the challenges faced by breast cancer patients and survivors, and a summary of various available integrative therapies and their benefits to breast cancer patients are all included in this chapter.

2.1: Breast Cancer in Thailand

Breast cancer is the most prevalent cancer among women internationally, both in developing countries such as Thailand and in more fully developed countries such as the United States; see Figure 1 for the top ten organs in which cancer is found. Worldwide, one in eight women (approximately 12%) will be diagnosed with breast cancer at some point in their lives. In the United States, one in 35 women (approximately 3%) will die from breast cancer, making breast cancer the second leading cause of cancer death among women, after only lung cancer; see Figure 2 (American Cancer Society, 2010).

Top 10 Cancer Sites: 2006, Female, United States—All Races

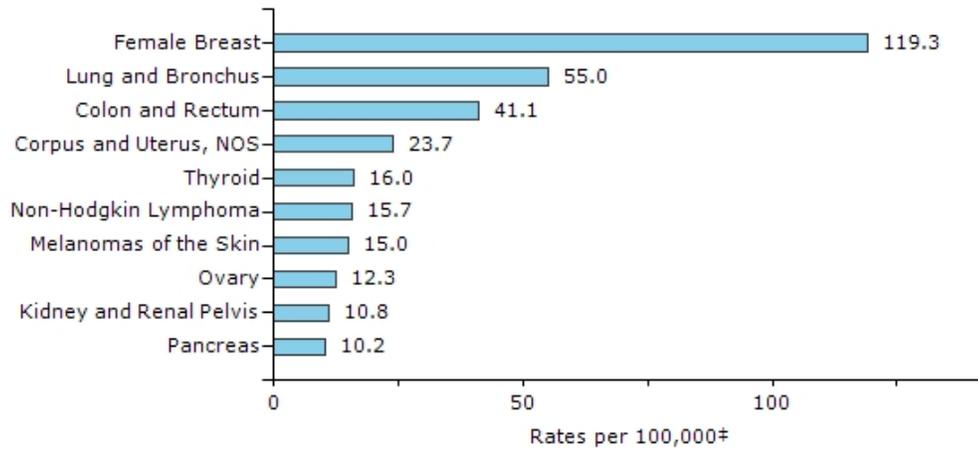


Figure 1: Common Cancers Among Women in the United States (CDC, 2006)

Top 10 Cancer Sites: 2006, Female, United States—All Races

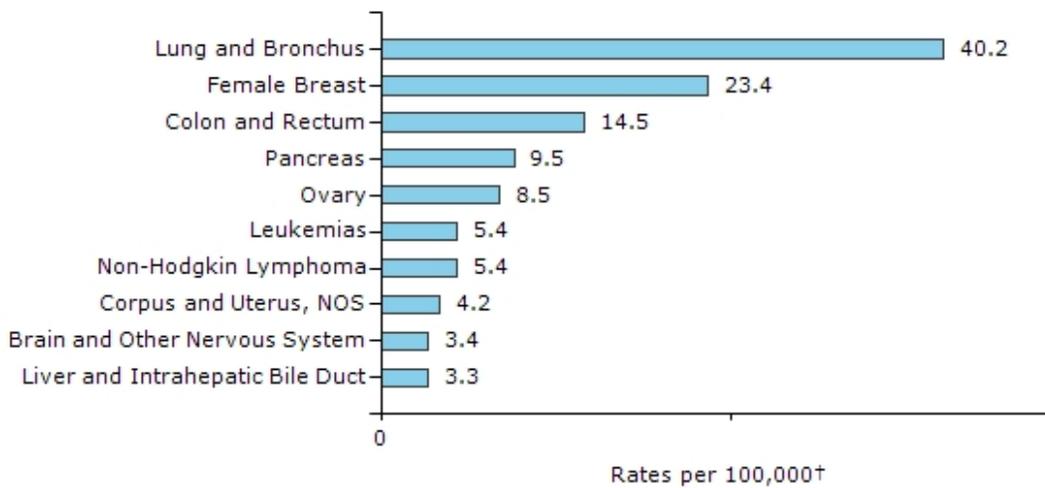


Figure 2: Female Cancer Deaths in the United States (CDC, 2006)

In Thailand, breast cancer accounts for 43% of all cancer diagnoses in women, a far higher diagnostic rate than any other cancer as shown in Figure 3 (National Cancer Institute of Thailand, 2008). It is currently the most common cancer and the second highest cause of cancer-related deaths in women in Thailand (Yang et al, 2004). This prevalence is due both to the wider implementation of diagnostic technology as well as an increase in actual breast cancer incidence (World Health Organization, 2010). As Thailand adopts more Westernized lifestyles that lead to

increased life expectancy and urban growth, (World Health Organization, 2010) it also leads to some negative health consequences such as the increasing rate of breast cancer (Jordan et al, 2009).

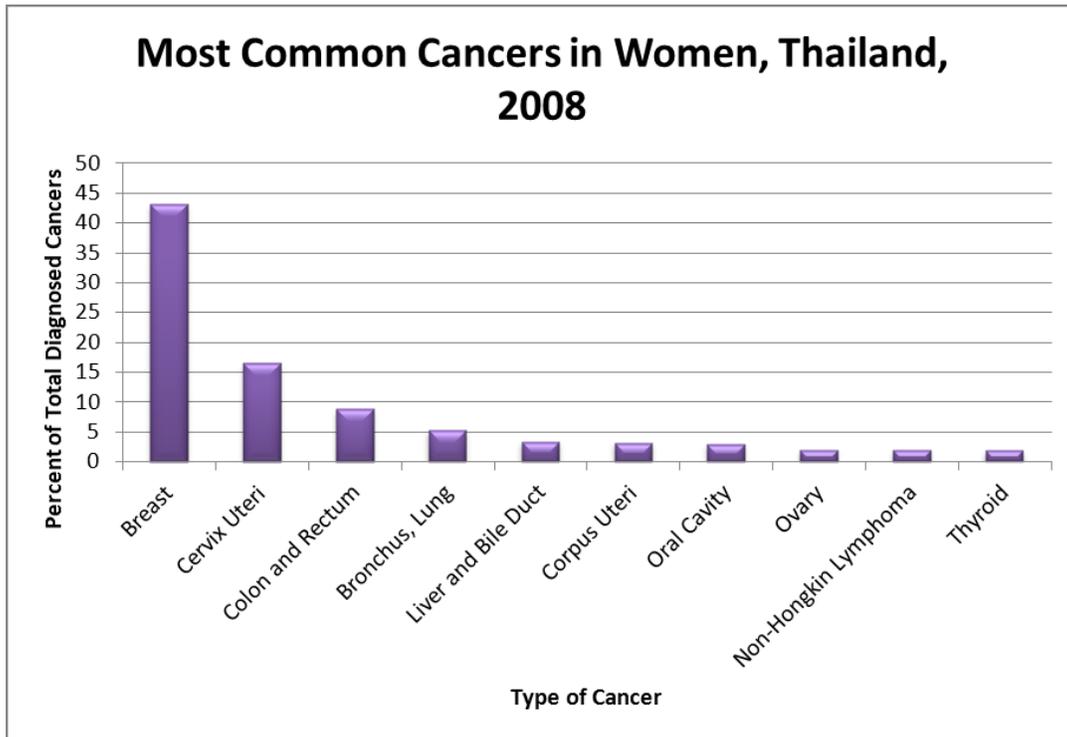


Figure 3: Incidences of Cancers in Thailand (National Cancer Institute of Thailand, 2008)

Breast cancer in Thailand is most common among women who live a Westernized lifestyle. Cancer registries in urban areas such as Bangkok have recorded more than twice the percentage of cases of breast cancer than registries in rural areas (Jordan et al, 2009). In addition, breast cancer is also more common among Thai women who have a college degree (Jordan et al, 2009), and among women who have an annual income of greater than \$20,000 (Jordan et al, 2009). All of these factors contribute to the ability of these women to live a more Westernized lifestyle, which in turn places them among the group of women that have a higher incidence of breast cancer.

The high incidence rates of breast cancer among urban, westernized women in Thailand, suggests that this population could benefit from learning more about integrative therapies for breast cancer. Messages about integrative therapies for breast cancer might be delivered effectively to this audience using DVDs. These ideas will be further explored in Chapter 4.

2.2: The Need for Integrative Therapies in Breast Cancer Diagnosis, Treatment, and Survival

The psychological and physical effects of having breast cancer begin even before it is diagnosed, and last long after the final treatment has been completed. Being diagnosed with, having treatment for, and even surviving breast cancer all result in significant changes and challenges in a patient's life. These challenges can be navigated much more smoothly with the help and support that integrative therapies have the potential to provide to breast cancer patients.

2.2.1: The Breast Cancer Diagnostic Process

Diagnosis of breast cancer is a multi-step process, outlined in Figure 4, which involves a series of tests and can take several weeks (Susan G. Komen for the Cure, 2010). The diagnosis of breast cancer usually begins with the discovery of a breast lump or other change in the breast, which is cause for further screening even though it may not indicate breast cancer (Susan G. Komen for the Cure, 2010). The next procedure in the diagnostic process is most commonly a mammogram, which provides an x-ray image of the breast that allows for a more definitive diagnosis (ACS, 2010). If more clarification or support is needed to make a definitive diagnosis, an MRI (magnetic resonance imaging) is usually the next test done, as it offers a clearer image of the breast than a mammogram (Susan G. Komen for the Cure, 2010). Another procedure that can be used to confirm a diagnosis of breast cancer is a breast biopsy, which removes a sample of suspicious tissue for further investigation (ACS, 2010). This is often done in conjunction with imaging techniques and is the final step in confirming a definitive diagnosis of breast cancer.

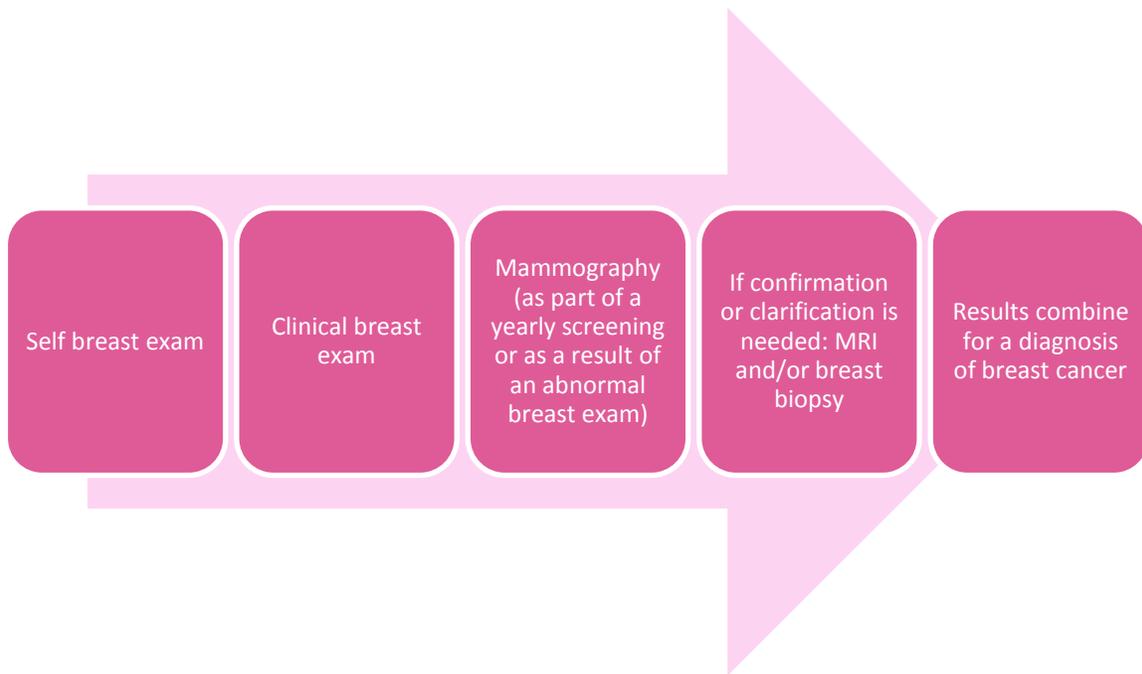


Figure 4: An Overview of the Diagnostic Process for Breast Cancer

The diagnostic process subjects patients to significant physical and psychological stress as they await results, undergo additional tests, and cope with the possibility that they may have breast cancer. Physically, many of the tests involved in diagnosing breast cancer can be uncomfortable or even cause pain (Susan G. Komen for the Cure, 2010). Psychologically, the most common challenge patients face in the diagnostic process is anxiety that stems from possibility of being diagnosed with breast cancer (Montgomery and McCrone, 2010) Wait time during diagnostic process also affects anxiety levels and the longer a patient waits between tests or for a diagnosis, the higher their levels of anxiety (Heselmans et al, 2010). Patients waiting for test results have even reported levels of anxiety comparable to patients undergoing chemotherapy (Schnur et al, 2008).

Women need the support that integrative therapies can provide to reduce psychological and physical distress caused by breast cancer (Pineault, 2007). Integrative therapies can provide this support by addressing both the physical and psychological stresses that patients undergo during the diagnostic process. Some integrative therapies have the potential to help patients

during the diagnostic process by calming and relaxing them. Other therapies can help to relieve the pain and discomfort that may be caused by the tests or by waiting for test results. If the physical and psychological effects of the diagnostic process for breast cancer can be addressed through the use of integrative therapies, women will make a much easier transition into becoming a breast cancer patient.

2.2.2: Breast Cancer Treatment and Side Effects

After receiving a definitive diagnosis of breast cancer, a woman becomes a breast cancer patient and begins medical treatment. Throughout the process of treatment, which can last for months or even years, patients may face many stresses on their minds as well as their bodies. Integrative therapies can support the physical and psychological challenges that breast cancer patients experience while undergoing the many treatments.

Surgery is the most common treatment for breast cancer, used to remove the cancerous tissue from the breast to prevent it from spreading any further. There are two main types of surgery: lumpectomy, where the cancerous tissue and small margin of normal tissue are removed, and mastectomy, where the whole breast is removed (ACS, 2010). The most common physical side effects of surgery are pain and restricted movement (Susan G. Komen for the Cure, 2010). Immediate psychological effects of surgery often include anxiety or fear about the surgery, depression or loss of confidence after the surgery, and rapidly changing thoughts and emotions about the surgery (Susan G. Komen for the Cure, 2010).

Following surgery, many women receive chemotherapy, which is the administration of cancer-toxic drugs either intravenously or orally that spread throughout the whole body to kill any undetected cancer cells that may have left the breast and not yet formed tumors. Nausea, vomiting, and fatigue often result from chemotherapy, since the drugs used are not only toxic to cancer cells, but can also harm healthy cells (Susan G. Komen for the Cure, 2010). This places

high levels of stress on the body as it tries to clear these toxins from its system (Susan G. Komen for the Cure, 2010). Chemotherapy also has numerous psychological side effects, including anxiety or fear about the treatment (ACS, 2010).

Once the tissue affected by surgery has healed and the patient has recovered from chemotherapy, many women receive radiation therapy, or the treatment of cancer site with high energy x-rays, usually from outside the body (ACS, 2010). These x-rays kill fast-growing cancer cells but can also harm healthy cells and destroy any unhealed tissue from previous treatments such as surgery or chemotherapy (ACS, 2010). Physical side effects include skin irritation or redness, breast changes or swelling, lymphedema, fatigue, or a dry cough and difficulty swallowing (Susan G. Komen for the Cure, 2010). Radiation therapy also causes psychological effects similar to that of chemotherapy and surgery, mainly anxiety and fear about the treatment itself (Susan G. Komen for the Cure, 2010).

Another common therapy in women with breast cancer is hormone therapy, usually administered after surgery to prevent the cancer from recurring but sometimes administered pre-surgery. Estrogen and progesterone play a role in the growth of about 2 out of 3 breast cancer tumors, and hormone therapy is aimed at lowering the levels or blocking the effects of these hormones in the body (ACS, 2010). Side effects of this treatment vary depending on the drugs used in hormone therapy, but the most common include pain, nausea, vomiting, fatigue, and hot flashes (Susan G. Komen for the Cure, 2010). Psychological side effects can be more extreme in hormone therapy, since the treatment involves altering levels of hormones in the body that directly affect mood and psychological well-being (ACS, 2010).

Targeted therapies are aimed directly at the cancerous cells or at the changes that made these cells cancerous. These drugs are often used in conjunction with other therapies, and

typically have fewer or less severe side effects (ACS, 2010). Integrative therapies still have a place during treatment with targeted therapies, however, because the physical and psychological effects of simultaneous treatments can often exacerbate any side effects that this treatment might have. Breast cancer treatment is not a series of isolated steps, but an ongoing and overlapping process where each aspect can affect all of the others. The challenges faced during and as a result of these treatments create an opportunity for integrative therapies to benefit breast cancer patient consistently throughout the many stages of their treatment.

2.2.3: Life after Breast Cancer

Breast cancer patients face many difficulties not only during but also after their treatments. Surgery, radiotherapy, and the possibility of infertility are three aspects of the medical treatment of breast cancer that pose significant challenges even after treatment has ended. These challenges, such as pain, anxiety, and emotional distress, are part of what integrative therapies can be used to relieve and are a crucial aspect of the benefits that integrative therapies can provide.

Breast cancer surgery can be a deeply traumatic experience both physically and psychologically. From a psychological standpoint, many women may experience conflicting emotions, such as grief, fear, shock, anger and resentment about the surgery (Stavrou et al, 2009). After breast surgery, patients may lose their self-confidence, because breasts are important to a sense of femininity (Stavrou et al, 2009). Physically, the swelling, bruising, and pain of the surgery are intense at first and gradually fade over time, but have the potential to last long after the surgery has been completed (Pockaj et al, 2009). Patients may also need time to adjust to the breast prosthesis and their newly limited range of motion (Pockaj et al, 2009). Time and support to cope with the many physical and psychological effects are important needs of

breast cancer patients post-surgery (Pockaj et al, 2009), support that integrative therapies have the potential to provide.

Radiotherapy can also have a dramatic impact on a breast cancer patient's life. Many women are concerned about the possible long-term (delayed) side effects of radiotherapy to the breast (Salonen et al, 2011). Most side effects are rare and treatable, but patients may have a very emotional reaction to being diagnosed with damage from radiotherapy on top of their cancer (Salonen et al, 2011). Physical symptoms can include skin reactions, changes in the look and feel of the breasts, chest pain, a dry cough or breathlessness due to lung damage, bone damage, numbness and tingling in the arm and hand due to nerve damage (Armstrong et al, 2010). Many integrative therapies have the possibility to relieve the emotional distress and help ease some of the long-term physical complications of radiation therapy.

Breast cancer treatment can also affect a woman's fertility. Women who have had chemotherapy, radiotherapy, or hormone therapy may not be able to have children naturally, as all of these treatments have effects on the reproductive system that can induce early menopause (Hulvat and Jeruss, 2009). The older a woman is when she is treated, the more likely she is to be infertile post-treatment (Hulvat and Jeruss, 2009). This treatment-induced infertility can cause emotional distress, whether or not the patient already has children, and can be very emotionally difficult to deal with (Lee et al, 2006). Like the breasts, fertility is an important part in a woman's sense of femininity and confidence, and patients may need emotional support to cope with the possibility of infertility (Lee et al, 2006). This need for support is another opportunity for integrative therapy use to benefit patients, especially since coping with infertility is a psychological problem and cannot be addressed by medical treatments.

2.3: Integrative Therapies and Breast Cancer

Integrative therapies, also known as complementary therapies, offer patients a chance to explore complements to the standard medical treatments that can improve their quality of life. As many as two-thirds of adult cancer patients in the United States use integrative therapies during or following their treatments, and these therapies are particularly popular among breast cancer patients (Hann et al, 2005). The popularity of these therapies is partly due to their abilities to relieve psychological and physical distress caused by cancer and its treatments to increase a patient's overall sense of well-being and quality of life (breastcancer.org, 2010). Integrative therapies are also used to increase breast cancer patients' positive outlook on their prognoses, as well as to help them feel better physically (breastcancer.org, 2010). Commonly used integrative therapies among breast cancer patients include exercise, nutritional therapies, massage, acupuncture, herbal supplements, meditation, and prayer/spiritual healing (Hann et al, 2005). This project will focus on the well-documented and scientifically studied therapies of yoga (as exercise), nutritional therapy, massage, and meditation. Other therapies, such as reiki, acupuncture, and tai chi/qigong are less supported by scientific evidence but still often presented as integrative therapies, but will not be focused on in this project.

Preliminary medical research supports yoga, an ancient Indian practice aimed at integrating the mind, body, and spirit, as an integrative therapy to treat the many side effects of breast cancer. Cancer patients are often affected by pain, anxiety, depression, and fatigue (Smith and Pukall, 2009), all of which yoga can help to relieve. Yoga can be used in conjunction especially with chemo, radiation, and surgery (Smith and Pukall, 2009) to benefit a patient's physical and psychological health, reduce the side effects of these treatments, and improve the quality of the patient's life (Culos-Reed et al., 2006). Restorative or therapeutic yoga, a common derivation of yoga which focuses on relaxing the body, breathing fully and deeply, and becoming

aware of the body, is often used as an integrative therapy (Danhauer et al., 2008). A gradual increase in difficulty, which allows for minimal stress to be placed on the body, in combination with gentle poses done with props to fully support patient at all stages of movement, makes restorative yoga an appropriate exercise for breast cancer patients.

Meditation, a focusing practice that has been used for thousands of years for relaxation and de-stressing, relieves stress and induces positive mood changes in people with cancer by balancing their physical, emotional, and mental states. A study of 90 patients with different forms and stages of cancer showed that after seven weeks of weekly 90-minute meditation sessions as a group and meditation at home in between sessions, symptoms of stress and mood disturbances decreased and stayed low even over the following six months (Speca, 2000). Further psychological benefits of meditation for cancer patients can include stress-management skills, increased self-awareness, reduced negative emotions and thoughts, and gaining new perspectives that develop the ability to focus on the present. A study of 130 female breast cancer patients who were administered quality of life measures every six months for two years after being randomly assigned to practice meditation showed significant benefits in their overall quality of life and perceived psychological well-being (Nidich et al, 2009).

Nutrition therapy is used to help cancer patients maintain their strength and weight, fight infection, and keep undamaged tissue healthy throughout the course of their treatments. Nutritional decline is often accepted as part of the cancer course and its treatment, but nutrition therapy can help to prevent this (Capra et al, 2001). The three goals of basic nutrition therapy (to provide missing nutrients, maintain nutritional health, and prevent nutritional problems) benefit breast cancer patients during their treatment as well. Breast cancer and its treatments have effects on appetite which can decrease a patient's overall nutrition and lead to malnourishment (National

Cancer Institute, 2010). Surgery for breast cancer places tremendous stress on the body and induces a stress response that can lead to hypermetabolism, tissue breakdown, and protein loss (Capra et al, 2001). Chemotherapy induces nausea and vomiting, which limit nutritional intake (Capra et al, 2001). These effects all contribute to malnourishment, which can decrease effects of treatments and recovery time (National Cancer Institute, 2010). Nutritional therapy is especially useful for breast cancer patients in easing these side effects of cancer and its treatment (American Cancer Society, 2010). Adequate nutrition through nutrition therapy benefits patients through increasing their strength, weight, energy, and the supply of nutrients to their bodies, as well as through lowering their risk of infection and contributing to an overall better physical sense of well-being (American Cancer Society, 2010). Because nutrition therapy provides the patients with much needed nutrients and energy, it can lead to a faster recovery and help some treatments work better (American Cancer Society, 2010).

Massage therapy, which involves the manipulation of the muscles and soft tissues of the body to enhance function and relaxation, can be used as an integrative therapy that helps relieve the symptoms and side effects of breast cancer treatment. Studies show that massage can reduce pain in cancer patients at various stages of disease (Cassileth and Vickers, 2004). Over a three-year period among 1,290 cancer patients used massage as an integrative therapy, symptom scores such as pain and fatigue were recorded before, during, and after treatment with massage therapy, and scores were reduced by approximately 50% in the cancer patients using massage therapy (Cassileth and Vickers, 2004). Four studies, with 207 patients each, were done to investigate the use of massage to reduce anxiety in cancer patients and all of these studies found that anxiety levels were reduced by 19%-32% with massage use (Corbin, 2005). These studies also indicated

the anxiety-reducing benefits of massage therapy were long-lasting as well as immediate (Corbin, 2005).

Effective media about integrative therapies will be created to educate and inform breast cancer patients of their benefits when used in conjunction with the medical treatments of breast cancer. This media is especially needed as breast cancer has such a big impact in Thailand's society and has negative effects on its patients and these integrative therapies can greatly help.

3: Survivor and Therapy Provider Interviews: Understanding the Benefits of Integrative Therapies

3.1: Methods

As a first step in developing effective and accessible media portraying integrative therapies for breast cancer patients, we interviewed breast cancer survivors, integrative therapy providers, and representatives from our sponsoring organizations. These interviews sought to answer the first part of our research questions:

1. How is breast cancer diagnosed? What are the treatments for breast cancer? What are the effects of breast cancer, its diagnosis, and its treatment?
2. What integrative therapies are available? Do they have any benefits for breast cancer patients? If so, what are they?
3. How are these therapies overlapping- which therapies complement which aspects of medical treatment and/or each other?

From those interviews, we identified:

1. The challenges and difficulties that breast cancer patients face during diagnosis, treatment, and survival,
2. Integrative therapies are available, such as meditation and yoga, to breast cancer patients and have potential physical and psychological benefits,
3. Ways in which integrative therapies can be most effectively used with each other and with medical treatments, at any stage, and

3.1.1: Identifying Interview Populations

We interviewed the following populations involved in integrative therapies:

- Representatives of our sponsoring agencies, the Bangkok Breast Cancer Support Group and the Queen Sirikit Centre for Breast Cancer,
- Breast cancer survivors, and
- Integrative therapy providers.

We chose to concentrate on the integrative therapies of meditation, yoga, and nutrition within these populations because there is well-developed scientific evidence of the effectiveness of these therapies; see Section 2.3.

We interviewed survivors that work with or otherwise have a connection to the Bangkok Breast Cancer Support Group. Therapy providers located within Bangkok were also identified

and found through the Bangkok Breast Cancer Support Group, with support from the Bangkok Guide Book (Australian-New Zealand Women's Group, 2010). This book contains many types of information, ranging from popular restaurants in Bangkok to a listing of local yoga studios, and our sponsors had flagged the contact information for numerous therapy providers as potential interviewees. From these sources, we interviewed ten survivors, five meditation practitioners, three yoga instructors, and two nutritionists. The number of interviews we decided to complete was determined based on the method of convenience sampling, where the participants are selected, in part or in whole, at the convenience of the researcher.

3.1.2: Semi-Structured Interviews

Interview methods were chosen to match the target populations and our information needs. Appropriately, we focused on performing semi-structured interviews, which are the interviewee. This type of interview allowed the larger themes and topics of the interview to be explored thoroughly and from many different perspectives, instead of focusing on a fixed set of questions (Lindlof and Taylor, 2002). Through this method of interviewing, information can be exposed through deviating from a set of questions that would not be found in a more structured interview setting (Lindlof and Taylor, 2002).

We used semi-structured interviews with representatives from our sponsors, breast cancer survivors, and therapy providers. This approach allowed us to have more personalized interviews with these populations, and it gave us the flexibility to ask related questions that led to responses which would have otherwise not become apparent. Gathering a more personalized response that branched off from the prepared questions gave us a better insight into the interviewees' understanding of breast cancer, its treatments, and integrative therapies as a whole.

Interviews were conducted in appropriate settings and each interviewee was given as much time as needed during their interview to fully explore their responses. According to

Seidman (1991), the guiding principle in determining the location, date and time of an interview should be equity. The interviewer is the “taker” and the participant is the “giver”; hence, the interviewer must be flexible and willing to adapt him- or herself to the preferences of the participant. We applied such flexibility to our interviews, which were conducted in locations that were preferred by interviewees, such as a yoga instructor’s studio or a temple that a meditation teacher works in. The interviewees were also interviewed in the language (Thai or English) that they felt most comfortable in. These factors ensured that the interviewees felt at ease throughout the interview process.

3.1.2: Conducting Interviews

The complete text of each interview protocol appears in Appendix D, including interview questions for each population. The topics covered are summarized here.

Interview topics for breast cancer survivors primarily aimed at identifying:

- a. Their background and experience with breast cancer,
- b. Their level of familiarity with and understanding of integrative therapies,
- c. Their use of and experience with integrative therapies, if any,
- d. The benefits of integrative therapies that they experienced, if any, and
- e. The reason behind their decision to use or not use integrative therapies.

Interview topics for integrative therapy providers intended to identify:

- a. Their background and experience in using and providing integrative therapies,
- b. Their perception of the benefits of using integrative therapies, if any, including benefits to medical treatment and other therapies,
- c. Adaptations or characteristics that make integrative therapies appropriate for use with breast cancer patients, and
- d. Any risks associated with use of this integrative therapy.

Interview topics for representatives from our sponsors focused on identifying:

- a. Relationship among BBC, Queen Sirikit Centre, and breast cancer patients,
- b. Questions that breast cancer patients most often ask about integrative therapies, feedback patients have about these therapies,
- c. Programs using integrative therapies that are already in place within the organization,
- d. Successful programs using integrative therapies in other organizations.

3.2: Data and Analysis

To make connections between our interview results, a coding process was used on all of our interview results, which were compiled in the form of transcripts and voice recordings. These results were analyzed for common themes or threads between interviews and supporting background research, and then coded to reflect these similarities. This process allowed us to explore the reasons behind the interview responses as well as identify themes that link back to our research objectives.

3.2.1: Coded Interview Responses

To code our interview results, we reviewed all the interview results and identified themes present throughout the interviews (Gubrium and Holstein, 2007). Basic coded data was compiled in Tables 1-4, from which many common themes were identified.

Table 1 presents the coded results of interviews with survivors. Interviewees were encouraged to be as thorough as possible in their responses, and multiple responses to questions, such as listing multiple integrative therapies that they may have used, were allowed. A breakdown of individual interviewee responses can be found in Table 2.

Table 1: Survivor Interview Data

	Responses
Understood difference between integrative and alternative therapies	7/10 = 70%
Believed in and used integrative therapies (ITs)	7/10 = 70%
Used Yoga	2/7 = 29%
Used Meditation	4/7 = 57%
Used Nutrition	1/7 = 14%
Used Other	2/7 = 29%
Received info on ITs from friends/family	4/7 = 57%
Received info on ITs from patient/survivor	2/7 = 29%
Received info on ITs from physician	1/7 = 14%
Received info on ITs before breast cancer	4/7 = 57%
Used ITs before breast cancer	5/7 = 71%
Used ITs during breast cancer	6/7 = 86%
Used ITs after breast cancer	6/7 = 86%

Saw physical and psychological benefits	7/7 = 100%
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Diagnosed age 20-29	0/10 = 0%
30-39	0/10 = 0%
40-49	4/10 = 40%
50-59	5/10 = 50%
60-69	0/10 = 0%
70-79	1/10 = 10%

Table 2: Responses from Survivors Who Used Integrative Therapies

Survivor #:	1	2	3	4	5	6	7
Understood difference between integrative therapies and alternative medicine	X	X	X	X	X	X	X
Believed in and used integrative therapies	X	X	X	X	X	X	X
Used yoga	X				X		
Used meditation		X			X	X	
Used nutrition				X			
Used other	X		X				X
Received info on ITs from friends/family		X	X	X		X	
Received info on ITs from patient/survivor	X				X		
Received info on ITs from physician							X
Received info on ITs before breast cancer	X	X	X	X			
Used ITs before breast cancer	X	X	X	X		X	
Used during ITs during breast cancer	X	X	X	X		X	X
Used ITs after breast cancer	X	X	X	X	X	X	
Saw physical and psychological benefits	X	X	X	X	X	X	X

Table 3: Yoga Instructor Interview Responses

	Responses
Can be used as IT for breast cancer	3/3 = 100%
Can be adapted for breast cancer	3/3 = 100%
Recommended for breast cancer	3/3 = 100%
Can be used during/after treatment	3/3 = 100%
<i>Side effects it relieves:</i>	
Pain	2/3 = 67%
Stress	3/3 = 100%
Anxiety	2/3 = 67%
Weakened immune system	1/3 = 33%
Depression	2/3 = 67%
Exhaustion	0/3 = 0%
Balance	1/3 = 33%
Emotional distress	1/3 = 33%

Find out more through:	
Books	2/3 = 67%
Films	1/3 = 33%
Web	0/3 = 0%
People	0/3 = 0%
Other	1/3 = 33%
Unsure	0/3 = 0%
Risks:	
Medical (for patients with high blood pressure or heart conditions)	3/3 = 100%
Mental	0/3 = 0%
Physical	1/3 = 33%
Yoga-specific (challenging poses)	2/3 = 67%

Table 4: Meditation Teacher Interview Responses

	Responses
Can be used as IT for breast cancer	5/5 = 100%
Recommended for breast cancer	5/5 = 100%
Can be used during/after breast cancer	5/5 = 100%
Side effects it relieves:	
Pain	4/5 = 80%
Stress	3/5 = 60%
Anxiety	3/5 = 60%
Physical	2/5 = 40%
Weakened immune system	0/5 = 0%
Depression	1/5 = 20%
Exhaustion	0/5 = 0%
Balance	0/5 = 0%
Emotional distress	4/5 = 80%
Find out more through:	
Books	2/5 = 40%
Films	0/5 = 0%
Web	3/5 = 60%
People	1/5 = 20%
Other	2/5 = 40%
Unsure	2/5 = 40%
Risks:	
Medical	0/5 = 00%
Mental (for patients with emotional or psychological problems)	1/5 = 20%
Physical	0/5 = 0%
Meditation-specific (intense meditation)	3/5 = 60%

Table 5: Nutrition Therapy Practitioner Interview Responses

	% of Respondents
Can be used as IT for breast cancer	2/2 = 100%
Can be adapted for breast cancer	2/2 = 100%
Recommended for breast cancer	2/2 = 100%
Can be used during/after breast cancer	2/2 = 100%
<i>Side effects it relieves:</i>	
Pain	0/2 = 0%
Stress	0/2 = 0%
Anxiety	0/2 = 0%
Physical	0/2 = 0%
Weakened immune system	2/2 = 100%
Depression	0/2 = 0%
Exhaustion	1/2 = 50%
Balance	0/2 = 0%
Emotional Distress	0/2 = 0%
Other	2/2 = 100%
<i>Find out more through:</i>	
Books	0/2 = 0%
Films	0/2 = 0%
Web	0/2 = 0%
People	0/2 = 0%
Other (doctor)	2/2 = 100%
Unsure	0/2 = 0%
<i>Risks:</i>	
Medical (improper nutrition)	2/2 = 100%
Mental	0/2 = 0%
Physical	1/2 = 50%
Nutrition-specific	0/2 = 0%

3.2.2: Breast Cancer Survivor Interview Findings

Breast cancer survivors who were skeptical about integrative therapies, who did not know about the scientific evidence supporting integrative therapies, or who confused integrative therapies with alternative medicine, uniformly chose not to use them. Of the three out of 10 survivors who chose not to use integrative therapies, two said that they were dissuaded because they knew or heard of somebody who had used them instead of medical treatments and then died

from cancer instead of being cured – but what they were actually describing was alternative medicine, not integrative therapies.

One survivor explained that “I decided not to use [integrative therapies] because it was proof to me that they didn’t work when [a close friend] passed away because she didn’t get treatment” for breast cancer. Since this friend did not receive medical treatment but instead relied entirely upon alternative medicine, the therapies she used would not be considered integrative. This survivor did not make that distinction, however, and viewed the two very different approaches to treatment as one and the same. This misunderstanding or lack of knowledge prevented her from exploring or using integrative therapies as a complement to the standard medical treatments of breast cancer. Hence, confusing integrative therapies with alternative medicine can lead patients to misguidedly reject integrative therapies.

The survivors who did not use integrative therapies were also unsure of why they should use them or why they would help, which could lead to a similar form of confusion between integrative therapies and alternative medicine. One former patient said that she did not feel the need for anything but medical treatment. She believed that her doctor would cure her without any help and expressed that “I had confidence in the doctors that they can cure you, and I was just skeptical about everything else so I didn’t use them.” Another survivor stated that “the medical treatments seemed logical to me, it all made sense but for [integrative therapies], to me I never feel like I needed anything else besides the medical treatment.” The survivors who didn’t understand the benefits of integrative therapy or who confused it with alternative medicine were the only people we interviewed who said they did not believe in integrative therapies and who did not use them, indicating that their confusion between integrative therapies and alternative medicine strongly influenced their behavior.

The remaining seven out of ten survivors that we interviewed believed in integrative therapies, understood what they were, and made the distinction between integrative therapies and alternative medicine. Each of these survivors was able to speak about how the integrative therapies they practiced were specifically beneficial to supporting their medical treatments. Each of them also made a clear statement about the necessity of using these therapies in conjunction with their medical treatments. One survivor even said “I believe that complementary therapies have to be in conjunction with normal treatment” in order to be effective. Another survivor supported this statement when she said, “I understand how integrative therapy is different from alternative therapy. I know that the complementary therapies are the therapies that help the body and mind work well with medical treatment. These therapies are not able to replace the medical treatment.” Furthermore, these survivors also clearly delineated integrative therapies and alternative medicine, voicing that “complementary therapies are the therapies that support the medical treatment, while it is completely different from alternative therapies because alternative therapies don’t have any proof from scientific reviews” and that “alternative medicines are unreliable because they lack supportive data such as statistics of survivors and scientific data.”

Breast cancer patients who used or had knowledge of practices such as meditation, yoga, or nutritional therapy before being diagnosed with breast cancer were likely to adapt those practices to be used as integrative therapies. Of the seven survivors interviewed who used integrative therapies, five used them before being diagnosed. All of these survivors continued to use and adapted these practices into integrative therapies during and after their treatments. This is supported by Adler’s study (1999) in which 69% of patients who were recently diagnosed with breast cancer reported using an integrative therapy treatment or modality before they were aware

of their breast cancer diagnosis, not as an integrative therapy at that point but as a practice to support their general health.

This familiarity with these practices ensures that the leap from using them as a support for general health to using them as a support for their medical treatment was minimal, since these survivors knew of the benefits that these therapies could have even as healthy individuals. Up to 80% of cancer patients in the United States reported using integrative therapies during their treatments (Hann et al 2005). Since such a high percentage of patients reported using integrative therapies, it is likely that the survivors we interviewed, who were once patients themselves and who had experience with integrative therapies, understand the benefits of these therapies through their experiences. This familiarity with and understanding of the benefits that integrative therapies can have was a great encouraging factor in the survivors' decisions to use these therapies during and after their treatments.

Survivors who used practices such as yoga, meditation, and nutrition prior to being diagnosed also had more knowledge about what these therapies were and how to use these them. Therefore, it was logistically simpler for them to adapt these practices to integrative therapies than for somebody who is just learning of integrative therapies for the first time. One survivor was very clear about this, and she mentioned that she had been doing yoga before she was diagnosed with breast cancer and then explained how “yoga takes time to learn how to do it by yourself, you need time to practice by yourself.” She believed that she had an easier time using yoga as an integrative therapy because she already had the practice and knowledge necessary to use yoga effectively before being diagnosed. For patients who have this kind of prior knowledge and experience, using integrative therapies would be simpler as they could draw on their past experiences and then adapt it to their present situation.

Another major factor that increased integrative therapy use among breast cancer patients, as seen in Table 1, was being told of the benefits of integrative therapies by a fellow patient, survivor, or friend. Hearing the experiences of somebody who had gone through similar challenges with breast cancer and its treatment with integrative therapies was a powerful message to them. Getting information about these therapies directly from somebody they trusted that these therapies could be beneficial framed integrative therapies as a legitimate source of support. One survivor said that she “went to my friend who had breast cancer before, and she offered her advice and her experience” about how integrative therapies helped her, which encouraged her to use them herself. Another survivor noted that “my friends offered me much advice to go to different complementary therapies” to help her feel better during treatments. This encouragement from friends and fellow patients or survivors was often a large part of the decision to use integrative therapies.

Furthermore, the majority of the survivors who we interviewed discovered integrative therapies entirely through these sources of friends, survivors, and family members, indicating that a personal approach might be more effective in presenting information about integrative therapies. This supports findings from a previous study that indicate that the source of information about integrative therapies is mainly friends, family, and the media, while physicians and nurses play only a small part in providing information about integrative therapies (Molassiotis et al, 2004).

Most breast cancer patients recognized meditation and yoga as integrative therapies that could be directly beneficial to them. Of the seven survivors who used integrative therapies, five used either meditation, yoga, or both. In general, relaxation practices such as yoga and

meditation are among the most commonly used therapies after a diagnosis of breast cancer (Rees et al, 2000), a finding that held true among our sample of interviewees as well.

Among the survivors who used these therapies, meditation was generally used for its psychological benefits and yoga for both its physical and psychological benefits. Patients often cited meditation as reducing their stress and anxiety and relaxing their mind, which helped them to face their treatments calmly without panicking or becoming nervous. Four out of seven of the survivors who used integrative therapies used meditation and of those four survivors, three reported that they used meditation to help them psychologically cope with breast cancer and its treatments. Patients also used yoga for this purpose, but additionally recognized it as a gentle and restorative form of exercise that could be using during and after treatment as a way to help them become more aware of their bodies and their breathing and to keep their bodies and their minds in harmony, especially after surgery. These results are consistent with the body of research summarized in Section 2.3 concerning the benefits that integrative therapies have for breast cancer patients.

Breast cancer survivors that we interviewed were also the most familiar with meditation and yoga, either culturally or through their families and upbringing. All of the survivors we interviewed were currently living in Thailand, five out of the 10 survivors we interviewed were Thai, and of the seven survivors that used integrative therapies, four were Thai. Meditation is taught in many Thai elementary schools and is common in the Thai culture, and many of the Thai survivors we interviewed first learned about or were exposed to meditation at an early age. Yoga is also a mainstreamed health trend in Thailand. The prevalence and high profile of these two integrative therapies in Thai society ensure that many patients are already somewhat familiar with them, but may not think about them as integrative therapies.

The responses and findings from these interviews helped us to craft our message to educate and inform breast cancer patients about integrative therapies. They collectively provided insight into the many factors that can influence whether or not a breast cancer patient chooses to use integrative therapies to support her medical treatments, as well as what benefits the therapies provided to those who did choose to use them. They also further defined how integrative therapies can fit into the experience of breast cancer patients as they are diagnosed, treated, and move into survivorship. The next component of our message was created based upon our findings from interviews with integrative therapy providers.

3.2.3: Integrative Therapy Provider Interview Findings: Meditation

Overall, we found that our interviews with integrative therapy providers supported the beneficial effects of integrative therapy as reported in Section 2.3. Furthermore, several of them expounded upon and explained some aspects of those results. These interviews resulted in a very clear picture of the specific benefits of integrative therapies for breast cancer patients as well as knowledge of when each of these therapies can be appropriately used to support the medical treatment of breast cancer. Our interviewees also discussed the risks and cautions involved in using these therapies for breast cancer patients, thereby balancing and further refining the message that we can present in our media.

From our background research and the interviews with therapy providers, we found that meditation can be used to support breast cancer patients through many stages of treatment. It has many direct psychological benefits that support the medical treatment of breast cancer. Meditation is especially useful because it can be done at any time during treatment or stage of breast cancer and is easily accessible, requiring no props or special equipment.

The two meditation providers that have worked specifically with breast cancer patients also stated that it can be easily adapted to fit patients' needs simply by changing the prompts

they use to guide their meditation. An example of one such adaptation would be one teacher's specific guide of instructing her students to "visualize their cancer leaving the body" during their meditation. The therapy providers indicated that meditation such as this can have a direct psychological impact on breast cancer patients and can reduce stress, depression, and anxiety, as well as relax and focus the mind and ground the patient by helping them bring their minds and bodies into harmony. Therapy providers believe that this connection between mind and body is important to acknowledge, as "with a positive mind, you can have a strong influence on your body to a quicker healing." By focusing on helping breast cancer patients psychologically, therapy providers believe that this can lead to the physical benefits of faster healing and even easing some pain by teaching patients to be calm and relaxed. These claims of the benefits of meditation for breast cancer patients are supported by previous studies (Specia, 2000 and Nidich, 2009); see Section 2.3.

Meditation providers also believe that meditation is most beneficial as an integrative therapy when it is used early and often. All of the meditation teachers that we interviewed recommended that patients use meditation as an integrative therapy, and all five practitioners said that it could be used every day. All meditation teachers also indicated that meditation can benefit breast cancer patients regardless of the stage or extent of their treatment but that beginning meditation as early as possible in treatment - or even before beginning treatment - will allow patients to benefit the most as their skills in meditating increase.

Therapy providers for all types of integrative therapies also emphasized that patients might need to follow some precautions when using integrative therapies, as not all therapies are appropriate for all patients and treatment plans. Generally, practicing meditation poses no substantial risk for breast cancer patients, but there are still a few precautions that they should

take to ensure that they are not negatively impacting their health. Two out of five therapy providers for meditation noted that if patients are new to meditation, they should not attempt to intensely meditate without a teacher, as deeply intensive meditation can bring on visual or auditory disturbances that can be unsettling. Therapy providers also warned that if patients have any emotional or psychological problems, they should take these into consideration before practicing meditation, as it may trigger these issues. Providers who mentioned these risks also emphasized that most patients they have seen normally experience no adverse effects from meditation.

3.2.4: Integrative Therapy Provider Interview Findings: Yoga

Therapy providers also recognize yoga as an integrative therapy that has both physical and psychological benefits for breast cancer patients. Section 2.3 summarizes research showing that physically, yoga can ease pain, help breathing, gradually restore strength and flexibility, and increase a patient's awareness of their body. Our interviews with three yoga instructors confirm these findings. Two out of the three providers said yoga can help with the pain of breast cancer and treatments, especially post-surgery. Providers also made note of the special attention paid to breathing in yoga, and indicated that this focus helps to increase the patients' awareness of the connection between their minds and bodies. This awareness can in turn help a patient to gradually rebuild their body image and restore their energy and confidence.

Yoga has direct physical benefits as well, such as improving a patient's immune system (noted by one interviewee) and increasing their flexibility and range of motion, both of which can be especially useful benefits post-surgery. Research also shows that psychologically, yoga can reduce stress, depression, and anxiety, and relax and focus the mind. The therapy providers interviewed about yoga supported this research, all stating that yoga can relieve stress and two stating that it calms the mind and helps relieve depression. Another yoga instructor indicated

that it helps with balance of the mind and body, and another stated that it helps with the overall physical and psychological coping with breast cancer.

Therapy providers for yoga generally believe that yoga can be used in all stages of breast cancer treatment. The therapy providers each noted that yoga can be used before, during, and after treatment for breast cancer, “even the next day after chemotherapy or surgery”. Similarly to the recommendation for meditation, however, they believed that the earlier in the course of treatment patients began using yoga, the more benefits they could gain from it as their skill and comfort levels increase. One provider also said that patients should ideally “learn how to do it before any treatments, because after chemotherapy and surgery, it is much harder to do anything” and the convenience of already having a basic knowledge about yoga and how to do it could make it easier to use in the physically and psychologically stressful state that patients often experience after beginning treatment.

Though these therapy providers agreed that yoga could be beneficial during any stage or time of treatment, they suggested that yoga could best confer these benefits specifically during and after treatment with chemotherapy or surgery. The providers all indicated that yoga can be especially supportive after surgery as it relieves some of the pain that patients may encounter and provides gentle exercise that can gradually restore their strength and range of movement, and “teaches them how to get out of bed” after surgery. Yoga is also particularly beneficial in relieving the pain, nausea, and exhaustion of chemotherapy.

Adapting yoga to meet the specific needs of breast cancer patients in these and other stages of treatment can be as simple as choosing the appropriate poses from the wide range of difficulty, some of which can even easily be done while the patient lays in bed. All of the therapy providers for yoga agreed that this type of adaptation and customization from patient to patient

was an important consideration in ensuring that each patient received the most benefit from practicing yoga as an integrative therapy.

This same measure of caution should also be used by any breast cancer patient who is using restorative yoga as an integrative therapy, even though it is generally a gentle form of exercise. All three yoga instructors stated that patients should always consult with their doctor before starting yoga, especially if they have uncontrolled high blood pressure or heart conditions, as some yoga poses can aggravate these conditions. In general, therapy providers recommended that breast cancer patients begin with simple poses and gradually work their way up to more difficult poses as they feel able. Some yoga positions also may not be suitable under certain conditions. For example, two out of the three providers said a woman on her period should not be allowed to stand on her head. Yoga instructors also emphasized that patients should pay close attention to their comfort level as they practice yoga, and not push themselves beyond that comfort zone.

3.2.5: Integrative Therapy Provider Interview Findings: Nutrition

Therapy providers interviewed about nutrition said that nutritional therapy also has the potential to support a breast cancer patient physically during and after their treatment. One said, “Nutrition, like other complementary therapies, has a valid role in the treatment of cancer,” and both nutritionists said that they would absolutely recommend good nutrition through nutritional therapy as an integrative therapy since it is “crucial to keeping a person healthy”. Therapy providers for nutrition stated that it can be adapted with the help of a medical professional to fit patients’ specific needs, and that good nutrition should be a practice that is started as early as possible in treatment. By beginning early, nutritional therapy can benefit breast cancer patients and be used “to improve immune function, improve energy, and prevent food and medicine

complications.” Both nutritionists agreed that the main benefit of nutritional therapy is to provide the patients with the nutrients and energy they need to maximize their response to medical treatments and strengthen their immune systems.

As with meditation and yoga, nutritional therapy has the potential to greatly benefit breast cancer patients, but there is also the potential for greater harm than good if it is misused. Both therapy providers urged patients to be cautious and consult a doctor before changing their diets or using any nutritional supplements, as nutritional therapy “must be tailored around the primary medical treatment as well as medications. Food and nutrients can negatively interact with some medications and render the drugs useless or increase their effect and make them toxic,” thereby impairing instead of supporting the patient’s medical treatments. Both therapy providers also cited the misuse of nutritional vitamins and supplements as a detriment to the patient’s health, but as long as patients use caution and consult their doctors they can avoid many of these issues and enjoy the full benefits of nutritional therapy.

The responses and findings from our interviews with therapy providers rounded out the background we needed to complete our message to educate and inform breast cancer patients about integrative therapies. All of these therapy providers, whether for meditation, yoga, or nutrition, provided responses that reinforced our research into the benefits of integrative therapies specifically for breast cancer patients. Their responses also collectively established an overview of when each therapy could be the most beneficial, what challenges each therapy addresses, and how each therapy can be adapted to meet the needs of breast cancer patients. With these findings, coupled with the findings from interviews with breast cancer survivors, we were able to craft a complete and balanced message about integrative therapies for breast cancer patients.

4: Developing Videos for Educating Breast Cancer Patients about Integrative Therapies

In order to develop effective and accessible media to communicate the benefits of integrative therapies for breast cancer patients, we worked to answer the second part of our research questions:

1. How will the media we choose educate and inform breast cancer patients about these therapies in the most effective, culturally appropriate way?
2. What is our specific audience? How can we tailor this media to our audience?

In answering these questions, we identified two major findings that guided the development of our media:

1. Characteristics of successful instructional and informational videos were identified. These characteristics were incorporated into our choice of media, a DVD, to make it effective for its dual purpose of informing and instructing as well as culturally appropriate.
2. We determined that our target audience consists of middle-aged breast cancer patients and survivors in Thailand. We tailored our media to our audience by having mostly middle-aged Asian women appear in our video to help convey the message through people that our audience will identify with.

4.1: Analyzing Videos

A genre analysis of videos is a method of evaluating a set of related films using metrics defined through research to compare and contrast the characteristics of each video. The results of the analysis of this comparison then indicate what a quality film includes and will ultimately provide guidelines for the creation of a new film.

By conducting a genre analysis on informational and instructional health videos we were able to determine what is common between all of the films and to establish what is both successful and unsuccessful. These final results identified what was observed in the various health films and applied these characteristics directly to the development of our own videos or adapted them to fit our purposes.

To carry out a genre analysis we selected films for evaluation that were directly related to the dual purpose of our project to inform and instruct breast cancer patients about integrative therapies in order to gain the most insight into how our film should be created. Therefore, only health and medical related videos specifically related to breast cancer or integrative therapies were selected.

Five informational health videos were evaluated for our first purpose of informing breast cancer patients about integrative therapies. The films have varying interviewees including survivors and doctors, and their content ranges from inspirational stories to evidence-based information. These are all elements that need to be incorporated into our video in order to effectively deliver our message.

We evaluated five instructional health videos for our second purpose of educating breast cancer patients on how to use integrative therapies, specifically yoga and meditation. Three of the films we evaluated focus on yoga while the remaining two concentrate on meditation. All of these videos vary in style of presentation and skill level of the viewer. All of the health films selected are also various lengths and styles, and were obtained from various sources. The videos that we selected are:

- Informational Videos
 - “Advice to Women with Newly Diagnosed Breast Cancer”
 - “Living with Breast Cancer Treatments: Personal Stories”
 - “Surviving Breast Cancer- A Disease of All Women”
 - “TLC for Post-Cancer Pain”
 - “The Benefits of Yoga for Breast Cancer Patients”
- Instructional Videos
 - “Complete Beginner’s Guide- Awakening Practice”
 - “How to Meditate”
 - “Manage Stress with Yoga Exercises”
 - “Namaste Yoga Video: 5 Minute Preview”
 - “Positive Thinking Meditation Video”

In order to effectively evaluate the films we selected, we had to define the metrics that we used to compare the different films. These characteristics were identified through research and are explained in the following section.

4.1.1: Establishing Metrics

An effective health information film must successfully convey its message to the viewer. A film can accomplish this by having a clear purpose and objective in order for the audience to perceive what the film-makers are trying to say about the subjects (Ellis and McLane, 2005). Presenting the material in a positive way that will make the patient believe they can benefit from the information is more effective than only focusing on the negative effects that can result from not accepting and utilizing the given information (Thompson et al, 2003).

Different use of filming and editing techniques can be used to evoke emotions and thoughts in the viewer. Films can recreate the action of the mind by focusing attention to certain things, bringing back memories, projecting images, and addressing a division of interest (Silbey, 2006). Various filming methods and perspectives can help achieve this including close-up, deep focus, long, pan, and traveling shots, while editing techniques such as flashback, flash-forward, and cross-cut can also help to recreate mind activity (Silbey, 2006). A montage is another way to edit that provides contrast which can in turn induce certain reactions from the viewer. A montage is the “juxtaposition of discrete images to evoke specific emotions or concepts and searching throughout the film footage for transitions between scenes” and involves cutting and merging various sequences (Silbey, 2006).

For patient interviews, a medium to close distance shot is the best manner to record. A medium shot conveys neutrality while a close-up is used to show emotion and intimacy and to create emphasis (Malyon, 2004). The interviewees should also never be looking at the camera as

this usually creates nervousness. Having the interviewer next to the camera gives them something else to focus on, and allows them to concentrate on the questions (Kevin L., 2008).

Aesthetic features of a film, such as color, light, and tone, help establish mood and atmosphere. Studies show that the use of colors in films can induce varying emotions in the viewers. For example, blue represents gentleness, justice, truthfulness, and virtue while green exudes calmness and relaxation (Hanjalic, 2004). Another main technique used in creating movies is lighting. When filming indoors, the scene should have at least three points of light which will help expose the full facial expression and emotion of the subject. This lighting technique can also help to eliminate shadows and separate the subject from the background (Valinoti, 2007). Other methods of lighting have the ability to create meaning. “High-key lighting is harsh; soft-key lighting creates romance; spotlighting picks out a character from a group, etc. Available light suggests natural light. Full-face lighting suggests openness and honesty; shadow can suggest fear or lack of trust” (Campsall, 2005).

The use of voice is another way of creating a specific mood. Vocal features including pitch, volume, frequency, inflection, rhythm, and speed affect human response. For example, faster speech can indicate fear or joy while slower speech can mean disgust or romance (Silbey, 2006). Variation in word choice can also form different perceptions. “Given the inherently interpersonal context in which language exists, language’s effects on interpersonal interactions—and importantly, the relationships in which these interactions are embedded—are likely to be especially powerful” (Fitzsimons and Kay, 2004).

This background research helped us to define a set of metrics for a genre analysis of informational and instructional health videos. A genre analysis of instructional videos performed by Beaudin and Quick focused on content, plan, technical considerations, and supplemental

materials (Beaudin and Quick, 1996). In order to effectively deliver our message, we needed to focus more on content and structure. Therefore, Beaudin and Quick’s list was adapted for our purpose and now includes elements essential to filming interviews for instructional and informational videos. The revised list of metrics can be found in Table 6.

Table 6: List of Revised Metrics from the Original list of Beaudin and Quick

Metrics Used to Evaluate Videos
Subject and Purpose
Stated the Objectives
Met the Objectives
Content Presentation
Motivates and Stimulates
Learner Application
Learner Interaction
Focused on Intended Content
Visual Quality
Audio Quality
Audio-Visual Relationship
Vocal Features
Language Use
General Video Design Characteristics

Certain metrics were eliminated, combined, and added to the original list because they were deemed extraneous to the purposes of our project. For example, metrics such as “Bias-Free” were disregarded as it did not pertain to our film which had such a specific target audience, as previously identified. The metric “Met the Objective” includes the presence of a conclusion or review of the presented information that reflects the initially stated objective. This metric is similar in function of the metric “Clarifies and Summarizes Content” because the closing remarks need to summarize the information of the video and clarify any misunderstandings. Because both of these metrics aim to conclude with statements that tie the objective and content of the video together, these two can be combined into one metric, “Met the Objective”. From our research we determined that the vocal qualities of a video have various effects and therefore

should be evaluated. We also concluded that word choice, like vocal qualities, can have different effects and also deserved to be assessed. This led to the addition of both the “Vocal Features” and “Language Use” metrics. Additionally, these two metrics can provide insight into a personalization effect mentioned in previous sections.

Finally, by applying these metrics to either informational or instructional videos they can each take on a new meaning. For example, “Content Presentation” for an informational video implies the order in which the facts are presented in while in an instructional video it can account for the presentation of the step-by-step process.

4.1.2: Evaluating Videos

To fulfill the needs of our dual purpose project, we evaluated ten health videos; five informational and five instructional. Table 7 provides the titles and sources of the ten informational and instructional videos as well as the length of each video.

Table 7: Informational and Instructional DVDs Selected for Evaluation

	Title	Source	Video Type	Length
1)	<i>Advice to Women with Newly Diagnosed Breast Cancer</i>	American Cancer Society- healthvideo.com	Informational	4:48
2)	<i>Complete Beginner’s Guide – Awakening Practice</i>	Yoga Journal	Instructional	17:00
3)	<i>How to Meditate</i>	Howcast	Instructional	2:01
4)	<i>Living with Breast Cancer Treatments: Personal Stories</i>	Susan G. Komen- healthvideo.com	Informational	6:00
5)	<i>Manage Stress with Yoga Exercises</i>	Better.TV	Instructional	3:17
6)	<i>Namaste Yoga Video: 5 Minute Preview</i>	Namaste	Instructional	5:00
7)	<i>Positive Thinking Meditation Video</i>	Meditainment Ltd.	Instructional	3:29
8)	<i>Surviving Breast Cancer – A Disease of All Women</i>	KVIE Public Television	Informational	5:44
9)	<i>The Benefits of Yoga for Breast Cancer Patients</i>	American Cancer Society- healthvideo.com	Informational	1:27
10)	<i>TLC for Post-Cancer Pain</i>	Health Central	Informational	1:50

Each film was assessed through observation using the metrics developed in the previous section. We grouped the metrics into two distinct groups: Purpose and Subject and Presentation of Content. A full breakdown of the analysis of the ten films can be seen in Appendix J.

4.1.2.1: Purpose and Subject

A medical video has an educational purpose that helps its audience of patients or those associated with patients to feel in control and not alone, to be an active participant in their situation through knowledge, and to think critically about the presented information. All of the videos that were assessed had this common goal and purpose. The informational video “Advice to Women Newly Diagnosed with Breast Cancer” gives advice, comfort, and teaches its target audience of women newly diagnosed with breast cancer allowing them to utilize the information as they see fit. Likewise, the instructional film “Manage Stress with Yoga Exercises” promotes improving an individual’s quality of life by teaching viewers about how everyone feels stress and then showing how they can relieve this stress through yoga.

The first part of our dual purpose video aims to educate breast cancer patients about integrative therapies. This was done by giving them an introduction on what integrative therapies are and how they can benefit while using them in conjunction with the standard medical treatments of breast cancer. The video focused mainly on yoga and meditation, stating the specific benefits that each can give a breast cancer patient. The second part of the dual purpose of our video was to provide step-by-step instructions on how to do meditation and yoga as integrative therapies. This gives patients a chance to try out these therapies on their own and if they feel comfortable, seek out more information to gain the benefits previously stated in our video.

A medical video should have a specific message for a target audience without diverging from the topic in order to avoid confusion and keep the audience’s attention. All of the evaluated

videos kept a clear focus throughout the presentation. For example, in the informational video, “Benefits of Yoga for Breast Cancer Patients”, the whole video concentrates on yoga and how it can help patients. The instructional video “Namaste Yoga 5 Minute Preview”, focuses on teaching a new yoga routine. Neither film contained any digressions from the main message and was therefore comprehensible.

In order to make our film, a script was created that would provide the storyline for our video. A copy of our script can be found in Appendix I. This script was edited by different readers to make sure we were staying on topic and continued to convey our message and carry out our purpose. Editing the script hand-in-hand with the film clips helped us avoid digressions and extraneous information.

A clear medical objective should be presented at the beginning of a health video in order to state the purpose and inform the viewer of the content. All assessed videos had an unambiguous title that directly stated an objective, and seven out of the 10 videos included a short introduction in order to further explain the objective of the film. In the informational video "Surviving Breast Cancer – A Disease of All Women", the title says the video will be about surviving the disease of breast cancer. The film then begins with a short introduction into breast cancer and of the story that is about to be told, thus introducing the objective and informing the viewer of the content. For the instructional video “Positive Thinking Meditation Video” the title suggests it is about guided meditation intended to improve the viewer’s mood. The beginning of the video then explains what is to come and how the viewer should feel afterwards.

The title of our video, “Integrative Therapies for Breast Cancer Patients”, clearly states what the video will be about. Our video has a short introduction of what integrative therapies are and says that using these integrative therapies can help a breast cancer patient feel better

physically and psychologically. Because our video focuses mainly on meditation and yoga, with each having their own section, these sections have a short introduction on what meditation and yoga are and how they can help a breast cancer patient if used as an integrative therapy.

In order to be successful, an informational or instructional health video must meet its stated objective but does not need to restate the objective at the conclusion of the video. Every video that was evaluated met the stated objective, but not all reiterated the objective at the end. “Advice to Women Newly Diagnosed with Breast Cancer” ends with a conclusion that begins with “The best advice...” and proceeds to give one last bit of guidance. This statement does not directly restate the objective presented in the introduction but provides a suitable and complete ending to the film. In our video, each of the five sections starts with a stated objective that is then reiterated at the end to tie the section and the overall video together.

An instructional video’s use of human interaction can motivate the viewer to perform the desired steps in order to fulfill the video’s purpose. All five of the instructional videos evaluated show this characteristic. The video “How to Meditate” motivates through interaction by directly and personally explaining to the viewer every step necessary to be successful. It tells of the benefits and encourages the viewer to try. Another video, “Namaste Yoga Video: 5 Minute Preview”, uses interaction in a slightly different way by teaching the viewer a yoga routine as if they are in a class with a personal instructor. This video is also the only to use the pronoun “we”, thereby adding a personal interaction between narrator and viewer. This personal interaction connection is what we tried to captivate in our instructional videos. All instructions provided are broken down step-by-step by the therapy provider, who directly and personally teaches the viewers, motivating them to continue. This approach lets viewers successfully complete the sequence of steps and gain their benefits.

4.1.2.2: Presentation of Content

An informational health video needs to draw their audience in through a rhetorical question, personal statement, or fact to ensure that they continue to watch the video and thus be helped by it. All five of the informational videos begin in one of these ways. For example, “Advice to Women Newly Diagnosed with Breast Cancer” begins with the introductory statement “Hearing your doctor say ‘breast cancer’ is a diagnosis every women dreads” and then closely follows with a statistic pertaining to the scope of breast cancer. These two components used in succession work together to make a personal connection with the target audience of women who have been recently diagnosed. Our video starts with “Breast cancer is one of the most diagnosed cancers among women. In the world, one in eight women will be diagnosed with breast cancer at some point in their lives”. These starting statements connect better with our target audience of breast cancer patients by reassuring them that they are not alone and drawing them in to the video.

An informational health video needs to provide a short introduction of the topic after drawing in its audience in order to familiarize the patients with how the information that follows can fit into their existing knowledge base. The informational video "Surviving Breast Cancer – A Disease of All Women" gives a short introduction into the disease of breast cancer in order to provide a small background and then focuses on introducing a personal survivor story. This approach makes the connection between the broad scope of information concerning breast cancer as a disease and how it can be dealt with on an individual scale. Our video begins with a short introduction of breast cancer and its effects around the world. It then goes into the main topic of the video which is the benefits of integrative therapies, further explaining what it is, how it can help, and how the patient can use them.

An instructional health video provides information about what the video will teach its target audience and how it will make them feel to set up expectations about the results that the following video instructions will have. The instructional video “Manage Stress with Yoga Exercises” begins by explaining how yoga can make you feel less stressed and then continues on to state that it will teach you a few poses to feel more relaxed. Our instructional videos first explain what meditation and yoga are. Then the therapy providers introduce the steps on how to do each integrative therapy. Lastly, the benefits of each are stated, saying how these therapies can help them feel better physically and psychologically.

An instructional health video presents its information through a logical step-by-step process where each piece of new information builds on the previous content in order to facilitate learning and understanding from its audience. The video “How to Meditate” provides a complete breakdown of all the steps and details of meditation including what time of day is best, how often to do it, what clothes to wear, and how to immerse in the meditative state. It allows the viewer to build an entire basic knowledge before trying it. Our film has a logical flow of thoroughly explained steps and tips to help the viewer learn and improve their skills. For example, in the yoga video where the therapy provider teaches breast cancer patients how to get out of bed after surgery, she breaks down the instructions step-by-step. She also gives tips on how to make the viewer more comfortable and how they can improve themselves.

For both instructional and informational health videos, the narrator should speak in a clear, articulate voice to make the information accessible and comprehensible to the viewer. In the informational video "Living with Breast Cancer Treatments: Personal Stories" the narrating voice was very well-spoken and easily understandable, allowing the viewer to retain more information. For the instructional yoga video “Complete Beginner's Guide- Awakening Practice”

the narrating voice was also very coherent which allows for ease in following the routine. The narrator for both the instructional and informational parts of our video clearly articulated the words to make it more understandable for the viewers. Since our video is bilingual, two narrators were needed, one for Thai and one for English.

Gender of the narrator does not affect the delivery of the message of an informational video or the educational qualities of an instructional video. All of the evaluated videos varied in gender of voice. For example, for informational films “Benefits of Yoga for Breast Cancer Patients” had a male narrator while “Living with Breast Cancer Treatments: Personal Stories” used a female narrator. Both films had all of the other same vocal qualities and same film layout. For instructional films “Complete Beginner's Guide- Awakening Practice” had a male narrator while “Namaste Yoga 5 Minute Preview” used a female voice. Both sought to teach a yoga routine and had other similar vocal qualities. In each of these examples, the goals of the films are reached despite the gender of the narrator. Because our project’s group consists of all females, a female voice was used for the informational films and the instructors’ voices, which also all happened to be female, were used for the instructional videos.

For informational health videos, a narration style similar to that of a reporter is used to convey the information in a professional way that adds credibility and encourages the patients to take the message seriously. Of the informational videos, four out of five used a professional voice to present the message. For example, “TLC for Post Breast Cancer Pain” talked about one way a patient can feel better after treatment using a professional, credible tone. That tone contrasted with the normalcy of the voices of various interviewees to stimulate viewer interest. The narration in our informational videos used a professional tone. For example, when

presenting the facts about breast cancer, a more professional tone was used to sound more trustworthy.

For instructional health videos, a monotone voice is used in order to create a relaxing atmosphere for the viewer that does not distract them from the demonstration or instruction. The “Positive Thinking Meditation Video” uses a slow, dream-like, monotone voice to lead the meditation practice. This style of voice instills a calm feeling in the viewer and allows them to fall deeper into meditation. A distracting voice can also ruin the mediation or yoga experience. Because the therapy providers are skilled and experienced in teaching their practice, our instructional videos used their preferred tone of voice when they were on screen, as they already know what voice tone works best.

For informational health videos, a softer voice is used during a personal story in order to convey emotion and involve the patient in the story. "Surviving Breast Cancer – A Disease of All Women" was the only film to use an emotion-filled voice. This compliments the survivor story that is being told and the variety of feelings that usually accompany this type of narrative. During survivor stories in our film, the narrating voice was adjusted accordingly in order to better set the mood and not take away from the message of the story.

For informational and instructional health videos, a medium cadence for narration is used in order to keep the audience’s attention and maximize the intake of information. All of the evaluated videos used this speed effectively. For example "Living with Breast Cancer Treatments: Personal Stories", an informational film, and “ Complete Beginner's Guide- Awakening Practice”, an instructional film, both utilize this speed which allows the viewer to easily follow the presented information or steps. The narrator in our video paced themselves in order to not lose our audience and allow them to better absorb the information.

For both informational and instructional health videos, basic vocabulary is used and any jargon is explained to ensure that the viewer fully understands the language and thus has access to the content. In “Advice to Women Newly Diagnosed with Breast Cancer”, the target audience is women recently diagnosed with breast cancer. Therefore, the script assumes the patients have little background knowledge of the disease and substitutes simpler terms for complex ones while still achieving the same effect of reaching out to their audience. In an informational video, steps need to be broken down using simpler language and minimal, clarified jargon to be easier to follow. The film “Manage Stress with Yoga Exercises” dissects each pose and explains any jargon to ensure that viewers without any previous yoga experience understand fully what is going on in each pose. Any jargon used in our video was defined, and clear vocabulary was used to explain what integrative therapies are and the benefits that come from using them.

Instructional videos use the pronoun “you” in order to create a more personal effect that emotionally invests the viewer in the video. Every instructional video evaluated used this type of language. The “Positive Thinking Meditation Video” utilizes the word “you” in a way that only refers to the person using the guided meditation. This gives off the appearance that it is a more personalized instruction. In our video, in order to create a more personal relationship with the viewers, the word “you” was used in the introductions of each section when explaining the benefits of the integrative therapies. Also, the therapy providers used “you” while breaking down the instructions in their teachings.

Background music in informational health videos does not add to or detract from the main message of the video. For the evaluated informational videos four out of five had no background music. "The Benefits of Yoga for Breast Cancer Patients" was one of the films to use no background music while “Surviving Breast Cancer-A Disease of All Women" was the

only video to use music. This did not add to or detract from either video due to the fact that a voice was continuously narrating and there was never a silence. For our video's purpose of informational videos, we decided not to use background music, as we felt it was not necessary.

For instructional health videos, calming background music is used in order to create a relaxing mood and atmosphere that does not distract from the educational value of the video. All five of the instructional videos utilized background music. For example "Namaste Yoga Video: 5 Minute Preview" used calming music to compliment the serenity of the scenes and the mood. In the background of our instructional videos, calming music was playing in order to better set the mood and tone of the meditation and yoga videos.

Interviews in informational health videos use shots that are a close to medium distance from the subject in order to show detail and emotion that will make the viewer feel like they are sitting in on the interview. Research and all the evaluated films incorporated this type of shot, where the interview shots were all within close range showing only the top part of the interviewee's body creating the impression of close proximity. The footage in our video mimicked this style, using close-ups for interviews to convey more emotion and using detail capturing footage for the background.

When filming interviewees in an informational video, the camera should not be at a straight-on angle in order to make the interviewee feel more comfortable and thus elicit a more natural response that viewers will identify with. All five of the informational videos evaluated utilized this angle at all times throughout the film and all research stated in Section 4.1.1 also states that this is the very best angle to use. Therefore, we did not use a straight-on angle for when filming the interviewees for our video.

For filming outdoor scenes in instructional and informational health videos, natural lighting can be used to create an authentic setting and mood. Research indicates that “available light suggests natural light” (Campsall, 2005). The informational video “Surviving Breast Cancer – A Disease of All Women” contains scenes that take place outside in the street and also in a cemetery that both use natural light. The resulting footage looks authentic and believable which in turn makes the film look more professional and reliable. In our film, the instructional and informational videos on meditation were conducted outside in a garden, therefore using the available natural light. This made the scene and information presented more legitimate and it helped to set the tone for the film.

For indoor shooting, multi-point light should be used to eliminate shadows and highlight the main focus of the scene. The informational film "Advice to Women Newly Diagnosed with Breast Cancer" utilizes this lighting technique in order to show details in the background for both transitional and supporting footage. This permits a better view of scenes shot in the hospital to show various machines and treatments. Bright lighting is used in “Complete Beginner's Guide – Awakening Practice” to emphasize the yoga poses being demonstrated and make them easy to see. Because we did not have access to a professional lighting or equipment in the room where we filmed, we tried to get as much light as possible by using the natural light from the windows and turning on all the lights in the room in order to better highlight the interviewee and focus on the shot.

In informational health videos, a variety of shots and angles are used to create visual interest that appeals to the viewer and keeps their attention on the video. All five informational videos incorporate this technique. In "Surviving Breast Cancer-A Disease of All Women" many different angles and shots are incorporated from both low and high angles, different perspectives,

and with different panning and zooming techniques. For example, one scene shows a car parking in front of a house and the chosen shot is low to the ground focused on the license plate until the vehicle stops. In our informational videos, a variety of shots were used to keep the audience's interest. For example, when introducing yoga, scenes of people performing yoga are shown at different angles, reemphasizing the topic without losing the audience's attention.

Instructional health videos for yoga use angles that maximize the view of the poses so that the viewer can better see the positions. A good example is "Manage Stress with Yoga Exercises". This video uses angle changes appropriately to show the full yoga position. Some positions such as "Downward Dog" require a side view while it may be beneficial for other positions such as "Tree Pose" to have a front view. When filming the therapy providers, different angles were used in order to clearly demonstrate each pose to the viewers so they could effectively mimic them.

For instructional videos, excessive transitions and scene changes are avoided to ensure that they do not detract from the guided steps. The yoga video "Complete Beginner's Guide – Awakening Practice" uses a very slow moving camera that rarely cuts scenes allowing you to focus on the visual of the provided steps. In contrast, the camera in "Namaste Yoga Video: 5 Minute Preview" moved excessively which frequently detracted from the poses being demonstrated. Our film did not use as many cuts during the instructional videos unless it was more beneficial to show different scenes or angles to allow the viewer to take away more from the video.

For informational and instructional videos, the audio and visual components support each other in order to reinforce the message through multiple mediums. For informational videos the audio is supported by the visual in order to reinforce the message. In "TLC for Post Cancer Pain"

while explaining various exercises that are good for increasing range of motion after surgery, a short animation playing on the screen demonstrates the described techniques. Another example is "Living with Breast Cancer Treatments: Personal Stories" where footage of various treatments and hospital scenes are shown when breast cancer and its treatments are described. In contrast, the visual of an instructional video is supported by the audio. As a technique is demonstrated by the subject in the film, a supporting narrative is enhancing and describing what is occurring. The video "Complete Beginner's Guide – Awakening Practice" has the subject in the video carrying out a routine that is being described by the narrator. In our informational videos, when talking about breast cancer and the side effects from its treatments, there are pictures of different types of treatments options to visually support the audio. In our instructional videos, the visual is supposed by the audio when the therapy providers break down the steps for either meditation or yoga, showing and telling step-by-step what to do.

4.2: Analyzing DVD Menus

In order to provide guidelines for the creation of our own DVD menu, we performed a genre analysis similar to the genre analysis for videos. We researched the background of DVD menus to help determine the characteristics that make a successful menu. Similarities and differences between all of the DVD menus were distinguished and the effects of each identified. Our research findings and our observations of the DVD menus were both adapted to create a set of guidelines that apply to the development of our own DVD menu.

The DVDs that we selected for evaluation are directly relatable to the dual purpose of our media, which is to educate as well as instruct breast cancer patients about integrative therapies and their use, in order to accurately assess how our media should be developed. Eight health-related DVDs, in either Thai or English, were selected, and the menus of each were evaluated

based on the metrics that we established through research. Seven of the eight DVDs were about integrative therapies, such as yoga, meditation, and nutrition. The other DVD addressed how women can make themselves look and feel better after being diagnosed with breast cancer.

Although the majority of these DVDs (six out of eight) did not have a menu, for the purpose of our project we decided to include one in our video in order to increase its professionalism as well as its ease of use. The DVDs whose menus we selected for evaluation are:

- Adding Color for Good Looks and Self-Esteem Lifestyle
- Aerobics
- Drawing Circles
- Exercise
- Nutrition
- Power of Nature for Better Health
- Tai Chi
- Yoga

4.2.1: Establishing Metrics and Guidelines for Successful DVD Menus

There are several characteristics that can affect the readability of a DVD menu and make it more visually appealing. These metrics can be seen in Table 8. Bright and contrasting colors can lead to difficulties in focusing on the menu, while working with single color palettes is a less visually abrasive approach that allows viewers to comfortably look at the menu (Hanna, 2008). Creators of DVD menus should refrain from using certain fonts, such as serif fonts, that consists of horizontal lines and sharp edges which can cause flickering and may be hard to see. Font size is crucial as viewers need to clearly see any words included in the menu in order to navigate. It is generally accepted to use font sizes no smaller than 18-20 points (Hanna, 2008). Adjusting the brightness of fonts and background colors when editing is another key factor, as fonts and colors might show differently on the television screen. Improperly adjusted white levels, or contrast levels, can cause issues such as shimmering (Hanna, 2008) and may also be hard to see.

The layout of the menu plays a vital role in grabbing the viewer’s attention. The designer needs to have a focal point, which can be provided by text or graphics, or they will lose the attention of their audience (Burns and Cairns, 2004). Alignment and symmetry of the menu elements create a sense of balance in the layout, making it more visually appealing to the user (Burns and Cairns, 2004). Motion menus, which include moving footage, can provide a dynamic experience for the user and can also help provide a more user-friendly menu. Animation effects, such as elements that fade in and out of sight, can also be used to create a smooth transition between menus (Burns and Cairns, 2004). It is necessary to know the aspect ratio to avoid distortion of the menu as it appears on different screens, especially if it is a motion menu. It is much easier to design down to 4:3, the traditional ratio, than to design up to 16:9, the standard “widescreen” ratio, so the designer should plan accordingly (Burns and Cairns, 2004).

Table 8: Metrics for Measuring the Visual Appeal of a DVD Menu

Metrics for Visual Appeal
Colors of background (schemes and palettes)
Fonts (text type and colors)
Font Sizes
Brightness
Contrast
Layout of text/graphics
Alignment/symmetry of layout
Motion Menus
Menu Transitions
Aspect Ratio

The clarity and ease of navigation through the DVD menu is largely determined by the placement and effectiveness of the navigation elements. Defined metrics for evaluating the navigation of DVD menus can be seen in Table 9. One characteristic that can increase ease of navigation is the presence of supporting buttons along with the standard “Play” button, such as one that leads to a submenu with language and subtitle options (Burns and Cairns, 2004). The

standard navigation elements of a DVD menu include “Play Movie”, “Main Menu”, “Scene Access”, “Special Features”, and “Audio Setup” (Ostrowska and Roberts, 2007). This standardization makes the DVD menu convenient and predictable, which in turn makes it easier for viewers to navigate. When creating the layout design for the navigation elements, where the text and graphics are located should be considered as their location on the screen indicates their level of significance.

Navigation elements should not confuse or mislead the viewer as flow and continuity is needed when navigating a DVD menu. Viewers should be able to understand what will happen next after clicking a link. The links themselves need to look like buttons or links; they should be obvious to their function to ensure a smoother navigation. Consequently, the size of buttons and links also needs to be taken into account (at least 70x60 pixels) as they need to be seen in order to navigate through the menu. Also, a change of color or a highlight over a button can confirm to the user that what they pressed actually had an effect (Burns and Cairns, 2004) and can help contribute to a more successful DVD menu.

Table 9: Metrics for Evaluating the Ease of Navigation of a DVD

Metrics for Evaluating Navigation
Has navigation elements
Layout of navigation elements
Links/buttons should be obvious
Link/button sizes
Highlighted links
Submenus

Most importantly, the layout and theme of the menu and submenus need to be consistent with each other as well as with the main purpose of the video, sharing a common theme throughout. The metrics that we used in evaluating this consistency can be seen in Table 10. The basic format of the layout and theme, which include the background, colors, fonts, pictures, sounds, spacing, and arrangements, should be consistent throughout every menu and any

submenus (Burns and Cairns, 2004). The stylistic features of the film can inspire the menu design but it needs to be consistent between menus and submenus as this design needs to connect the film content and the DVD extras to create a more professional and comprehensible interface (Ostrowska and Roberts, 2007) . The menu should reflect a concept of the video without actually referencing the content (Burns and Cairns, 2004). The theme of the menu should set the mood for what is to come (Burns and Cairns, 2004).

Table 10: Metrics for Evaluating Consistency and Continuity across Elements of a DVD Menu

Metrics for Evaluating Consistency
Theme linking to purpose of video
Uniform theme between submenus
Images
Graphics
Sounds

We wanted to incorporate several of these features into our DVD menu to create an effective transition between the menu and the video content to capture our purpose for creating a film. Performing a genre analysis and evaluating several existing DVD menus guided us in choosing which of these features were most important to include in our own DVD menu.

4.2.2: Evaluating DVD Menus

To fulfill the next step of the genre analysis of DVD menus, the menus of eight DVDs were evaluated based on the metrics previously established. Table 11 provides the titles, authors, and language of each of these DVDs used.

Table 11: DVDs Selected for Menu Evaluation

	Title	Author	Language
1)	<i>Adding Color for Good Looks and Self Esteem Lifestyle</i>	Kantana Production	Thai
2)	<i>Aerobics</i>	Faculty of Sport Science, Chulalongkorn University	Thai
3)	<i>Drawing Circles</i>	Pamela Ferguson	English
4)	<i>Exercise</i>	McGraw Hill	English
5)	<i>Nutrition</i>	McGraw Hill	English
6)	<i>Power of Nature for Better Health</i>	Matichon	Thai
7)	<i>Tai Chi</i>	MIS Publisher	Thai
8)	<i>Yoga</i>	SE-Education	Thai

Out of these eight DVDs, three have no menu at all and go straight to the content of the DVD. Another three have a very short introduction that included the title of the film with motion pictures and instrumental music but then start the DVD without a menu. The six DVDs that do not have a menu do not need one, as they have no chapters or sections to which a menu with scene selection could be used. In addition, they target a specific audience, so the option for subtitles or languages is not needed. Only two of the eight DVDs have an actual menu, which for similar reasons were not entirely necessary. Table 12 provides a specific breakdown of which DVDs have menus, with the numbers on the top corresponding with the numbered DVDs in the previous table.

Table 12: Menu Presence in Selected DVDs

	#1	#2	#3	#4	#5	#6	#7	#8
Has a menu	X		X					
Has an introduction						X	X	X
No menu or introduction		X		X	X			

Because the language of the evaluated DVDs has no effect on whether they have a menu or not, it did not interfere with our decision to create a menu for a film that would be seen by a mainly Thai audience.

The two DVD menus were analyzed by determining if they meet the characteristics and requirements needed from the three main categories that make a successful DVD menu. Table 13 shows the evaluation of these menus.

Table 13: Evaluation of DVD Menus

		Adding Color for Good Looks and Self Esteem	Drawing Circles
Visual Appeal	Good use of background/font colors	√	√
	No contrast of colors/fonts	√	√
	Easy to read/see fonts	√	√
	Easy to see menu	√	√
	Good brightness/contrast levels	√	√
	Size of fonts/graphics is easy to see	√	√
	Available motion menu	x	√
	Available menu transitions	x	√
	Aspect Ratio	√	√
Streamlined Navigation	Available navigation elements	√	√
	Good layout of navigation elements	√	x
	User understands purpose of links	x	√ (not all)
	Link/button function obvious	x	√ (not all)
	Link changes after scroll-over or click	x	√ (only one)
	Available submenus	x	√
Relation to Purpose	Menu theme sets mood for video	x	√
	Menus and submenus have same theme/layout	N/A	√
	Related images/graphics	N/A	√
	Good use of sounds/music to fit theme	N/A	√

4.2.2.1: Visual Appeal

Complementary colors on DVD menus make it easier to see the text and graphics on the screen and make the menu more visually appealing, which makes the viewer want to see more. The two DVDs that have menus are visually appealing as the text, graphics, and links were easy to see and were attractive. As seen from the menu screenshot in Figure 5 below, the colors used are very similar and do not clash with one other, making the menu more visually appealing.

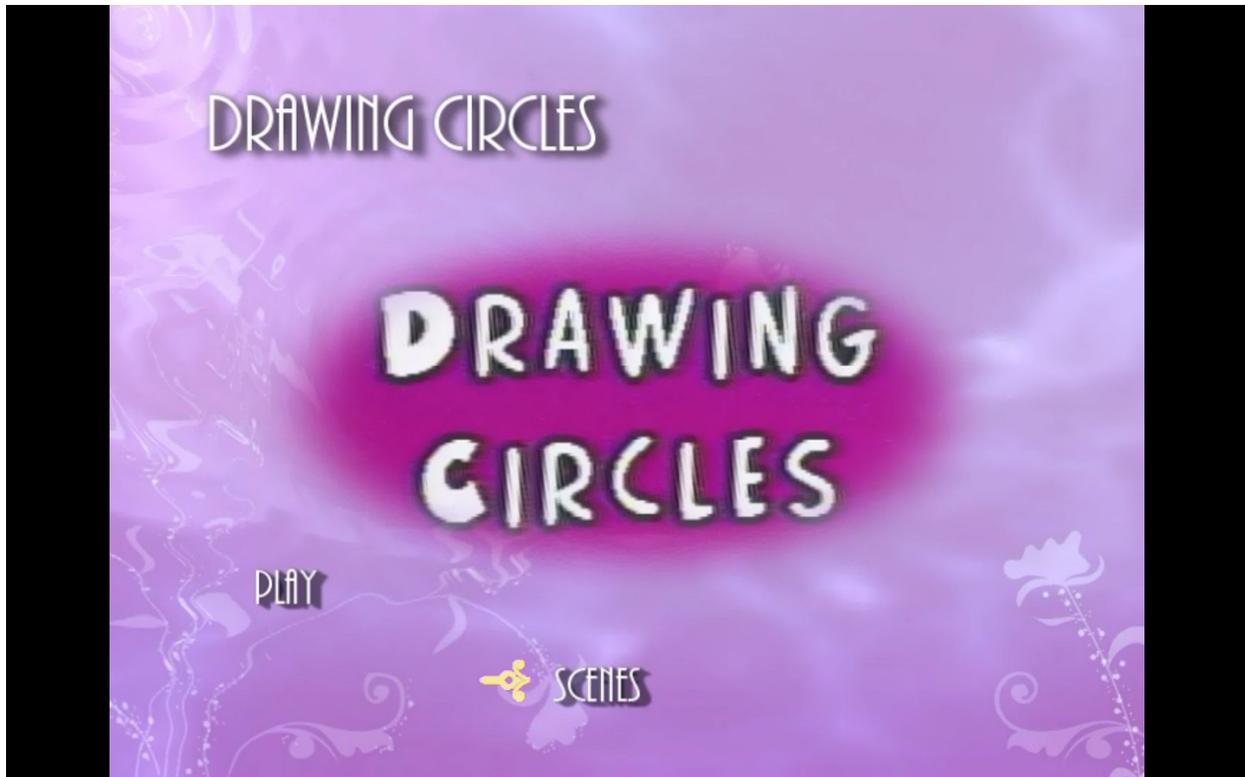


Figure 5: "Drawing Circles" DVD Main Menu

Having our DVD menu be visually appealing was important to us as a menu is the first impression a viewer gets of the film and we wanted to positively grab the audience's attention right way. For our menu, only one color scheme was used: pink, for breast cancer. The colors of graphics and text were chosen to complement this main color.

Font styles without sharp edges or horizontal lines make the text easier to read, which in turn makes the viewer want to explore the text links. Neither of the DVDs with menus uses serif fonts that have these characteristics, which would make them harder to read. Instead, both use fonts with round edges and no horizontal lines and therefore are easy to read. In developing our own DVD menu, we used fonts that have curved edges in order to avoid shimmering of the sharp edges and horizontal lines.

The brightness and contrast level of the menu make it easier to see the DVD options, which keep the viewer's attention and desire to further investigate the DVD menu. Both DVD

menus are easy to see, as the brightness of the overall picture and the brightness of the colors was just right; not too light or too dark. The colors of both menus are either in the same palette or color scheme, and they did not contrast each other. This makes it easier to see the full picture and keeps the viewer's attention. For our menu, the brightness and contrast levels were adjusted to ensure the viewer can see the whole menu without difficulty.

A larger size of text and graphics contributes to increased visibility and comprehension of the menu options and their functions. The text and graphic size is easy to read and see for both evaluated menus. From our research, we found that the minimum font size should be 18-20 points and therefore, we did not allow any font size to be smaller than that on our own menu. Similarly, we found that the graphics should be no smaller than 70x60 pixels so they can be clearly seen. Thus, the graphics on our menu were either this size or larger to ensure that the viewer would be able to distinguish them.

A motion menu is more visually appealing than a still menu, due to the moving animations that grab the audience's attention. Only one of the two evaluated menus had a motion menu with flowing color schemes and graphics, making it more visually attractive. The moving graphics on our menu similarly helped to better grab our audience's attention.

Transitions can provide a smoother shift between menus and submenus and can also create a professional and attractive look, which increases the credibility of the menu and, by extension, the DVD. Neither of the analyzed menus have transitions. The one menu with a submenu has very abrupt shifts between them, which breaks the flow and theme. Fading effects were used in our menu transitions to create a smoother shift between menus and lend professionalism to the menu as whole.

The aspect ratio is important to plan around when editing the menu screen in order to avoid distortions when displaying the menu on another screen. Both analyzed DVD menus keep this in mind and do not get distorted when the aspect ratio is changed. Because we formatted the DVD in the standard, 4:3 ratio, we also designed our menu in this.

4.2.2.2: Streamlined Navigation

A DVD menu should have an organized layout with well-placed navigation elements in order to promote ease of use and accessibility for the user. One of the menus has a clear layout with the title on top, a button link underneath, and DVD information underneath, all center-aligned. This layout makes it much easier for the viewer to use. Our menu incorporated a logical layout and the navigation elements were well placed on the screen to ensure that the user could easily find them.

Alignment and symmetry of the menu design and options create a sense of balance in the layout and allow for a smoother navigation that makes the menu more functional. One menu has poor alignment and symmetry, since the navigation elements were off-centered. This makes it harder to navigate and breaks the flow of the menu theme. Alignment and symmetry of the navigation elements on our menu helped the layout flow well and look more professional. Menus with submenus ensure a clearer navigation and provide the user with options, which can stimulate more of their interest. One menu has a scene selection submenu that is supposed to be used for navigation within the film. However, the submenu has only one scene to select from, which limits the user. The other menu does not have any submenus. Our menu had a few submenus, including one for language options, subtitles, and scene selections.

DVD menus should include buttons and links with clear and unambiguous functions in order to promote accessibility for the user when navigating through the menu. One of the menus does not do this as smoothly. Figure 6 below shows a screenshot of the menu. As can be seen,

there is only one button link but no other indication that it is supposed to play the film when clicked. Therefore, it leaves the user to guess the button's function and interrupts the flow that navigating through DVD menus should have.



Figure 6: "Adding Color for Good Looks and Self-Esteem Lifestyle" DVD Main Menu

We made sure that the links and buttons in our menu looked like links through text, colors, and other techniques.

Links that become highlighted with a color or graphic when they are scrolled over and that change again after being selected can reassure the user that they have made a selection in the menu. One of the menus has a small graphic that appears in yellow when the user scrolls over the text, indicating that it is a link. However, only one link changes color when clicked, providing no reassurance that the other links worked and demonstrating clear flaws in the menu. We wanted to avoid that confusion and unprofessionalism. In our menu, when scrolled over, the links/buttons

change color to make them look more like active links. After being clicked, they again changed color to reassure the viewer that they successfully selected the button.

4.2.2.3: Relation to Video's Purpose

Menus with clear themes that link to the purpose of the video provide the user with a sense of what to expect from the video. One of the menus sets the mood for the video because of its calming theme. The other menu is very bland and the colors do not provide the user with any insight into the subject or purpose of the video. Our menu theme related well to the message of breast cancer and integrative therapies through the colors, soothing sounds, and graphics from the motion menu that we used. Because the color scheme chosen for our menu is pink, it relates well to the message of breast cancer. The animated graphic used is the pink ribbon for breast cancer. Lastly, the soothing sounds used in the menu set the tone for the topic of relaxing integrative therapies in the video and is a good transition into the video's background music. Figure 7 shows a screenshot of our DVD's main menu.



Figure 7: Main Menu for Our DVD

All menus and submenus must keep the same basic layout in order to look more professional and tie back to the theme, which provides consistency for the user. The one menu with a submenu has the same basic layout, theme, sounds, and animations as the main menu, which keeps the same flow throughout the menu. All submenus in our menu followed the same layout and theme that related well to the purpose of the video to make it look more professional.

Menus that incorporate images and sounds are more attractive to the viewer and can establish the theme and atmosphere for the rest of the film. The graphics and soothing music in one of the menus helps to set the mood and is visually appealing and calming. The other menu has no images or sounds, seems boring, and dissuades the viewer. For our menu, the images, graphics, and sounds used related well to the theme of the menu, keeping the mood consistent throughout the menu and film.

After establishing all of the metrics used to create an effective DVD menu and analyzing DVDs that had menus, we were able to assess which characteristics we wanted to use for our own DVD menu. This helped us create a successful DVD menu for the film we created.

5: Recommendations for Additional Media about Integrative Therapies

Our project's goal was to develop effective and accessible media for educating breast cancer patients about integrative therapies. We have accomplished this goal and delivered media in the form of a DVD that contains multiple video components, each with a specific purpose.

These components are:

- Chapter 1: Introduction
- Chapter 2: What are Integrative Therapies
- Chapter 3: Yoga and Breast Cancer
- Chapter 4: Meditation and Breast Cancer
- Chapter 5: Nutrition and Breast Cancer
- Chapter 6: Advice from Breast Cancer Survivors
- Chapter 7: Conclusion

These chapters each work to develop breast cancer patients' knowledge of what integrative therapies are, to communicate the benefits of integrative therapies throughout and even after treatment for breast cancer, and to introduce breast cancer patients to how they could incorporate these therapies into their own treatment plan. By presenting this message, our DVD serves as resource for our sponsors to distribute as they please to help them inform breast cancer patients about integrative therapies and thus work towards their mission of "treating the entire woman".

Though our DVD does meet our project's goal, the development of additional media has the potential to further help our sponsors. Additional media would be able to increase the spread of information to breast cancer patients about integrative therapies, as well as supplement our DVD to present a more cohesive and well-rounded media approach. Our recommendation for this future media development centers on the creation of a series of webpages that could be incorporated into to the Queen Sirikit Centre's or BBC's current website. We make this recommendation because websites can be easily accessed, can be used to present information in many forms, and are a common source of health-related information. As discussed in Section

2.1, the majority of breast cancer cases in Thailand are among women who lead a more Westernized lifestyle, and thus would have access to a computer with internet and be likely to utilize it to find health-related information (Pereira et al, 2000). About half of the breast cancer patients who use the internet to find more information on their cancer and its treatments also look for information about integrative therapies (Schmidt and Ernst, 2004), and a website attached to the Queen Sirikit Centre or the BBC could help to meet this need. These factors make the development of a website the next logical step in creating effective media for breast cancer patients about integrative therapies.

Our overall recommendations for this website involve incorporating clips of the film we have already developed as well as supplementing these clips with more textual information and sources for further research that patients can utilize as they choose. We recommend that this website have a main page that presents general information on integrative therapies and their potential benefits to breast cancer patients. This main page would also serve as the anchor for a series of subpages -- one each for meditation, yoga, and nutritional therapy -- that would discuss the specific benefits of each of these therapies as well as introduce breast cancer patients to how to use them to supplement their medical treatments. Appendix H contains extensive information on the research we have already done into the potential development of this website and could be used to guide its design. The development of a website dedicated to providing breast cancer patients with information about integrative therapies is the next step in helping our sponsors to reach their goal of going beyond the medical treatment of breast cancer and providing resources for a cohesive, holistic treatment approach for their patients.

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Appendices

Appendix A: Timeline

	WEEK 1 Jan 10-14			WEEK 2 Jan 17-21			WEEK 3 Jan 24-28			WEEK 4 Jan 31-Feb 3			WEEK 5 Feb 7-11			WEEK 6 Feb 14-18			WEEK 7 Feb 21-25			WEEK 8 Feb 28-Mar 4														
	M	T	W	R	F	S	M	T	W	R	F	S	M	T	W	R	F	S	M	T	W	R	F	S	M	T	W	R	F	S						
Meeting w/ advisors																																				
Weekly Meetings w/ Advisors																																				
Works submitted to advisors																																				
Weekly Presentations																																				
Writing Methods																																				
Final presentation																																				
Final report submitted																																				
DevOps Interview Questions																																				
Pre-Test Interview Questions																																				
Platform Schema Analysis																																				
Interviews																																				
DevOps Film Prompts																																				
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Appendix B: Sponsor Information

The Bangkok Breast Cancer Support Group is comprised of a group of volunteers who are dedicated to raising awareness about breast cancer among Thai people, as well as promoting breast cancer education and support for patients and their families. Our project is directly connected to their mission of providing support to these patients through the development of materials to guide meditation, positive imagery, and relaxation, among other media, throughout their treatment. The BBC was established in 1999 and has since grown to include not only support and resources for patients, but also extensive diagnostic testing and treatment for women in underprivileged circumstances who otherwise could not receive such care. They also work closely with the Bangkok Nursing Home Hospital, where they hold weekly clinics dedicated to the support of women diagnosed with breast cancer. The BBC's main office is located in the Queen Sirikit Centre for Breast Cancer at the Chulalongkorn Hospital, from where they coordinate their many workshops, trainings, and other events (Bangkok Breast Cancer Support Group, 2010).

The Queen Sirikit Centre for Breast Cancer was established with the goal of providing state-of-the-art diagnostics and treatment for women with breast cancer, specifically focusing on underprivileged women. Our project is also closely aligned with the Centre's mission, as it focuses on providing comprehensive support for patients that is based on the latest medical knowledge. The Centre was opened by Queen Sirikit on June 11, 2005, and has since been run by Dr. Kris Chatamra, a consult surgeon and oncologist at Chulalongkorn Hospital. Since its founding, the Centre has built up a strong team of doctors as well as the most advanced diagnostic and therapeutic technology available, making it one of the premier centers for breast cancer treatment in Asia. In addition to its state-of-the-art equipment, the Centre also boasts a well-developed clinical research program as well as a series of seminars and lectures to train

doctors both from Thailand and surrounding countries. It is located in a newly renovated building that consists of both in- and out-patient services. The Centre hopes to expand its current efforts into a facility that is comparable with other international breast cancer centers in its patient management and in its research programs (Queen Sirikit Centre for Breast Cancer, 2010).

Appendix C: Additional Support Services for Breast Cancer Patients

In exploring the different types of treatments for breast cancer, it is important to understand the purpose of support services and their potential for aiding breast cancer patients throughout the course of their treatment. Both the Bangkok Breast Cancer Support Group and the Queen Sirikit Centre for Breast Cancer aim to provide care to those affected by breast cancer in Thailand. These organizations hope to guide the expansion of their existing programs and the growth of new potential programs. This can be accomplished through the study of the current integrative support services in both the United States and Thailand. These support services include informational support, practical support, emotional support, and integrative therapies (Susan G. Komen for the Cure, 2010).

Informational Support

An important role that support services play is to provide the public with information on certain diseases if it affects a large number of people. In the United States, breast cancer is one such disease where a woman is diagnosed every three minutes and dies every thirteen minutes (North Carolina Triad Affiliate of Susan G. Komen for the Cure, 2010).

In order to inform the public, various educational support programs can be offered. According to Wonghongkul et al (2008), educational programs were formed to this end, such as the “I Can Cope” program, which is an adjusted version of the American Cancer Society’s “I Can Cope” program that was established in 1977. The program’s main objective is to help patients cope with not only breast cancer but all other types of cancer as well. The “I Can Cope” program provides straight forward information and answers to cancer related questions in order to clarify and prevent the formation of cancer myths (American Cancer Society, 2009). This program adapted specifically for Thai patients is based on an educative supportive nursing system that consists of four different aspects: teaching, guiding, supporting, and providing an

appropriate environment for personal care. This educative supportive nursing system has been anticipated to benefit breast cancer survivors living in Thailand. A study done by Sirireung et al. (2007) on the *Effect of Educative Supportive Nursing Systems on Dependent Care Behaviors and The Occurrence of Complications among Children with Long-Term Tunneled Catheter* showed that the educative supportive nursing system is effective in benefitting children with tunneled catheter. The study showed a decrease in catheter-related complications and an increase in the promotion of catheter care-giving behaviors (Sirireung et al, 2007). Although, the educative supportive nursing system has shown to be effective on children with long-termed tunneled catheter, it can be suggested that this support system can potentially be effective and beneficial for breast cancer survivors as well.

The public can be informed about breast cancer through awareness campaigns, fundraising, media, and education in schools. The goal of the informational support is to provide the people with enough information to know where to turn if they suspect that they or someone they know is affected by this disease. In the United States, Susan G. Komen for the Cure and The American Cancer Society, as well as many other organizations, reach out to people of all ages, often through the use of television, billboards, ads on local transportation methods, clothes, bumper stickers, social networks such as Twitter, Facebook, and YouTube, and other forms of media to promote awareness. These awareness building efforts are an integral part of ensuring that the general public is well-informed about breast cancer, and thus has the necessary knowledge to pursue early detection and a cohesive treatment approach after diagnosis. In a later section, awareness campaigns in the United States and Thailand will be further discussed.

Informational support can be critical to the prevention and early detection of breast cancer. It is crucial that women worldwide understand that a delay in receiving a mammogram or

other screening test for breast cancer can possibly lead to a diagnosis of a late-staged disease, which severely decreases their probability of survival. A study done in Thailand on Songklanagarind Hospital patients showed that there was a varied delay time of 1 to 207 weeks with a median of 4 weeks before patients realized that their body displayed signs of breast cancer and then sought help. Out of all the patients interviewed, 26.6% had a delay time of over 12 weeks (Thongsuksai et al. 2000), which is ample time for an aggressively growing tumor to metastasize to other areas of the body. Thongsuksai's study also revealed that unmarried women showed a significantly greater delay time than women who are married. This information stresses the importance of informational breast cancer support services that can help women receive mammograms and other screenings, as well as maintain a routine checkup to reduce the incidence in delay of diagnosis and treatment.

Practical Support

After diagnosis of breast cancer, a patient will sometimes need more help leading their daily lives as the disease progresses. Practical support provides patients with help for specific day-to-day tasks such as driving, cooking, cleaning, and getting dressed, when the patient gets too weak to do these tasks on their own (Susan G. Komen for the Cure, 2010). A care-giver is one who helps with such tasks and is normally a relative or close friend. In the United States, many clinics or hospitals where a patient is being treated offer the opportunity to find someone else to be the care-giver for the patient. If their family cannot provide them with the help and support that they need, these trained care-givers, normally nurses, are ready and willing to support the patient in any way possible (Susan G. Komen for the Cure, 2010).

Hospice care is primarily used in the later stages of cancer when the patient is expected to live six months or less (Breastcancer.org, 2010). At this time, the treatments have normally ceased because they no longer work or help due to how advanced the cancer is. A patient can

receive this care in their own home, at a hospital or a hospice facility. The hospice experience can help the patients and their families make peace with what is to come as well as help families transition into their new life without their ill loved one. Hospice tries to improve the quality of care at the end stages of a person's life by providing practical support, psychological and spiritual support, pain relief and other medical supportive care (Breastcancer.org, 2010).

“Hospice care treats the person rather than the disease; it focuses on quality rather than length of life” (American Cancer Society, 2009). But there is little of this support type in Thailand.

Emotional Support

Patients suffering from any type of disease can benefit from receiving excellent emotional support to look after their own mental well-being and ensure that their emotional needs are met. It is crucial to address the patient's emotional needs because anywhere from 4.5% to 50% of cancer patients can experience some form of depression or other emotional illnesses (Spiegel et al, 1989). The study done by Spiegel et al. (1989) on the effect of psychosocial treatment on the survival of metastatic breast cancer patients measured the survival benefits of 86 women who had breast cancer. Of these women, half of them consistently went to support groups while undergoing medical treatment but the other half did not. The author of the study followed up with these women after ten years and only three were still alive. Of the 83 women who had passed away, comparing their medical records, the women who attended the support services lived twice as long (37 months) as the women who did not (19 months). Not only can emotional support therapies potentially increase the survival of a breast cancer patient, but they can also have a positive effect on psychological aspects of patient health such as mood and self-esteem (Hewitt et al, 2004).

In both the United States, emotional support is offered through such organizations as the American Cancer Society to not only to the patients, but also to their family members. Studies

conducted in the United States show that a breast cancer patient's family also encounters stress, depression, and confusion in response to the disease (Junda, 2004). In some cases, the spouse of the patient undergoes as much distress as the diagnosed patient. Such distress can involve feelings of anxiety, depression, irritability, anger, frustration, and even impaired cognitive function (Junda, 2004). In addition, Junda's study explains that the support from the patient's spouse is beneficial to the patient's physical, self-image, role, and relationship adaptation. In this way, support for the patient's family directly translates into care for the patient, and such emotional support is integral to any cohesive and integrative service.

Support groups are safe places that give a patient the option to talk about their conditions and concerns with a group of people that are facing the same or similar challenges (Breastcancer.org, 2010). In the United States, there are hundreds of support groups nationwide. These support groups unite people who face similar life situations and they meet on a regular basis to share their concerns and feelings.

There are two main types of support groups: open membership and closed membership. Long-term commitment is not required in the open membership support group, where the members can come and go as they please. Closed membership support groups, on the other hand, require members to attend a certain number of sessions with the aim of helping the members get to know and understand each other on a more personal level (Breastcancer.org, 2010). Both types of support groups provide members with several benefits that help them through the treatment process for breast cancer. These benefits include reduced anxiety, stress, and depression by sharing and receiving tips and information with other breast cancer patients. Research done in the United States has shown that support groups bring about positive effects on the patient's well-being and increased their quality of life, and as such are an integral part of any

cohesive and holistic treatment approach (Hewitt et al, 2004). The study done in 1989, which was previously mentioned, showed that women who attended the support groups also reported a higher quality of life (Breastcancer.org, 2010). This indicates that available support groups can be very beneficial to breast cancer patients. Not only are support groups available and helpful for breast cancer patients, but they are also available for different types of cancers and have shown benefits for these cancers as well. For example, Man to Man, a program for prostate cancer patients helps men cope with their disease and provide them support and comfort (American Cancer Society, 2010).

Thailand also has well-established support organizations, such as the Bangkok Breast Cancer Support Group (BBC), that help organize such meetings. These emotional support meetings are held every week, and create an environment where breast cancer survivors share their experience of the disease to others. By attending these support groups, a patient's mood and ability to cope with the disease can improve, which in turn helps with the rest of their treatment and healing process. The BBC offers these support groups and other services in hopes of providing such a benefit to breast cancer patients.

Appendix D: Fundraising and Awareness Campaigns in the United States and Thailand

The development and maintenance of all of these support services relies not only upon adequate knowledge, but also upon adequate funding. Awareness campaigns distribute information about the disease, the treatments available, and different support services offered to suit a breast cancer patient's needs. Campaigns also strive to raise funds to distribute amongst cancer centers and hospitals.

As stated in the previous sections concerning informational support, there are many different awareness campaigns designed to enlighten the public and encourage healthy lifestyles. In the United States the familiar pink ribbon is a symbol of breast cancer and can be used to easily associate anything with the disease. Pink ribbon merchandise is ubiquitous, including items such as clothing, jewelry, posters, and magnets. The pink ribbon can even be seen on food labels. Athletic teams, ranging from the NFL to high school programs, hold "Play for the Cure" games where teams wear pink jerseys and collect donations that go towards breast cancer research.

One of the biggest campaigns in the United States is run by the National Breast Cancer Awareness Month organization. This group dedicates every October to focus on breast cancer and to encourage people to arm themselves with knowledge about breast cancer. The promotion for the month is extensive and the intention is to keep breast cancer in the general public's mind. This organization releases information on how to give self-breast examinations, different types of breast cancer, healthy living, support groups, information for survivors, and much more. It also offers advice to clinics year round to increase the use of mammographies and other breast cancer screening tools. They have suggested options such as facilities extending their hours once or twice a week to accommodate women with a nine to five work schedule. They also provide

ideas to companies to promote awareness in the workplace. For example, the District of Columbia puts a breast cancer message on their employees' paystubs and AstraZeneca actually offers an in-house breast cancer screening program (National Breast Cancer Awareness Month, 2010)

Awareness campaigns are less prominent in Thailand, however, mainly because it wasn't until recently that the incidence of the disease began to increase and its impacts have become more prominent. The public knowledge base surrounding it is also still just emerging. At the forefront of breast cancer awareness campaigns in Thailand are our two sponsors, the Queen Sirikit Centre for Breast Cancer and the Bangkok Breast Cancer Support Group (BBC). The BBC hosts an annual event on the first of October to coincide with Breast Cancer Awareness Month called "Siamese Wellness Day" which focuses on a holistic approach to breast cancer treatment and on healthy living with breast cancer. The Queen Sirikit Center for Breast Cancer has run awareness campaigns every year since 2007, including medical conferences for clinicians and oncologists. One such campaign is the annual Pink Polo fundraising event. Both of these institutions run an outreach program that focuses on giving awareness talks to underprivileged woman who cannot afford mammographies or other screenings for breast cancer. These organizations will even bring these women into the Queen Sirikit hospital for screening and treatment if applicable (Queen Sirikit Centre for Breast Cancer, 2010).

Appendix E: First Round Interview Questions

Set #1: Sponsors Interview

1. How closely do you work with the Queen Sirikit Centre and with breast cancer patients?
2. Which complementary therapies do patients most often seek information about? What are the most frequently asked questions?
3. What complementary therapy tools do you currently have in place (ex: the iPods with relaxation music)
4. What feedback have you gotten from patients about complementary therapies?
5. What successful programs have you worked with or are aware of?
6. What do you want your audience to think/feel/do if they have access to this? What is the most important one?

Set #2: Breast Cancer Survivor Interviews

1. How old were you when you were diagnosed with breast cancer?
2. What stage of breast cancer were you diagnosed with?
3. How long have you been in remission?
4. How long were you treated for? What treatments? (if comfortable sharing)
5. Are you familiar with complementary or integrative therapies? What does that mean to you?
6. Did you use any complementary therapies during the course of your treatment, before, and/or after? Which ones?
 - a. If so, why did you decide to try them?
 - i. If so, where did you first learn about complementary therapies?
 - ii. If so, were the therapies presented as integrative or alternative? (explain the difference)
 - iii. If so, do you think these therapies helped (physically and/or psychologically) you go through the medical treatments of breast cancer? Do you think they complemented each other? Why or why not?
 - iv. If so, is there anything you found especially useful? What didn't work so well?
 - v. Were there costs associated with these therapies? What resources/props did you need?
 - b. If not, why did you decide not to use them? What could have made you more willing to try them?

Set #3: Therapy Provider Interviews

1. What is your background with [integrative therapy]?
2. Do you believe that [integrative therapy] could be used as an integrative therapy to complement medical treatments?
3. Have you ever worked specifically with breast cancer patients?
 - a. If so, for how long?
 - i. What kinds of treatments were they going through?
 - b. If not breast cancer patients, what kind of cancer did they have?
4. How do you adapt [integrative therapy] to fit the needs of these patients?
5. What do you think the benefits of [integrative therapy] are for breast cancer patients? How does [integrative therapy] complement breast cancer treatment?
6. Why would you recommend [integrative therapy] to breast cancer patients?

- a. When during the course of treatment could [integrative therapy] be most beneficial?
7. What can patients do to prepare for or make [integrative therapy] most effective?
8. How often do you think breast cancer patients can use [integrative therapy]?
9. What specific aspects/symptoms/side effects of breast cancer and its treatment does [integrative therapy] help relieve?
10. Where can a breast cancer patient find information about [integrative therapy]?
11. What complementary therapies or treatments that [integrative therapy] should not be used simultaneously with?
12. What are the risks or adverse effects that could result from [integrative therapy]?

Appendix F: First Round Interview Responses

Breast Cancer Survivor Responses

Breast Cancer Survivor #1

1. *How old were you when you were diagnosed with breast cancer?*

My age was around 45 years old.

2. *What stage of breast cancer were you diagnosed with?*

Stage II

3. *How long have you been in remission?*

Roughly 4 years(follow up).

4. *How long were you treated for? What treatments? (if comfortable sharing)*

I took around 7 months to complete the whole treatments. I had done chemotherapy for 4 doses and radio therapy for 30 times. Later on, I still have to take the medicine that involve with estrogen receptor for 5 years.

5. *Are you familiar with complementary or integrative therapies? What does that mean to you?*

I don't pay attention much about these therapies.

6. *Did you use any complementary therapies during the course of your treatment, before, and/or after? Which ones?*

I had done alternative therapies when I first know that I had breast cancer. I tried to change my eating style to vegetarian.I followed the thing that people said such as having herb medicine . I heard that it's able to cure breast cancer. So, I hope that I wouldn't go through the breast operation.

The integrative therapy that I used during the medical treatment was nutrition.For example, I took a lot of egg to gain protein during medical treatment.I tried to balance and adjust the right proportion for my diet.

- a. *If so, why did you decide to try them?*

- i. *If so, where did you first learn about complementary therapies?*

I tried it because my physician and nurse advice me to eat. Therefore, I stop eating the alternative therapy (nutrition) and turn to the integrative therapy instead.

- ii. *If so, were the therapies presented as integrative or alternative? (explain the difference)*

I found it as the integrative therapy because it doesn't interfere with my medical treatment. It helps me get healthier.

- iii. *If so, do you think these therapies helped (physically and/or psychologically) you go through the medical treatments of breast cancer? Do you think they complemented each other? Why or why not?*

I applied this therapy during chemotherapy to make me healthier and I felt happier that I could eat everything that I wanted by balancing the proportion.It's opposite from the alternative therapy(nutrition) that the patients

need to eat only veggies. Because, they believe that the protein from meat is not good for cancer patients. For example, chicken and soy bean contain estrogen hormone which could alter the chance of having cancer.

iv. *If so, is there anything you found especially useful? What didn't work so well?*

As I already mentioned about egg. No matter, an egg is the good source of protein but the patients need to be aware of highly consumption yolk. It also contains cholesterol as well. Therefore, some people would rather eat only the egg white

v. *Were there costs associated with these therapies? What resources/props did you need?*

I bought the cooking book.

7. *Any advice you would give to breast cancer patients?*

- Suggest that people think about changing the way they eat right away after they know they have the cancer
- Most of the patients are scared of going through the breast surgery. Therefore, they would find the better way such as alternative therapy to avoid it.
- During the treatment the patients are very exhausted. So, they might not have mood or energy to take any exercise. They prefer to do it after treatment.
- Family is the best supporter to help the patients come across patient's hard time.

Breast Cancer Survivor #2

1. *How old were you when you were diagnosed with breast cancer?*

56 years old

2. *What stage of breast cancer were you diagnosed with?*

Breast cancer stage I, the size is 1cm.

3. *How long have you been in remission?*

About 7 years

4. *How long were you treated for? What treatments? (If comfortable sharing)*

I was treated with surgery, chemotherapy and radiation for 6 months. I had no effect from these treatments such no-hair loss.

5. *Are you familiar with complementary or integrative therapies? What does that mean to you?*

I understand that how integrative therapy is different from alternative therapy.

I reckon that the complementary therapies are the therapies that help body-mind work well with medical treatment. These therapies are not able to replace the medical treatment neither. Also, I didn't choose or try the alternative therapies because I had learnt from other patients and family's experience that those people's cases got worst. Therefore, I didn't want to waste my time to try anything like that.

6. *Did you use any complementary therapies during the course of your treatment, before, and/or after? Which ones?*

Yes I did tai-qi before I was found out to be the breast cancer patient. During the treatment and afterward, I also practice tai-qi .

- a. *If so, why did you decide to try them?*

Firstly, the movement of tai-qi is quite slow. So, it's suitable for the people in my age (40++). I found out that tai-qi make me healthier such as , It help me improve the breathing system and also

- i. *If so, where did you first learn about complementary therapies*

I learnt it from the neighborhood's activities.

- ii. *If so, were the therapies presented as integrative or alternative? (Explain the difference)*

This tai-qi is presented as integrative therapy .I had done without altering the medical treatment.

- iii. *If so, do you think these therapies helped (physically and/or psychologically) you go through the medical treatments of breast cancer? Do you think they complemented each other? Why or why not?*

In my opinion, I think it help me a lot to get through this hard time. During the treatment, Tai-qi would help me prepare the mind-body strength for the next challenging treatment. Also, my relaxation is increased. No matter, I had chemotherapy. I felt that I had a better physical.

- iv. *If so, is there anything you found especially useful? What didn't work so well?*

I think that there is no negative effect from doing tai-qi. On the other hand, it helps creating the better body for people in my age as well.

- v. *Were there costs associated with these therapies? What resources/props did you need?*

There is no cost for doing this therapy. People normally practice tai-qi in the park such as Suan Lum.

Breast Cancer Survivor #3

1. *How old were you when you were diagnosed with breast cancer?*

48 years old

2. *What stage of breast cancer were you diagnosed with?*

Stage I with tumor size of 2cm.

3. *How long have you been in remission?*

About 7 years

4. *How long were you treated for? What treatments? (If comfortable sharing)*

7 months, with surgery, chemotherapy and radiation.

5. *Are you familiar with complementary or integrative therapies? What does that mean to you?*

Yes, I am familiar with complementary therapies. I think that complementary therapies are the therapies that support with medical treatment, while it is completely different from alternative therapies because as alternative therapies don't have any prove from scientific reviews.

6. *Did you use any complementary therapies during the course of your treatment, before, and/or after? Which ones?*

Yes, I did mediation before, during, and after treatment.

a. *If so, why did you decide to try them?*

I practiced it because I wanted to control my mind. Once I was able to control my mind, then it helped me to have a better psychological.

i. *If so, where did you first learn about complementary therapies? (3, 4)*

I learnt from my elementary school.

ii. *If so, were the therapies presented as integrative or alternative? (Explain the difference)*

I believed that it presented as integrative therapy because I practiced it together with medical treatment.

iii. *If so, do you think these therapies helped (physically and/or psychologically) you go through the medical treatments of breast cancer? Do you think they complemented each other? Why or why not?*

Yes it helped in both psychological and physical because once I had a good psychological then I also had a better physical since it both linked together. Furthermore, it helped a lot during breast cancer treatment because it made me less stressful. I think that they complemented each other because they both worked well together.

iv. *If so, is there anything you found especially useful? What didn't work so well?*

I think that it was very useful for me to be able to control my mind. As for the part that it didn't work well, I can't find from it.

v. *Were there costs associated with these therapies? What resources/props did you need? No cost and props associated with it.*

Breast Cancer Survivor #4

1. *How old were you when you were diagnosed with breast cancer?*

44 years old, notice tumor and also bigger breast

2. *What stage of breast cancer were you diagnosed with?*

II to III, with tumor size of 6cm but cancer is nearly spread out to lymph node.

3. *How long have you been in remission?*

I have been cured for 9 years already

4. *How long were you treated for? What treatments? (If comfortable sharing)*

8months, with surgery (one breast), chemotherapy and radiation step by step.

5. *Are you familiar with complementary or integrative therapies? What does that mean to you?*

Before the treatment I didn't have any knowledge on neither alternative nor integrative therapy because none of my family's members have cancer before. However, I learnt about them from other survivors after treatment. For me alternative therapy is unreliable because they are lack of supportive data such as statistic of survivors and scientific data.

6. *Did you use any complementary therapies during the course of your treatment, before, and/or after? Which ones?*

I had experience meditation and yoga after treatment.

a. *If so, why did you decide to try them?*

I did them for my own health to calm down my mind and do it as exercise.

i. *If so, where did you first learn about complementary therapies?*

I heard about them from other survivors.

ii. *If so, were the therapies presented as integrative or alternative? (Explain the difference)*

I believed they are integrative because I use them as supportive activity for my medical treatment.

iii. *If so, do you think these therapies helped (physically and/or psychologically) you go through the medical treatments of breast cancer? Do you think they complemented each other? Why or why not?*

I think that they help both physical and psychological, and I believe if your minds are strong and not stress, your body or health also strong enough to fight the disease because mind and body are linked.

iv. *If so, is there anything you found especially useful? What didn't work so well?*

It is useful for sure as you can see now I can laugh, smile and enjoy my life even I have only one breast left. There is no bad point about them.

v. *Were there costs associated with these therapies? What resources/props did you need?*

Most of them free, for example meditation you can do it at home and doesn't need any instrument or you can go to temple which still free. For Yoga, I got some knowledge from other survivors so it is free.

7. *Any advice you would give to breast cancer patients?*

They also suggest about chemotherapy manual for patients, that chemotherapy's patient:

1. Patients should not go to overcrowded place, because patients will get infected very easy during treatment.
2. Patients should not stay under strong sunlight, because chemo is react with sunlight and heat
3. Nutrition also important for patients, they should take enough nutrients from five food group

Breast Cancer Survivor #5

1. *How old were you when you were diagnosed with breast cancer?*
I got it in 2009. I was born in 1962
2. *What stage of breast cancer were you diagnosed with?*
I got three lumps in the left side and the biggest one was on the outside.
Either stage 1 or 2
3. *How long have you been in remission?*
Since February of 2009
4. *How long were you treated for? What treatments?*
2 months of treatments and then operation in feb and then chemo and finished in june and kept doing the check-ups. Had no hair. Took about a year for treatments and coming back to normal.
5. *Are you familiar with complementary or integrative therapies? What does that mean to you?*
I wanted to do something by myself for me
6. *Did you use any complementary therapies during the course of your treatment, before, and/or after? Which ones?*
Acupuncture for half a year (every 2 weeks after chemo), yoga every day after operation and during the treatments every day, reiki a few times by my friend, after all the treatment. She didn't touch me but I felt her hands warmness so I wasn't scared.
 - i. *If so, where did you first learn about complementary therapies?*
Found in the book "yoga for medicine" and friends told me about them, looked in the internet too and I wasn't sure if I could believe it or not; I saw some things but I didn't want to try it
 - ii. *If so, were the therapies presented as integrative or alternative? (explain the difference)*
 - iii. *If so, do you think these therapies helped (physically and/or psychologically) you go through the medical treatments of breast cancer?*
It cleanse the body and it helped
 - iv. *Do you think they complemented each other? Why or why not?*
Chemo cleanse the body and reiki healed
 - v. *If so, is there anything you found especially useful? What didn't work so well?*
Everyone needs to do the normal hospital treatment; it's scary but don't avoid it; reiki was good but you need someone for that, I did acupuncture on myself, yoga helped; I wanted to heal and I wanted to do it by myself so the yoga and tai chi helped; I felt myself getting better gradually;
 - vi. *Were there costs associated with these therapies? What resources/props did you need?*

Acupuncture was not expensive, and I just wanted to pay for it because I wanted to heal

- b. *If not, why did you decide not to use them? What could have made you more willing to try them?*

I am good at yoga so I stuck with that and when looking through the internet, you can't distinguish which is real or not. I just did what my friends recommended too

7. *Do you have any advice you would give to breast cancer patients about integrative therapies?*

You might lose something, so don't try to come back and think about something you lost; think about something you get; I feel stronger now. "By treatment, we might lose something. Don't keep thinking about it. We need to let it go. Think about something you have, the life. We are still living. Thank it. Keep smiling to the people around you and yourself."

Breast Cancer Survivor #6

1. *How old were you when you were diagnosed with breast cancer?*

52 years

2. *What stage of breast cancer were you diagnosed with?*

Stage 2

3. *How long have you been in remission?*

14 years, I don't think it's going to come back

4. *How long were you treated for? What treatments? (if comfortable sharing)*

I had a small lump, it was 1.6cm, and I didn't have to do chemo. I had my lymph node taken from the breast and later they took my ovaries because my cancer was estrogen receptive. I did this surgery 14 years ago, and what they do is give you a drug for it. So I didn't do chemo, I did radio therapy and I was on exemestane (anti cancer drug, mild form of estrogen, estrogen feeds the cancer but exemestane is a mild form of estrogen so it blocks the receptors of the cancer). I was on the drug for 5 years. I had cancer in one of my lymph nodes; my cancer was only grade one and I was in Stage 2 so I did not do chemo.

5. *Are you familiar with complementary or integrative therapies? What does that mean to you?*

I believe that complementary therapies have to be in conjunction with normal treatment. When your diagnosed I think what you want to do is something that can help yourself, because you are in a position where you don't know what to do. Some people go out and look for other complementary medicine because it is something you can actually do to help yourself at the time.

If people believe in Chinese medicine then maybe it will work for them. It may be a psychological thing. There is no harm in Chinese medicine. When you think you are about to die you are desperately looking for something to cure yourself.

At first, I didn't know anything about cancer, didn't know anyone with cancer, no knowledge about cancer. I was terrified out of my mind. I didn't know anything at all. But once you learn something, you know it is not a death sentence at all. People are constantly afraid. This is what we try to do to our own, tell people that once you are diagnosed it is not automatically a death sentence. A lot of people associate immediately death with cancer.

People ask, "What have you done to stay alive this long?" In the end you have to be honest with them and tell them it is just a matter of luck. People also ask, "What did I do to get cancer?" you didn't do anything

I did not find my lump myself, it was found during my check up.

We get checked every year. I self-examine every month.

6. *Did you use any complementary therapies during the course of your treatment, before, and/or after? Which ones?*

No, I only changed my diet because I thought I should eat healthier. I exercise.

- a. *If not, why did you decide not to use them? What could have made you more willing to try them?*

I think it is a waste of time. I never thought about complementary therapy. I had confidence in the doctors that they can cure you, and I was just skeptical about everything else so I didn't use them. The medical treatments seemed logical to me, it all made sense but for complementary, to me I never feel like I needed anything else besides the medical treatment. I received support from my husband. After talking to people that told me that I wasn't going to die I felt better, not as afraid anymore. After finding out that I had cancer, I think "what is the next step?" When you are having the treatment, it's not so bad because there are people there to guide you and support you. It is when the treatments stop that is scary because we are now on our own to go back into society.

Breast Cancer Survivor #7

1. *How old were you when you were diagnosed with breast cancer?*

55 years old

2. *What stage of breast cancer were you diagnosed with?*

Stage 1

3. *How long have you been in remission?*

8 years, 5 year period after surgery, now another 5 years (10years) I'm prepared for it to come back, if it comes back its okay, Jackie is 5 year ahead of me. Jackie has to be here for my inspiration.

4. *How long were you treated for? What treatments? (if comfortable sharing)*

I had surgery because it was a small lump it was just a lumpectomy. Because it was a lumpectomy I needed radiation, radiation on the edge of the breast. I did not have chemotherapy. I didn't know whether I needed it or not, I told the doctor I didn't want chemo. My theory is that if I do chemo it will kill the cancer cells but it will also kill my brain cells. I am against chemo. If they had told me I needed chemo I don't know if I would do it or not because I was already in my 50s, half of my life is already gone I'm not afraid to take the risk.

5. *Are you familiar with complementary or integrative therapies? What does that mean to you?*

I agree that complementary therapies have to be used in conjunction with normal medical treatment.

During one of the seminars that were given by Dr. Kris, I met one of the ladies who was at about the same stage as I was, the lady chose not to have surgery, the lady was going to have some other sort of help (alternative therapy). The lady didn't have surgery, and she just took natural medicine. After the seminar she went home but we still kept in contact. Two months later I called to see how she was, her husband picked up the phone and told me that she was not there and that she had gone out selling insurance. So it must mean she is all well then. I was happy for her. But two months later I called again and I told her husband to ask her to call me back but she never did. So I followed up and two months later she had passed away.

My sister brought me herbal medicine; she went through all the trouble so I used it. It is a type of grass that was good for cancer. I have this in my house; I grow them, whenever I know someone with cancer I would go to their house with a whole pot full of them. People believe it helps.

I went on the internet, to Susan G. Komen immediately for information because it was an organization for breast cancer and I found a lot of information because I didn't know enough. I read a lot of books on breast cancer, books on cancer. There is a lady doctor

here she had thyroid cancer and have written two books. I read them. Information is important; doctors don't always let patients know about everything.

Psychologically if you see your hair fall out it is heartbreaking, so as a survivor I tell them to cut it. A lot of people always ask, "Why me? What did I do wrong?" this happens to everybody, you did nothing wrong

Friends introduce me to expensive Chinese medicine, but she didn't know if it would conflict with medical treatment.

Every month I self-examine. I found my lump myself. Bad experience with first doctor, found lump and went to the doctor, she confirmed it and the doctor told me to go see a surgeon. The surgeon was an awful doctor; he just scheduled a surgery without telling me, I just found out that I had breast cancer and he was going to take my whole breast off.

6. *Did you use any complementary therapies during the course of your treatment, before, and/or after? Which ones?*

No, I didn't because vegetarians get cancer too. I control my weight, I exercise. I do yoga and exercise before. I hula hoop, I wake up at 5am and walk 5 kilometers. I did all this before breast cancer, but I still got breast cancer. I accept cancer, I had a good life I had everything. I relied a lot on books for support and support from my daughter. Meditation helped a lot. I did meditation. I think it helped. I didn't do so much meditation before breast cancer. But after I found out about breast cancer I did meditation much longer.

- a. *If not, why did you decide not to use them? What could have made you more willing to try them?*

I decided not to use them because it was proof to me when the lady I told you about before passed away because she didn't get treatment.

Breast Cancer Survivor #8

1. *How old were you when you were diagnosed with breast cancer?*
1999, 56 years old
2. *What stage of breast cancer were you diagnosed with?*
Pre Stage, introductory
3. *How long have you been in remission?*
I don't think of it as being in remission. Don't like word of survivor, more as condition that we can deal with today. It's not a death sentence anymore.
4. *How long were you treated for? What treatments? (if comfortable sharing)*
No treatment. Mastectomy and reconstructive surgery
5. *Are you familiar with complementary or integrative therapies? What does that mean to you?*
No. I assume that it means that you use many therapies at the same time.
6. *Did you use any complementary therapies during the course of your treatment, before, and/or after? Which ones?*
No but by profession she is a nutritionist
 - a. *If so, why did you decide to try them?*
Profession
 - b. *If not, why did you decide not to use them? What could have made you more willing to try them?*
Just didn't think there was any need to change diet. Didn't see benefit in changes. Was already aware of nutrition but nothing special.
7. *Do you have any advice you would give breast cancer patients about using integrative therapies?*
don't think of it as a deadly disease. Think of it as something you can cope with and manage. Never think that it was something you did that caused it like didn't eat right. Not true. You are not responsible. Should not interfere with your life. Do what you want to do.
As a nutritionist: no human studies that indicate that there is a relationship btw diet and BC. Shouldn't think that what you eat would cause you to have breast cancer.

Breast Cancer Survivor #9

1. *How old were you when you were diagnosed with breast cancer?*
70 years old
2. *What stage of breast cancer were you diagnosed with?*
Stage 1
3. *How long have you been in remission?*
4 months
4. *How long were you treated for? What treatments? (if comfortable sharing)*
Mastectomy. Medicine
5. *Are you familiar with complementary or integrative therapies? What does that mean to you?*
Meditate but did not understand at first
6. *Did you use any complementary therapies during the course of your treatment, before, and/or after? Which ones?*
Yes! Meditation
 - a. *If so, why did you decide to try them?*
Did it before because of divorce
 - b. *If so, where did you first learn about complementary therapies?*
1996, aunt was a mediation learned from her
 - i. *If so, were the therapies presented as integrative or alternative? (explain the difference)*
 - ii. *If so, do you think these therapies helped (physically and/or psychologically) you go through the medical treatments of breast cancer? Do you think they complemented each other? Why or why not?*
Yes. Calms you, brightens thoughts, good for you. Cannot learn from books, attend the course have someone to lead. It's very easy because no obligations really (for her) lots of time. You should at least try.
 - iii. *If so, is there anything you found especially useful? What didn't work so well?*
 - iv. Nothing bad. Children don't have time for it but can start after 6. When older it's easier to turn mind off and away from bad thoughts because she's older.
7. *Do you have any advice you would give breast cancer patients about using integrative therapies?*
It's very common, don't worry. It's not easy but you're not alone.
Tried to eat 2 egg whites every day, took vitamin c from orange or lemon, lost mother from breast cancer and brother from brain cancer

Breast Cancer Survivor #10

1. *How old were you when you were diagnosed with breast cancer?*
Maybe 40
2. *What stage of breast cancer were you diagnosed with?*
Don't know- I had a very small lump
3. *How long have you been in remission?*
10 years
4. *How long were you treated for? What treatments? (if comfortable sharing)*
I wasn't treated medically
5. *Are you familiar with complementary or integrative therapies? What does that mean to you?*
Yes I am and I think other people might be able to use them as integrative, but I used them as alternative
6. *Did you use any complementary therapies during the course of your treatment, before, and/or after? Which ones?*
Yes, meditation only
 - a. *If so, why did you decide to try them?*
 - i. *If so, where did you first learn about complementary therapies?*
Through my profession
 - ii. *If so, were the therapies presented as integrative or alternative? (explain the difference)*
Used as alternative, but I know that it would be integrative if I used medicine too
 - iii. *If so, do you think these therapies helped (physically and/or psychologically) you go through the medical treatments of breast cancer? Do you think they complemented each other? Why or why not?*
Meditation completely healed me, I didn't need medical treatments

Therapy Provider Responses

Meditation Provider #1

1. *What is your background with meditation?*

Did some yoga and yoga teacher in Austria told me to go to Thailand for meditation retreat for two months and I really liked it and decided to become a nun. Tried to find a more meaningful life and started with different teachers and techniques, especially the mindfulness meditation and cutting off all kinds of distractions (mindfulness and concentration - together). I have been a meditation teacher for 19 years.

2. *Do you believe that meditation could be used as an integrative therapy to complement medical treatments?*

Yeah of course, I am strongly convinced that the mind influences the body and if someone gets sick, with a positive mind you can have a strong influence to a quicker healing. I believe the medical and integrative therapies should go together. Shouldn't have one without the other.

3. *Have you ever worked specifically with breast cancer patients?*

a. *If so, for how long?*

Yes, 2 or 3 years ago, I was invited to teach meditation to breast cancer patients.

b. *What kinds of treatments were they going through?*

Some had operations already and chemo

c. *If not breast cancer patients, what kind of cancer did they have?*

Brain. You could see the difference between someone who knew about meditation (no pain – controlled through meditation) and someone who didn't (incredible amounts of pain) even though they had the same sickness.

4. *How do you adapt meditation to fit the needs of these patients?*

There is no need to change; being in the present and letting them know that being in the present moment can help relieve. The more we worry the less power we have and we need that power to heal. The mindfulness meditation can help me not worry so helps relieve stress but the concentrative meditation helps with the pain.

5. *What do you think the benefits of meditation are for breast cancer patients? How does meditation complement breast cancer treatment?*

Helps them not to worry and helps relieve the mind and pain. I am 100% sure it will help you get out of the difficult stage of coping with the treatments. If the mind is strong, the body is strong. It is better to have a calm mind to deal with it. It can even help heal.

6. *Why would you recommend meditation to breast cancer patients?*

a. *When during the course of treatment could meditation be most beneficial?*

It is good to do it early because it is difficult to deal with the body in pain.

7. *What can patients do to prepare for or make meditation most effective?*

Just doing it, especially early.

8. *How often do you think breast cancer patients can use meditation?*

I tell my students “24 hours a day” but mindfulness meditation, you can do it all the time. Just knowing that you are making an experience of whatever you do, is already meditation. You will be able to see the pain from a distance; that is good.

9. *What specific aspects/symptoms/side effects of breast cancer and its treatment does meditation help relieve?*

It calms the mind and relieves pain

10. *Where can a breast cancer patient find information about meditation?*

I don't know if there's a special group but everyone who is interested can come to my place, free of charge, as long as they want but just let me know. I have some books and you can email me; I can write and give some instructions.

11. *What complementary therapies or treatments that meditation should not be used simultaneously with?*

None that I know of

12. *What are the risks or adverse effects that could result from meditation?*

Normally not; if you practice very intensely, you should have a teacher if you are not really safe/knowledgeable. You might hear/see things others can't and it might get weird but only if you are being very intense about it and it is good to have a teacher to explain what is going on. I had a side effect – I loved meditation so much, I became a nun!

Meditation Provider #2

1. *What is your background with meditation?*
Over 20 years
2. *Do you believe that meditation could be used as an integrative therapy to complement medical treatments?*
Definitely
3. *Have you ever worked specifically with breast cancer patients? Cancer patients in general?*
 - a. *If so, for how long?*
Yes, been working as a health professional for 15 years; in early stages and late stages.
 - i. *What kinds of treatments were they going through?*
Most of them went through chemo. There are very few that used integrative therapies from the beginning
 - ii. *If not breast cancer patients, what kind of cancer did they have?*
Prostate and in the leg
4. *How do you adapt meditation to fit the needs of these patients?*
Meditation can help with any stage of breast cancer. Guided visualization exercises – lie down, ppl aren't aware of their bodies, take them into a deep stage of realization, starting from the top of the head, imagine a wave of calmness is coming down the body, feeling the muscles totally relaxing, bringing them to the prayer of loving kindness “may I be healthy, may I be happy and peaceful...”, go to the area where the cancer is and offer loving kindness to the area and visualize it dissolving and leaving your body; could be something like ocean, mountains, etc
5. *What do you think the benefits of meditation are for breast cancer patients? How does meditation complement breast cancer treatment?*
Calming down, on a deeper level, when the person is calm down, the cells regenerate better and it complements the breast cancer treatment. I am not against western medicine but I think that it could be cured without it.
6. *Why would you recommend meditation to breast cancer patients?*
 - a. *When during the course of treatment could meditation be most beneficial?*
No better time. Ideally, come in the beginning. Whenever that person comes, is the right time.
7. *What can patients do to prepare for or make meditation most effective?*
Depends on what kind of meditation you wanna give someone; especially watching the breath.
8. *How often do you think breast cancer patients can use meditation?*
Every day; “I will get better; this will be gone”
9. *What specific aspects/symptoms/side effects of breast cancer and its treatment does meditation help relieve?*

Pain, stress, coping with breast cancer

10. *Where can a breast cancer patient find information about meditation?*

I don't know, but if support groups can give this information, especially doctors if they can give them the information

11. *What complementary therapies or treatments that meditation should not be used simultaneously with?*

There aren't any. Meditation is the top of the iceberg, you can't go beyond that; but it is one of the hardest things to do; you have to really do it for yourself. It is something you have to take on board and really put in the effort

12. *What are the risks or adverse effects that could result from meditation?*

If there is a retreat being held, if there is someone who has emotional problems, the provider needs to make sure they know about any emotional disorders so that they don't trigger any flashbacks or emotional episodes/disturbances

Meditation Provider #3

1. *What is your background with meditation?*
Been doing meditation for 15 years
2. *Do you believe that meditation could be used as an integrative therapy to complement medical treatments?*
Yes absolutely
3. *What do you think the benefits of meditation are for breast cancer patients? How does meditation complement breast cancer treatment?*
Relax and you don't identify with your body so much and that is a great help because if you do, there is stress and if you don't, there is no stress. Two things: (Kabat Sinn) stress reduction vs. awareness meditation. You can learn to reduce the pain and the tension and reduce the stress from the medical treatments. Pain becomes less and if not, can accept it more
4. *Why would you recommend meditation to breast cancer patients?*
Yes, I would recommend it to everyone.
 - a. *When during the course of treatment could meditation be most beneficial?*
The sooner the better.
5. *What can patients do to prepare for or make meditation most effective?*
Just do it!
6. *How often do you think breast cancer patients can use meditation?*
Every day
7. *What specific aspects/symptoms/side effects of breast cancer and its treatment does meditation help relieve?*
Pain, stress, tension because of the treatments and meditation can help reduce fear that more pain will arise.
8. *Where can a breast cancer patient find information about meditation?*
Meditationthailand.com
9. *What complementary therapies or treatments that meditation should not be used simultaneously with?*
No not really
10. *What are the risks or adverse effects that could result from meditation?*
Correct way – positive effects. In usual amount, it is very good. If there is no good guidance and have a very narrow, fixed mind, it might cause problems. Don't force it. Don't do day and night without sleeping if you don't know how to. It is recommended to have a teacher to avoid extremes.

Meditation Provider #4

1. *What is your background with meditation?*

Absolute beginner (5th day!) I wanted to calm down and bring myself more in the middle and know myself more.

2. *Do you believe that meditation could be used as an integrative therapy to complement medical treatments?*

My father is a doctor so I know the both sides. Meditation brings happiness, it is good. Good energy makes you stronger so yes! But maybe some things you have to do medication.

3. *What do you think the benefits of meditation are for breast cancer patients? How does meditation complement breast cancer treatment?*

I know people who have had cancer and I think meditation can help with frustration and depression and meditation brings you to a state of present. Everything changes and learning about the “now” can help deal with feeling of suffering from the cancer. You can feel more relaxed

4. *Why would you recommend meditation to breast cancer patients?*

Yes because don't always think about past, future; don't think about it. Just live it. Enjoy the present, don't fear all the time

a. *When during the course of treatment could meditation be most beneficial?*

All the time. It is for everyone because you learn more about what is.

5. *What can patients do to prepare for or make meditation most effective?*

Speak with a teacher; it is very important to have a teacher to teach you how to meditate

6. *How often do you think breast cancer patients can use meditation?*

Every day

7. *What specific aspects/symptoms/side effects of breast cancer and its treatment does meditation help relieve?*

If a breast cancer patient is suffering and in pain or is in fear of dying, meditation can help relieve that.

8. *Where can a breast cancer patient find information about meditation?*

Meditationthailand.com, there are many books. It is important to get in contact with a teacher. Go to a wat maybe, speak with someone. Google it in the internet, speak with people who have already had contact with meditation. Try to go to a professional before doing it on your own.

9. *What complementary therapies or treatments that meditation should not be used simultaneously with?*

I'm not sure. I am just a beginner.

10. *What are the risks or adverse effects that could result from meditation?*

I'm not sure. I am just a beginner.

Meditations Provider #5

1. *What is your background with meditation?*

I began at 30-35, I am 60 now. I didn't start with Buddhist meditation. It was contemplation – Christian background and focused on breathing and mind

2. *Do you believe that meditation could be used as an integrative therapy to complement medical treatments?*

Yes! As a COMPLEMENT. You shouldn't forget doctors. It helps your mind and body.

3. *What do you think the benefits of meditation are for breast cancer patients? How does meditation complement breast cancer treatment?*

It is helpful for women to deal with “how can I live my life with breast cancer”. It can help the mind and the body.

4. *Why would you recommend meditation to breast cancer patients?*

Yes! Mindfulness walking is a kind of meditation to calm while walking could really help

a. *When during the course of treatment could meditation be most beneficial?*

The best is from the first moment on. Every woman has their own spirituality and will find their own way and kind of meditation

5. *How often do you think breast cancer patients can use meditation?*

Every day, at least half an hour. It is better to do it every day for 15 minutes than once a week, for 2 hours. Same time and maybe at the same place; it can help

6. *What specific aspects/symptoms/side effects of breast cancer and its treatment does meditation help relieve?*

It makes your mind strong. Can help calm your body and mind.

7. *Where can a breast cancer patient find information about meditation?*

Internet and Buddhist centers

8. *What complementary therapies or treatments that meditation should not be used simultaneously with?*

I don't think there are any.

9. *What are the risks or adverse effects that could result from meditation?*

I don't think you should do it by yourself from the internet or books. Go to a teacher.

Normally, no risks but you could do it the wrong way, especially if you have problems in the mind, it might not be the right way.

Yoga Provider #1

1. *What is your background with yoga?*

Used to do it and be interested in it when I was 15 and it wasn't until I came to Thailand that I met teachers (28 years total)

2. *Do you believe that yoga could be used as an integrative therapy to complement medical treatments?*

Absolutely and the highest yoga is meditation and visualization

3. *Have you ever worked specifically with breast cancer patients? Cancer patients in general?*

a. *If so, for how long?*

Yes, since I had teachers

b. *What kinds of treatments were they going through?*

Mostly chemo/radiotherapy

4. *How do you adapt yoga to fit the needs of these patients?*

If someone has just had a surgery on their breast, obv don't let them lie down on their stomach; make them calm; don't let them do power yoga – more relaxing type of yoga

5. *What do you think the benefits of yoga are for breast cancer patients? How does yoga complement breast cancer treatment?*

Breathing and helping to balance energy in the body; twisting can benefit spinal column and waist – you're nourishing the insides but cancer is more than physical so you need the spiritual side of the practice

6. *Why would you recommend yoga to breast cancer patients?*

a. *When during the course of treatment could yoga be most beneficial?*

7. *What can patients do to prepare for or make yoga most effective?*

8. *How often do you think breast cancer patients can use yoga?*

9. *What specific aspects/symptoms/side effects of breast cancer and its treatment does yoga help relieve?*

10. *Where can a breast cancer patient find information about yoga?*

Bangkok guide

11. *What complementary therapies or treatments that yoga should not be used simultaneously with?*

12. *What are the risks or adverse effects that could result from yoga?*

If you're not warmed up enough and you pull a muscle. High blood pressure – don't let them stand on their head or a woman on her period

Yoga Provider #2

1. *What is your background with yoga?*
Five years; I wanted to do something for me. “yoga as a medicine”
2. *Do you believe that yoga could be used as an integrative therapy to complement medical treatments?*
Yes, the yoga I do is more focused on the health to keep the body in better condition. (yoga iyengar) I am sure that it helps. I had more patience here especially waiting for results
3. *Have you ever worked specifically with breast cancer patients?*
Yes
 - a. *If so, for how long?*
A little bit, when I opened the class here
4. *How do you adapt yoga to fit the needs of these patients?*
First, teach them how to get out of the bed. Then do the poses to help with muscles
5. *What do you think the benefits of yoga are for breast cancer patients? How does yoga complement breast cancer treatment?*
After the surgery, shoulders move forward and yoga helped shoulders go back to normal and helped breathe too because chest is closed and not spread out. I had no power at the time, especially during chemotherapy and yoga helped. And now my shoulder has no problems.
6. *Why would you recommend yoga to breast cancer patients?*
Yes!
 - a. *When during the course of treatment could yoga be most beneficial?*
Before any type of treatment to learn how to do it because after chemo and surgery, it is much harder to do anything. After chemo, I could only do 2 simple poses.
7. *What can patients do to prepare for or make yoga most effective?*
There is nothing really that you can do to prepare; I don’t use props or anything heavy so you just come and start
8. *How often do you think breast cancer patients can use yoga?*
Every day, even starting the next day after chemo or surgery.
9. *What specific aspects/symptoms/side effects of breast cancer and its treatment does yoga help relieve?*
Pain, ability to move, mind, stress, depression
10. *Where can a breast cancer patient find information about yoga?*
There are many books about yoga, I asked my teacher about it; there is a good DVD out there too.
11. *What complementary therapies or treatments should yoga not be used simultaneously with?*

I don't think so but I am not a doctor, I can suggest or offer some poses and if you feel good, you do it; if you feel your inside guts say no, then don't.

12. *What are the risks or adverse effects that could result from yoga?*

Yes, if someone has high blood pressure and doesn't take their medicine, don't do this type of yoga. It is dangerous. Everyone wants to get better quick but there is some danger in it; they might have more problems.

Yoga Provider #3

1. *What is your background with yoga?*

I was injured exercising and yoga balanced out the legs, started feeling better, sleeping better, have a background in health psychology and was trained in meditation etc and how to teach it, so had a significant buy in already, did teacher training for curiosity only and not originally to teach, yoga is based on aligning energy in body and was curious about that, had to practice 6 days a week for teacher training but never felt better in her life than when I quit hard cardio and dedicated myself to yoga, concentration, mood, sleep, body felt so much better- consistency of doing it every day and finding a balance helped, learn to just acknowledge feelings and thoughts instead of responding immediately and be with thoughts and feelings and work through, we generally see it (younger generations) as something to help us through, while older traditional generation might not have had that exposure

2. *Do you believe that yoga could be used as an integrative therapy to complement medical treatments?*

Yes- I haven't had breast cancer but have seen an effect on immune system and cleansing toxins out of the body, draining lymph system, connecting mind and body, learning how to not get panicked by fears but be patient with yourself, patients can get scared about how to exercise and be in their body, gentle and restorative poses can help patients, there are also poses that can decrease blood pressure and calm the body down, can ease depression, anxiety, different poses can lead to different results
Vigorous yoga is not for breast cancer patients!

3. *Have you ever worked specifically with breast cancer patients?*

Have worked with patients who are recovered but not in treatment currently, not specialized in this, but know that we have to be careful about poses with chest openers and inversions

4. *How often do you think breast cancer patients can use yoga?*

Every day- can help restore balance and body image, confidence and awareness of body- gentle and restorative, can even be done in bed

5. *Where can a breast cancer patient find information about yoga?*

Generational thing- exposure to yoga in the mainstream, youth are generally more aware of yoga in general, it's in gyms and is trendy right now, whereas more traditional people might not be exposed to it because they are surrounded by more traditional people

6. *What complementary therapies or treatments that yoga should not be used simultaneously with?*

Yoga shouldn't be used with certain medications that can cause dizziness or light-headedness

7. *What are the risks or adverse effects that could result from yoga?*

Patients with uncontrolled blood pressure can get dizzy or have heart problems in yoga- they need to be careful moving between poses

Nutritional Therapy Provider #1

1. *What is your background as a nutritionist?*

My degrees, both undergraduate and graduate are in nutrition and holistic nutrition respectively. I minored in Psychology. I completed a dietetic internship after graduation which made me eligible to sit for the board certification exam. After passing the exam I earned the credentials R.D., Registered Dietitian. A Registered Dietitian is different than a “nutritionist.” Anyone can call themselves a “nutritionist” as it is not a legally defined term. Only a Registered Dietitian is qualified to provide Medical Nutrition Therapy.

As an RD I have worked with the state dept. of public health, an acute care hospital, colleges, an eating disorder treatment center, a pediatric practice, non-profit agencies as well as own and operate a private counseling and consulting practice in Western MA.

2. *Do you believe that good nutrition could be used as an integrative therapy to complement medical treatments?*

Yes, most definitely. There are many well-done studies that prove the effectiveness and positive outcome of proper nutrition in various disease states.

3. *Have you ever worked specifically with breast cancer patients?*

Yes

a. *If so, for how long?*

4 years

i. *What kinds of treatments were they going through?*

Various stages of treatment

b. *If not breast cancer patients, what kind of cancer did they have?*

I have worked with patients that have been diagnosed with all types of cancers.

4. *How do you adapt nutrition to fit the needs of these patients?*

Diet therapy must be tailored around the primary medical treatment as well as medications. Food and nutrients can negatively interact with some medications and render the drugs useless or increase their effect and make them toxic. Providing patients with information about food/drug interactions is very important. Another common diet therapy consideration is hematology results. If someone has an abnormal white blood cell count they may need to be placed on a neutropenic diet, which means they cannot eat fresh fruits or vegetable skins. The risk of them getting a food born illness (which is caused from produce more than any other food group) and not be able to fight it is weakened when they have a suppressed immune system.

5. *What do you think the benefits of nutrition are for breast cancer patients? How does good nutrition complement breast cancer treatment?*

I think everyone could benefit from nutrition counseling. Women that are being treated for breast cancer might want to know how soy (a phytoestrogen) may play a role in the diagnosis and recovery. Someone with breast cancer might need a weight reduction plan

as obesity increases breast cancer risk and decreases resiliency. Nutrition like other complementary therapies has a valid role in the treatment of cancer.

6. *Why would you recommend good nutrition to breast cancer patients?*

To improve immune function, improve energy, prevent food and medicine complications.

- a. *When during the course of treatment could good nutrition be most beneficial?*

Really, anytime. The earlier, the better.

7. *What specific aspects/symptoms/side effects of breast cancer and its treatment does good nutrition help relieve?*

Proper nutrition can help relieve low energy, bowel irregularities, lowered immunity, poor sleep, depression, cell repair and regeneration; really I could go on and on.

8. *Where can a breast cancer patient find information about nutrition?*

The American Dietetic Association.

9. *What foods or supplements can interfere with treatment processes? What are the treatments processes that these foods can interfere with?*

This would take too long to answer here. In summary, it would depend on their medications, their health status, and their treatment. Example; cranberries are a wonderful, healthful food loaded with antioxidants however is someone is doing a Coumadin therapy cranberry juice could almost kill them. Fruits and veggies, especially fresh are a wonderful food. Most people don't get enough. But, if you have just undergone chemotherapy you might not have the ability to protect yourself if you ingest a food pathogen.

10. *What are the risks or adverse effects that could result from good nutrition/malnutrition?*

The risks of malnutrition could be as minor as inability to grow your hair back after chemo. To as serious as death. Food is as powerful as medicine and if you do not have a good storage of vitamins and minerals, negative health consequences follow quickly.

Nutritional Therapy Provider #2

1. *What is your background with nutritional therapy?*

Trained in Australia; vitamins, minerals, supplements; dietary – which foods supply the best nutrients to prevent and treat cancer. Writing an article “cancer prevention, nutrition and diet”

2. *Do you believe that nutritional therapy could be used as an integrative therapy to complement medical treatments?*

It’s a huge part of it. It has to be crucial to keeping a person healthy, especially after remission.

3. *How do you adapt nutritional therapy to fit the needs of these patients?*

Looking at home ethnic remedies that look to fit the breast cancer and the constitutional – mental, physical, and emotional to bring the person back into balance; herbs help improve the immune system and helps shrink the tumor size. Tailored supplements so the nutritionist will compile a “menu” specific to their needs.

4. *What do you think the benefits of nutritional therapy are for breast cancer patients? How does nutritional therapy complement breast cancer treatment?*

Diet can help prevent or cure cancer, high fruits and veggies, minimal fats, animal (chicken/fish) in varying degrees, soupy vegetarian diet; when peoples immune system is down and low, sometimes it is hard to eat raw food so have lightly cooked food and avoid sugar and processed foods. Fruits, veggies, and beans, antioxidants (pomegranates, mangos, spinach) help fight cancer.

5. *Why would you recommend nutritional therapy to breast cancer patients?*

a. *When during the course of treatment could nutritional therapy be most beneficial?*

Prevention is the first step. There is a lot of foods (sugar, fats) that should be avoided and some stuff that is shown to reduce cancer; healthy lifestyle.

Antioxidants (beans)

6. *Where can a breast cancer patient find information about nutritional therapy?*

Go to a nutritionist, they can give you a diet/menus, can get people turned around quickly.

7. *What are the risks or adverse effects that could result from nutritional therapy?*

The fat soluble vitamins – you’d have to have a lot of it in order to cause harm while undergoing chemo

Appendix G: Second Interview and Film Prompts

Interviewees were asked one prompt, then given a few minutes to think about how they'd like to respond (keeping in mind that this film is for breast cancer patients, as if they were talking directly to them), and then filmed. This was repeated with all prompts.

Breast Cancer Survivor Prompts

1. Tell me about your experience with breast cancer. When were you diagnosed, what treatments did you use, how did you feel, what were your biggest worries and challenges?
2. What kind of integrative therapy did you use? How did it help you get through your medical treatments?
3. How did you get involved with this therapy?
4. Do you have any suggestions or advice to other patients who might be thinking about using integrative therapies?

Meditation Guide Prompts

1. Please describe your background with meditation- how did you get involved? What drew you to meditation? How long have you been practicing and teaching meditation?
2. Please describe what meditation is. What happens when you meditate? How does it make you feel?
3. Please describe the benefits that meditation can have both in general and for breast cancer patients. How can meditation help breast cancer patients?
4. Please describe how meditation can work with medical treatments to help breast cancer patients heal.
5. Please guide us through a few minutes of meditation, as if we were breast cancer patients.

Yoga Instructor Prompts

1. Please describe your background with yoga- how did you get involved? What drew you to yoga? How long have you been practicing and teaching yoga?
2. Please describe what yoga is. What happens when you do yoga? How does it make you feel?
3. Please describe the benefits that yoga can have both in general and for breast cancer patients. How can yoga help breast cancer patients?
4. Please describe how yoga can work with medical treatments to help breast cancer patients heal.
5. Please guide us through a few basic poses of yoga, as if we were breast cancer patients.

Appendix H: Website Recommendations

Our recommendation for future media development centers on the creation of a series of webpages that could be linked to the Queen Sirikit Centre or BBC's current website, since such a website would be widely accessible and could present information in the most varied approaches. This website could incorporate clips of the film we have already developed, as well as supplement it with more information and sources for further research that patients can utilize as they choose. We also have a number of recommendations for developing this website based on a foundation of guidelines and research that we have already done.

We chose to recommend websites because they can be easily accessed, can be used to present information in a spatial way, and are a common source of health-related information. This accessibility to information makes it the ideal place to provide health related information in the comfort of their own homes (Lawrence and Giles, 1998). A study involving 107 breast cancer patients found that 43% of women used the Internet, of which 90% intended to find information about their cancer and its treatment (Pereira et al, 2000). The majority of the Internet users desired more information on their cancer and its treatment, looked up information that was presented to them by their clinicians, researched other treatment options, and obtained more information on alternative treatments (Pereira et al, 2000). The Pew Internet & American Life Project found in one of their surveys from 2001 that 48% of health seekers have looked for information about complementary and alternative medicine (Schmidt and Ernst, 2004). Another study involving 251 breast cancer women reported that 41.5% used the Internet for medical information. This study suggests that the Internet users were more educated and had a higher income (Fogel et al, 2002).

Several factors influence the content of the website we are recommending to our sponsors, each ensuring that the purpose of the website is communicated to the end user. The

currency of the website content should be clearly noted – when the page was created and last update, should be at the footer of the web page (Pealer and Dorman, 1997) so that the user can ensure that the information on the website is up to date (Pealer and Dorman, 1997). Websites should also include clear references to sources of information (Pealer and Dorman, 1997) to avoid plagiarism and copyright laws and to show that all the information is reliable and creditable (Pealer and Dorman, 1997). Similarly, the quality of medical information posted on a website should be accurate, since misinformation could be a matter of life or death in medical situations (Eysenbach and Diepgen, 1998). The relevance of information presented on the website should also be considered so that only relevant information is displayed. It is important that information is relevant and not misleading to the viewer, so that it doesn't waste the viewer's time reading through information that is irrelevant to them, as well as avoids any misconceptions about the goal of the website. The readability of material presented is also an important consideration, because the intended audience should be able to understand the content or message of the material (Pealer and Dorman, 1997). Readability takes into account patient's experience and motivation for reading the displayed content (Shepperd, 1999) to ensure that readers are able to comprehend it (Pealer and Dorman, 1997). The more practical side of readability is font size and choice- fonts should be standard fonts (times new roman, arial, etc) since not all computers can support all fonts so the standard fonts are the default fonts that are supported by majority computers. A last consideration about content of the website is the inclusion of endorsements or links to websites from official authorities, a professional layout, understandable and professional writing, and citation of scientific references (Eysenbach and Köhler, 2002), which are pieces of content that can contribute to the trustworthiness and overall credibility of the website.

Credibility is another key characteristic of successful websites, since it plays a large role in whether or not users will believe the message that the site presents. Website credibility is one factor that consumers use to make judgments about the quality and utility of information posted on a site. As such, website credibility has the potential to influence consumer decision-making and health behaviors (Rains and Karmikel, 2009). The presence of six key message characteristics has been linked with positive perceptions of website credibility in previous research (Hong, 2006) including: statistical information (e.g., percentages, ratios), testimonials, quotations, references (i.e, the citation of an external source for information), identification of a message author, and an indicator of message currency (Rains and Karmikel, 2009). Seven structural features have been identified as factors that may be associated with perceptions of website credibility, they include: third-party endorsements, images, a physical address or telephone number, a privacy policy statement, a navigation menu, the name of the person or organization operating the website, and link(s) to external websites (Rains and Karmikel, 2009). These 6 message characteristics and 7 structural features of websites were related to positive perceptions of website credibility and attitudes about the health topic (Rains and Karmikel, 2009). The more of these features that were present, such as a navigation menu and links to external websites, the more credible a website is perceived to be (Rains and Karmikel, 2009). Additionally, message characteristics were positively associated with attitudes about the health topic. The more features such as statistics, quotes, and identification of authorship that appeared on the final webpage, the more positive participants' attitudes were about the health topic. (Rains and Karmikel, 2009)

A third major impact on the design of a successful website is the ease of navigation, which influences the user's experience with the website and can limit or expand the accessibility

to the information it presents. When browsing the Web pages, users admitted they are “lazy” and “not patient” (the Brazilian user and Chinese user). They don’t want to read wide lines or scroll the page to get the information even though these design techniques are chosen to adjust to a specific cultural context, e.g., computers are usually shared by several people in Asian offices and thus clustering a site’s entire contents on a few long pages can facilitate a quick access to information (Sun, 2001). Without efficient and user-friendly navigation, the user is likely to get confused, lost, or frustrated and leave the site for good. (Gehrke and Turban, 1999). Some recommendations given by Gehrke and Turban are that the designer have well labeled and accurate links and to keep navigation consistent throughout the site. They also recommend the use of “hot buttons” (where a brief description of what clicking the link will do or lead to appear when the cursor is moved over the button) which allow for easy navigation and a personalized effect. Easy navigation of a website is especially important for the older generation, whom make up the majority of our target audience. (Nayak et al, 2006). Nayak et al performed a study that involving 41 males and 58 females within the age range of 58-90 years old where the subjects evaluated several websites. They concluded that the ease with which an older person can navigate a website is extremely important to the quality of the website.

In addition to the considerations discussed above, the website that we are recommending would be required to be sensitive to our audience of predominantly Thai breast cancer patients, and there are many factors to consider in designing media to this audience. We are recommending that these webpages be integrated into Queen Sirikit’s current website to serve as a resource for breast cancer patients, so they must be cohesive with their entire website. Not only is the design crucial to users’ navigation of the web pages, the cultural appearance of the website is also a factor in making the website successful when targeting a specific audience (Sun, 2001).

Two main considerations when making a website culturally acceptable to the target audience- adjusting the features of the product including translation, punctuation, dates, weights, measurements, addresses, currency, and so on to mirror the conventions and needs of the target audience on the surface level, and adjusting the aesthetic appeal, images, colors, logic, functionality and communication patterns to conform to the target audience on the cultural level (Sun, 2001). Audience also looks for certain characteristics of websites presenting medical information, including professional layout, understandable and professional writing, citation of scientific references, site map, search bar, user-friendly and uncluttered interface, contacts for site owners, links to other resources (Eysenbach and Kohler, 2002). Design of the website should also include appropriate cultural markers because they can increase usability of web pages (Sun 2001), markers are the pictures, icons, shape, color, text, and tone of the website that the audience will use to determine if the site was targeted to them (Sun, 2001).

The specific aspects of each of these four characteristics of successful websites- content, credibility, navigation, and cultural suitability- are all represented in our recommendation for a website.

Our specific recommendations for content are:

1. Footnote at the bottom of each webpage indicating when it was last updated
2. Clear references to sources of information and links to further information
3. Font size and type- a standard font, no smaller than 12 pt.
4. Professional yet understandable writing- free of jargon, fully explains each concept presented in more formal language
5. Main page: introduce integrative therapies in general, explain that they can have benefits for breast cancer patients and help to alleviate specific challenges that they face in all stages of their experience as a breast cancer patient; this page would also integrate film clips from the DVD of breast cancer survivors speaking of their experience with integrative therapies in general to draw the view in to more specific subpages
6. Subpages: one for each integrative therapy (yoga, meditation, nutrition), containing information specific to that therapy- what it is, how it can be used to support breast cancer patients, what benefits it has and when, a brief introduction to using it, and sources for

further information; these pages would also integrate video clips from the DVD of breast cancer survivors and therapy providers speaking of the benefits of each particular therapy for them

Our recommendations for credibility are:

1. Website should include statistical information (e.g., percentages, ratios- of breast cancer in Thailand, among different areas of Thailand, of people who use integrative therapies, etc), testimonials (personal stories of breast cancer survivors), quotations (from interviews with breast cancer patients and therapy providers), references (i.e, the citation of an external source for information- to back up information from our background research), identification of a message author (attaching our names and the BBC/Queen Sirikit Centre's name to the website), and an indicator of message currency (as noted in content above- a footer that indicates when when the website was last updated)
2. Should also include third-party endorsements, images (people should be the focus with a blurred out background, represent each of the populations that could visit the website, people should be smiling and happy), a physical address or telephone number (contact info for the BBC- already on their main page, but have on every page), a privacy policy statement, a navigation menu (tabs at top of the page), the name of the person or organization operating the website, and link(s) to external websites

Our recommendations for the navigation and layout of the webpages are:

1. Recommend that the website include a main page with tabs located at the top for each integrative therapy
2. These pages would not have any further subpages, but would be sectioned appropriately, i.e. "What is [integrative therapy]? How can it help me?" "Survivor Stories" "Therapy Provider Experience"
3. Links to further information would be provided- to sources of our information as well
4. Navigation scheme should be consistent with the BBC's current website for ease of use

Our recommendations for cultural suitability are:

1. Each page should be fully available in English and in Thai
2. Language should be professional, but not full of jargon
3. Ensure that all dates, currencies, weights, measurements, etc. are consistent with Thailand (dd/mm/yy, Thai baht, metric)
4. Many Thai websites feature bold and bright color schemes and strong shapes
5. Images should include predominantly Thai women

Appendix I: DVD Script

Informational Script

	Fade in Logos of BBC & Queen Sirikit Centre for Breast Cancer	5 sec
Integrative Therapies for Breast Cancer Patients: Educating and informing patients about the benefits of using integrative therapies with medical treatments of breast cancer	Title Appears: Integrative Therapies for Breast Cancer Patients	7 sec
Chapter 1: Introduction		
Breast cancer is one of the most diagnosed cancers among women.	Aerial from Hospital roof	5 sec
In the world, 1 in 8 women will be diagnosed with breast cancer at some point in their lives	Group of women walking (Hospital corridor)	5 sec
In Thailand, the incidence of breast cancer is steadily increasing	People crossing streets or a big crowd of people	6 sec
With these increasing incidence rates, breast cancer's impact on society is becoming much greater.	Bangkok traffic clip from BTS crossover	5 sec
Due to breast cancer, women are taken out of homes and out of work.	Business woman walking/eating/talking (From hospital corridor)	4 sec
The absence of wives, mothers, sisters, and daughters from the home compromises the stability of the families, leaving their family members to fill in their roles within the family.	Happy family walking/eating together	10 sec
The patients themselves and those around them struggle to adjust to these changes, causing mental stress and depression	Fade in picture of stressed/depressed people	8 sec
They might experience... loneliness, anxiety, sadness, denial, fear, shock, and hopelessness...these are all normal emotions during diagnosis and treatment	Blurred picture of woman in middle of screen (photo of Pa), words appear as narrator talks (the emotions)	13 sec
(K.Fah talk about her experience with BC) Since, I knew the result, my whole world was change. Everything in life was fallen apart. (FEAR) Life was frightening me, It's like falling in a pit.	Interview video with K.Fah talking about her experience with BC The word "Fear" pops up on screen while K.Fah's interview plays	
(K. Nat talk about her experience with BC) K.Nat – "At first I couldn't believe it, (SHOCK) because, at that time I was already yoga instructor, already one year, and I want people to think	Interview video with K.Nat talking about her experience with BC The word "Shock" pops up on screen while K.Nat's interview plays	19 sec

carefully about eating, do yoga every day, so at first what!? “Mai nah chuu ah””.		
K.Nat - “Also I tried to ignore the fact, I don’t want to hear that” (DENIAL)	Interview video with K.Nat talking about her experience with BC The word “Denial” pops up on screen while K.Nat’s interview plays	6 sec
K.Fah – “I thought, cancer was the end of my life, there was no treatment or any cure. “ (HOPELESSNESS)	Interview video with K.Fah talking about her experience with BC The word “Hopelessness” pops up on screen while K.Fah’s interview plays	
K.Fah – “I tried to compose and set up the consciousness. I was ready for the truth. Whatever will be, will be. That night, I could not close my eyes. It’s not just only me who couldn’t bear with it but also my family. According to this, I had to adapt myself and be strong for my family. I accepted the incident that happened to me. I prepared myself to be treated.”	Interview video with K.Fah talking about her experience with BC	
K.Nat – “February I got the operation, March I started doing the chemotherapy, June I finished all the treatments in hospital. After I did the operation, at first I didn’t say to everyone, anything to my friends. My yoga teacher and my friend, 2 of my friends know about it. I didn’t want someone to pity me very much, so keep quiet. Everyday practice has so much changed so I disappeared from yoga studio, so my friends are asking me, “What happened? Why you are not coming?” Then finally I decide that I can’t keep this secret and then send email in the facebook, yea I am... After that everyone, every every every one of my friends gave me so much encouragement, and hugging me, smiling me, that gave me a lot of energy....I was happy about it.”		90 sec
Chapter 2: Integrative Therapies		
Many Breast cancer treatments cause side effects, such as, stress, depression, pain, nausea, fatigue and more	Pictures of treatments (chemo, radiation, hormone) (Use pictures from K.Jieab)	8 sec
Because medicine cannot heal the emotional effects of breast cancer, many medical and social organizations such as BBC and Queen Sirikit Centre for Breast Cancer encourage many patients to use holistic treatments.	Slow pan across medicine Fade in pictures of BBC & Queen Sirikit Centre for Breast Cancer	10 sec
A holistic treatment can be achieved through the use of integrative therapies,	Video of woman taking medication (Shot of only the woman’s hands	8 sec

which can help with both the physical and emotional effects of breast cancer.	opening the medicine, then camera zooms out to view the woman taking the medicine)	
What are integrative therapies?	Text: What are integrative therapies? Blurred out image happy woman	3 sec
Integrative Therapies, also known as complementary therapies, offer patients a chance to explore complements to the standard medical treatments that can improve their quality of life.	Transition multiple pictures of smiling people	9 sec
Such integrative therapies include meditation, yoga, massage, tai chi and many more	Transition picture of meditation, yoga, massage, tai chi	6 sec
Up to 80% of breast cancer patients use integrative therapies	Freeze frame blurred our picture of integrative therapies, show text: 80% of breast cancer patients use integrative therapies	4 sec
meditation and yoga are the most commonly used therapies by many breast cancer patients	More text appear: Meditation and yoga are most commonly used	4 sec
It is important to keep in mind that integrative therapies are NOT an alternative treatment and must be used in conjunction with traditional medical treatment	Text to audio: Integrative therapies are NOT Alternatives Fade picture of medicine	7 sec
(Fah says integrative therapies should be used with medical treatment and not as alternative.) K.Fah – “Since my family, relatives and friends knew about my incident, everyone had a lot of information for me. They advised me to try these and those alternative therapy. It’s hopeful. No matter, I got a ton of information in front of me. I had conscious; I listened to what other people said. But, I kept telling myself that I wouldn’t lose any chance for medical treatment. I believed that the best method is medical treatment. When there is unknown thing in our body, it should be taken out. You need faith in medical treatment. Otherwise, you will waste your time because of shopping around whether it’s cancer or not. Consciousness comes first.”	Interview video with K.Fah	
K.Nat – “At first it’s difficult, at that time the patient is very weak, but there is something they can do for themselves” K.Nat explaining what therapies she have done (Chinese medicine, acupuncture, yoga, meditation) K.Nat – “I did three another treatments, one is Chinese medicine and acupuncture, the second is yoga, third is	Interview video with K.Nat	210 sec

<p>meditation.</p> <p>The Chinese medicine and acupuncture helps me very well about the side of how to come back the energy, how to get the energy to come back, because after chemo I am okay my body is cleansed but I have no energy, so the acupuncture, Chinese medicine let me come back, normal body, have a lot of energy.</p> <p>The second is yoga practice; mainly it is for the movement of the body, the function of the body. After the operation, I couldn't breathe well because, something like this, and the depression, it's difficult to breathe well. And also unfortunately my arm can rise up only here; I cannot raise it higher than this. When I go to my yoga teacher, to ask him advice, then he got the special breast cancer, special yoga sequence for breast cancer patient from India, he taught me how to do it and I do it every every every day. One year after, my arms can come up! And I can breathe well."</p> <p>At the same time, yoga is not only for the function of the body movement, but also it lets the mind go better, because another treatment is someone do for you. You are just waiting, "please please please help me" and waiting waiting waiting time. But yoga I can do for myself, I do practice for my improvement, and the same time I can see my improvement every day. Some day it gets back but some day it goes forward, but gradually it's getting better, it makes my mind more positive.</p> <p>The third is meditation, just before I said about meditation after I know I got breast cancer, it's not only that time, because in the treatment, especially the breast cancer there are so many choice to do the treatment so I have to decide by myself which one I'm doing but that is so difficult. I have to decide by myself, no one can decide for you. So I have to think the before and think of the future, "What is the most important in my life?" Then I thought that I have to ask the very inside of me what I want, the meditation helps you this side of the treatment and also helps your mind</p>		
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clear and calm.”		
<p>K.Fah explaining the therapies she did (meditation)</p> <p>K.Fah – “This is the worst part of my life on June 2003.This was the first time that I knew my result. I always thought about what I am going to do, my kids were young and how bad was the treatment. At that time, we must set our consciousness as much as possible. So I brushed up my mediation skill because I had learned when I was young. Meditation made me feel good. So, I applied this after that.</p> <p>During medical treatment, I also continued doing it. Before breast operation, I did meditation until the last minute that the doctor put me into sleep. If u are asking me, wasn’t that scary to have an operation? I was scared because all of my life, I have never been into hospital or done operation like this. Before the operation I was quite nervous and kinda worry but I kept praying and mediatated until I reached the operation ward.</p> <p>Before,I went to the opearation, there were the test about sensation.This test was designed for evaluate the patients.Because they wanted to ensure that the patients mind was claimed. Otherwise, when the doctor gave out an anesthetic the patients would not sleep. It’s due to the mind fighting against it.</p> <p>Before, I went to the operation room. I kept saying “buddha” in my mind, during the sensation test; I was perfectly fine, the anesthetic worked. I said Buddha till sleeping.</p> <p>Next step, I had chemotherapy for a month. I heard about the side-effect from many people such as vomiting and hair-loss. So, I felt so strain. I had no idea what it’s going to happen with me. In my mind, I thought, I’m a woman; I don’t want myself to look bad. I kept saying Buddha all the time during the chemotherapy.This is the way I set up the consciousness during the hard time. After that, I had no effect from it. I ate like I used to.</p> <p>Meditation accelerate my mind to be alright, better and ready for the medical</p>	<p>Interview video with K.Fah</p>	

treatment. I applied this to every step of medical care. Especially, when I need the good support.”		
Chapter 3: Meditation		
What exactly is meditation?	Text: What is Meditation?	3 sec
Meditation is a focusing practice that has been used for thousands of years for relaxation, de-stressing, and induces positive mood changes in people with cancer by balancing their physical, emotional, and mental states.	Film people meditating	10 sec
(Brigitte talks about what meditation is) Brigitte – “Meditation...First thing most people want to know or want to gain from meditation is calmness of mind, they want to have a peaceful mind and so you start and try it out and when your mind calms down, you can feel a lot of happiness. Happiness that is not comparable to happiness that you enjoy material things like things that use to enjoy, a different kind of happiness and usually that makes you want more from knowing more about this cause you gain this happiness without buying anything without wasting money and getting things that please you but just by closing your eyes and trying to calm down your mind.”	Interview video with brigitte	53 sec
Meditation has many benefits, research has shown that meditation helped patients with different stages of breast cancer lower symptoms of stress & negative emotions	Person meditating, different angle	8 sec
(Brigitte explaining the benefits of meditation and how not worrying can help the healing process) Brigitte – “If the mind is calm and if the mind is not worried we have more energy more power to heal sicknesses. If you are sick and we are not worried about the sickness it has much better influence on our healing process. Because you can put more energy into the healing and even if you are not sick, it is helping you to gain more happiness in your life, If you practice meditation.”	Interview video with brigitte	30 sec
Brigitte – “we won’t be so involve in worry like worry about our health, worry about will my sickness go, will it heal, worry about whatever”	Interview video with brigitte	9 sec
Brigitte – “the worrying just has a bad influence on the healing process. If we can reduce that, we have much more inner power to put in the healing process. By worrying, we waste a lot of	Interview video with brigitte	57 sec

energy. It makes us weak and if you just look at the example when someone is depressed or is not a good... yeah not in a good mood, is depressed, these people...they usually don't have much energy, you know. They are weak, they are you now just depressed you know because this depression, this thinking in a wrong way drags away all your energy it takes away so much of your good energy. And if you don't have this good energy, you cannot influence your healing process and that is a problem but if you get rid of that worry and source, you have this power, this energy, and you can put into the healing process"		
K.Fah – "When I was young, I had a bad experience with health. Once again, meditation helped me get better. Meditation made me feel good. I found out that the meditaion would release the endorphin. It's the hormone which makes us happy. After, I realized that I didn't hesitate to use it. I was ready to confront any hard time. I wasn't scared anymore. Next day, I changed myself, I tried to do meditaion and pray as regular. When my soul was ready, I forgot all the bad things. Although, people who were surrounding me was very stressed. On the other hand, I was the one who made them feel better about my condition."		
To get a sense of how meditation is like, the following instructional video will give a step by step overview of simple meditation.	Pictures of meditation	5 sec
(How to do meditation video, refer to Meditation Script)	Instructional Meditation video *meditation music*	143 sec
Meditation can be done anywhere and anytime. It is convenient for patients to practice, especially if they are weak from treatment or have undergone surgery, as meditation doesn't require extensive movement	People/person doing meditation	9 sec
K.Fah - Mediation doesn't mean you have to sit and close the eyes. You can practiced it anywhere and anytime that your mind is peaceful	Interview Video with K.Fah	
Chapter 4: Yoga		
So what exactly is yoga? Yoga is an ancient Indian practice that integrates the mind body and spirit into treating side effects of breast cancer.	Text: what is yoga? People doing yoga	8 sec
Yoga can also help patients mentally	People doing yoga (different angle)	7 sec

and physically as they are often affected by pain, anxiety, depression, and fatigue, all of which yoga can help to relieve		
Yoga can be used during or after any stage of breast cancer and especially in conjunction with chemo, radiation, and surgery	Pictures of treatments	9 sec
Similar to meditation, yoga can help relief stress and negative emotions	People doing yoga (different angle)	5 sec
<p>K nat describing benefits of yoga (3 main benefits, range of motion, slow smooth breathing which can help open the chest without forcing it, and helps healing of surgical scars, helps stretches out the scars)</p> <p>K.Nat – “There is three point, one is for the body function; the body function, getting better, for example after operation I cannot lift my arm higher than horizontal and do the movement little bit little bit, now my arms can come up.</p> <p>The second is for breathing, in the yoga we practice slow smooth long breathing, gradually open your chest. Without forcing.</p> <p>The third is...there is a scar you know, the cut line. If you keep moving your arms, slowly the scar tissue it goes flat, so the scar is there but still its flat and looks okay”</p>	Interview video with K.Nat	62 sec
Many women who have just gone through breast cancer surgery have a hard time getting out of bed.	Picture of woman in bed (having a hard time getting up)	10 sec
(Refer to yoga script - getting out of bed)	K.Nat getting out of bed videos *yoga music* - start with her saying that she’s going to show how to get out of bed in 2 ways	495 sec
It may be difficult to do at first but you will get better as you practice.	Replay a clip of her getting out of bed	5 sec
So what can you do to help regain your range of motion?	Fade in pictures of each pose	4 sec
There are 4 simple yoga poses that you can do to help you regain range of motion and help you through your medical treatment.	Fade in pictures of each pose	4 sec
(Refer to yoga script – 4 simple yoga poses)	Begin showing K.Nat’s 4 poses videos *yoga music*	
(K.Nat’s advice on yoga) K.Nat – “do yoga a little bit every day, as long as you feel comfortable. You need to feel relaxed and kind ourselves. The	Interview video with K.Nat	55 sec

progress is very slow, everyone wants to heal faster but this is an organic body, it cannot go quick"		
Chapter 5: Advice from Survivors		
The support from family, friends, and integrative therapies can help a woman go through the breast cancer experience	Women holding brochure, talking to friends (smiling)	6 sec
K.Nat's advice for patients K.Nat – "After I finish treatment there is something I lost and something I get, stop keep thinking about something you lost, it cannot come back, think about something you get, something you already have, thank about it. I learned to accept the fact, I become more kind and happy person I think, getting stronger in the body and mind, no one can change the past, no one knows the future, live in the moment now, smile, be happy."	Interview video with K.Nat	56 sec
(K.Fah's advice for patients) K.Fah – "I would like to suggest all the patients from the very beginning. I understood all the patients would be frightened, scared and down after they knew the result. No matter, I always practiced meditation; I also faced the bad situation too. It's just the nature of emotion. Therefore. The patients need time for their sadness until the right time. We would have chance to explain the situation and the medical treatment for them. Breast cancer can be cured. Currently, the technology is far beyond. At that situation, people would pay a lot of attention at you. They give varieties of alternative treatment for you to try. Don't be mad, you just keep smiling, don't walk away. If they keep giving you the information .You just listen with the consciousness. It's very important to control the emotion and deal with the ballast. It cause a profit of life. Why? If we lose conscious, we won't accept anything. We might try to find the bypass. We reject the medical treatment .This is the process of wasting time. The patients would miss chance and when they ask for medical again, it might be too late for them. There are so many cases that are like this. If you stay with consciousness, you would admit it faster and be ready for the next challenging time in life while other patients are still	Interview video with K.Fah	

sorrow. To be honest, most of the breast cancer patients don't die from cancer. There are many way that you can think of such as accident. Currently, breast cancer is not scary like in the old day. You have to be confident in technology and ready for whatever will be. You need to be treated with the best. You'll be cured. Be strong with the consciousness."		
Chapter 6: Ending Statement – Who you can go to for more information		
Breast cancer is a terrifying experience that nobody should face alone	Pictures of sad women	5 sec
The Queen Sirikit Centre for Breast Cancer and the Bangkok Breast Cancer Support are here to help	Picture of Queen Sirikit Centre for Breast Cancer Building	4 sec
The Bangkok breast cancer support group has many people including breast cancer survivors that understand your concerns and are there to help you	Fade in picture of Queen Sirikit Building	6 sec
We can provide you with further information about helpful integrative therapies.	Video clips from BBC-CD of survivors helping patients	5 sec
Remember, integrative therapies is something you can do for yourself, but you are not alone, BBC will always be there to support you	Fade in picture of smiling people from Bangkok Breast Cancer Support Group	9 sec
Credits	*Music*	

Yoga Instructional Script

Getting Out of Bed		
After operation I found it difficult to get out of bed. So I will show you how to get out of bed in 2 ways. หลังจากการผ่าตัดฉันพบว่ามันยากที่จะลุกออกจากเตียง ดังนั้นดิฉันจะแสดงวิธีการลุกขึ้นจากเตียงทั้ง 2 แบบ		5 sec
The first is for those who have had operation on only one side of the body. The second is for both sides. อย่างแรกคือสำหรับผู้ที่ผ่าตัดด้านมเพียงข้างเดียว แบบที่สองเหมาะสำหรับผู้ที่รับการผ่าตัดด้านมทั้งสองข้าง		5 sec
I'll first show you how to get up in normal speed with operation done on my left side. เริ่มแรกดิฉันจะแสดงวิธีการลุกขึ้นโดยใช้ความเร็วปกติสำหรับผู้ผ่าตัดด้านมข้างซ้าย	(show K.Nat rolling out of bed at normal speed) (กฤษณ์ หมุนตัวลุกขึ้นจากเตียงด้วยความเร็วปกติ)	4 sec
It looks quick, I used a little momentum and speed to bring myself up. มันอาจจะดูค่อนข้างเร็ว ดิฉันใช้เพียงความเร็วและโมเมนตัมเพื่อช่วยในการลุกออกจากเตียง		3 sec
This can be done in three steps. วิธีการนี้สามารถทำได้ภายใน 3 ขั้นตอน		2 sec
Step 1 ขั้นที่ 1 Lay down on your back นอนหงายราบบนเตียง		3 sec

Bend your knees like so งอเข่าของคุณแบบนี้		2 sec
Bring your hip close to the operation side towards the edge of the bed ขยับสะโพกด้านเดียวกับด้านที่ผ่าตัดด้านมคุณอยู่ให้มาอยู่ใกล้กับขอบเตียง		4 sec
Bend the arm on the operation side to protect the breast like so งอแขนด้านที่ผ่าตัดด้านมเพื่อปกป้องเต้านมแบบนี้		4 sec
Open and extend the opposite arm sideways ยืดแขนทางด้านตรงข้ามออกไปให้สุดทางด้านข้าง		3 sec
Step 2 ขั้นที่ 2 This is where we will begin to roll the body towards the edge นี่คือขั้นตอนที่เราจะเริ่มหมุนตัวไปทางขอบเตียง		5 sec
First taking the opposite arm, bring it over your head, reaching towards the other side of the bed เริ่มต้นด้วยการวาดแขนทางด้านตรงข้ามกับข้างที่ผ่าตัด ข้ามเหนือศีรษะ ไปยังอีกด้านหนึ่งของเตียง		6 sec
As you do this, keep your head turned and looking at your hand ในขณะที่คุณทำเช่นนี้ ให้พยายามหมุนศีรษะและมองไปที่มือของคุณ	(film the upper body) (ฟิล์มร่างกายท่อนบน)	4 sec
At the same time rotate your knees towards the edge of the bed and bring them a little towards your head ในขณะเดียวกันหมุนเข่าของคุณไปที่ขอบเตียงและระหว่างนั้นให้นำเข่าทั้งสองข้างเข้าใกล้กับศีรษะ	(film knees) (ฟิล์มเข่าทั้งสองด้าน)	6 sec
Your body should be in a C shape ร่างกายของคุณควรจะเป็นรูปตัว C	(film whole body to show C shape))ฟิล์มทั้งตัวเพื่อแสดงรูปร่างตัว C(2 sec
Step 3 ขั้นที่ 3 With your body on your side and in a C shape ขณะนี้อย่างของคุณอยู่ในท่าตัว C และชิดขอบเตียง		4 sec
Using your opposite hand, reach towards the edge of the bed and push against the bed to bring yourself up. ใช้มือด้านตรงข้ามเอื้อมมาให้ถึงขอบเตียงและดันที่เตียง เพื่อนำตัวขึ้น	(film pushing off the bed) (ฟิล์มช่วงที่ดันตัวออกจากเตียง)	7 sec
At the same time, when the knees are about 90 degree angle to your body, extend them towards the floor and sit upright. ในขณะเดียวกันเมื่อหัวเข่าทำมุมที่ 90 องศากับร่างกายของคุณ ให้ยืดขาไปที่พื้นและนั่งตัวตรง	(film legs extend towards the ground) (ฟิล์มยืดขาที่พื้น)	8 sec
I will now show the steps again but this time faster. ดิฉันจะแสดงขั้นตอนต่างๆอีกครั้ง โดยใช้ความเร็วระดับปกติ	(Show K.Nat do the whole thing at normal speed) (คุณนัท ทำโชว์ที่ความเร็วระดับปกติ)	4 sec
The key is timing. Use your body weight and momentum. Practice this till you can do it smoothly. กุญแจสำคัญคือเวลา ใช้น้ำหนักตัวและโมเมนตัมของคุณ หมั่นฝึกฝนจนกว่าคุณสามารถลุกขึ้นจากเตียงได้อย่างราบรื่น		5 sec
Next I will show you how to get out of bed with operation done on both sides. ต่อไปดิฉันจะแสดงวิธีการลุกขึ้นจากเตียงหลังจากได้รับการผ่าตัดด้านมทางด้านทั้งสองข้าง		5 sec

I will first show it to you in normal speed. เริ่มแรกดิฉันจะแสดงในระดับความเร็วปกติ	(Film K.Nat doing it at normal speed) (ฟิล์มคุณนัทที่ความเร็วปกติ)	4 sec
Step 1 ขั้นที่ 1 Lay down on your back นอนหงายราบบนเตียง		3 sec
Bend your knees like so งอเข่าของคุณแบบนี้		2 sec
Bring your hip close to the operation side towards the edge of the bed ขยับสะโพกด้านเดียวกับด้านที่ผ่าตัดด้านมฤณอยู่ให้มาอยู่ใกล้กับขอบเตียง		5 sec
Bend both arms to protect your breast like so งอแขนทั้งสองด้านขึ้นมาไขว้กันเพื่อปกป้องหน้าอก	(film arms protecting breast) (ฟิล์มตอนที่ทำปกป้องหน้าอก)	4 sec
Step 2 ขั้นที่ 2 This is where we will begin to roll the body towards the edge of bed นี่คือที่ที่เราจะเริ่มหมุนตัวไปทางข้างเตียง		5 sec
Begin by looking up towards the ceiling and turn your head and body towards the edge of the bed, while still protecting your breast. เริ่มต้นด้วยการมองขึ้นไปด้านบน หันศีรษะและร่างกายของคุณไปที่ขอบเตียงในขณะที่มือทั้งสองยังคงปกป้องด้านบนของคุณ	(film the upper body) (ฟิล์ม ร่างกายส่วนบน)	8 sec
At the same time rotate your knees toward the edge of the bed and bring them towards your head ในขณะเดียวกันหมุนหัวเข่าของคุณไปยังขอบของเตียงและให้หันไปทางศีรษะ	(film the knees/lower body) (ฟิล์มที่หัวเข่า /ร่างกายท่อนล่าง)	6 sec
Your body should be in a C shape ร่างกายควรอยู่ในท่ารูปตัว C	(film body in C shape) (ฟิล์ม ร่างกายที่อยู่ในรูปตัว C)	2 sec
Step 3 ขั้นที่ 3 With your body on your side and in a C shape ขณะนี้ร่างกายของคุณอยู่ในท่าตัว C และชิดขอบเตียง		3 sec
Using your elbow that is closes to the bed and the opposite hand, push against the bed to bring yourself up. ใช้ข้อศอกด้านที่ใกล้กับขอบเตียงและมือด้านตรงข้าม ดันที่เตียงเพื่อยกตัวขึ้น	(film elbow and arm push against the bed) (ฟิล์มข้อศอกและแขนขณะดันกับเตียง)	5 sec
At the same time, when the knees are about 90 degree angle to your body, extend them towards the floor and sit upright. ในขณะเดียวกันเมื่อหัวเข่าทำมุมที่ 90 องศาเกี่ยวกับร่างกายของคุณ ให้ยืดขาไปที่พื้นและนั่งตัวตรง	(film legs extend towards the ground) (ฟิล์ม ยืดขาที่พื้น)	7 sec
I will now show the steps again but this time faster. ตอนนี้ฉันจะแสดงขั้นตอนทั้งหมดอีกครั้ง แต่เร็วกว่าครั้งก่อน	(Show K.Nat do the whole thing at normal speed)	4 sec
Once again it is all about timing and momentum. Practice this till you can do it smoothly. อีกครั้งหนึ่งทั้งหมดนี้คือเวลาและโมเมนตัม หมั่นฝึกฝนจนกว่าคุณสามารถลุกขึ้นจากเตียงได้อย่างราบรื่น		5 sec
4 Simple Yoga Poses		
I'd like to introduce four simple yoga poses. ต่อไปฉันจะแนะนำสี่ท่าโยคะอย่างง่าย		3 sec
The first is pose is called "Pentacle" ท่าแรกคือ Pentacle		3 sec
Begin on the bed. Use a towel as a pillow.		4 sec

เริ่มต้นบนเตียง ใช้ฝ่าขนหนูเป็นหมอน		
Sit down on the bed. Bend your knees and soles on the bed. นั่งลงบนเตียง งอเข่าและฝ่าเท้าของคุณบนเตียง		5 sec
Put your hands behind hips. เอามือไว้ข้างหลังสะโพก		3 sec
Inhale and extend the torso. หายใจเข้าและขยายลำตัว		3 sec
Exhale. Slowly bring the torso and elbows on the bed. หายใจออก ค่อยๆนำมาลำตัวและข้อศอกวางบนเตียง		4 sec
Scoop the hip, placing your sacrum on the bed. วิด สะโพกขึ้น, วาง กระดูกกระเบนเหน็บ ไว้บนเตียง		4 sec
The sacrum is the triangle bone located at the base of the spine, shown here. กระดูกกระเบนเหน็บ เป็นกระดูกรูปสามเหลี่ยมตั้งอยู่ที่ฐานของกระดูกสันหลัง, แสดงที่นี่	(film K.Nat pointing to the skeleton model) (ฟิล์ม คุณนัทระหว่างที่ชี้ไปที่รูปแบบโครงสร้าง)	6 sec
Place the neck on the pillow. วางคอบนหมอน		3 sec
Roll your shoulders back, Open the chest. ม้วนไหล่ไปทางด้านหลัง ผายหน้าอก		4 sec
Arms beside the body with your palms faced up, extend both legs on the bed. แขนข้างลำตัว และหงายฝ่ามือ ยืดขาทั้งสองอยู่บนเตียง		7 sec
Inhale หายใจเข้า		3 sec
And exhale, close your eyes and sink down on the bed และหายใจออก ปิดตาและทิ้งตัวลงบนเตียง		7 sec
If you feel uncomfortable at the shoulder, place supports under the arm หากรู้สึกไม่สบายบริเวณไหล่ ให้วางที่รองไว้ได้แขน	(film with support under arm) (ฟิล์ม ที่รองได้แขน)	6 sec
If you feel uncomfortable only on one shoulder, you need support under both side, for symmetry. ถ้าคุณรู้สึกอึดอัดโดยเฉพาะที่ไหล่ข้างหนึ่ง คุณต้องใช้ที่รองวางที่ไหล่ทั้งสองข้าง ให้พอดีกันทั้งสองด้าน		7 sec
If you feel uncomfortable at the neck, elevate the pillow by adding an extra towel. ถ้าคุณรู้สึกไม่สบายที่คอ, เพิ่มความสูงของหมอนขึ้นด้วยการฝ่าขนหนู	(film with support at the neck) (ฟิล์มที่รองคอ)	6 sec
Keep this pose from 3 to 20 minutes, as long as you feel comfortable. ค้างอยู่ในท่านี้โดยใช้เวลาประมาณ 3 - 20 นาที ระบายไคที่คุณยังรู้สึกสะดวกสบาย		5 sec
If you continue to feel discomfort, add support or come out of the pose immediately. หากคุณยังคงรู้สึกไม่สบาย, เพิ่มที่รองเข้าไปอีกหรือเลิกทำท่านี้นทันที		5 sec
And try again the next day. It is important to feel comfortable and relaxed. และลองอีกครั้งในวันถัดไป นี่เป็นสิ่งสำคัญที่คุณจะต้องรู้สึกสะดวกสบายและผ่อนคลาย	(film close up) (ฟิล์ม ชุมเข้า)	4 sec
To get out of this pose, simply do it the same way as getting out of bed shown earlier. เพื่อให้ได้ออกจากท่านี้น เพียงแต่ทำท่าเดียวกับการลุกขึ้นจากเตียงดังที่ได้แสดงไปในครั้งก่อน	(show getting out of bed) (แสดงการลุกขึ้นจากเตียง)	6 sec
As you practice these poses you will begin to feel that you don't need supports anymore, this means you are progressing. ในขณะที่คุณฝึกท่าเหล่านี้คุณจะเริ่มรู้สึกว่าไม่จำเป็นต้องใช้ที่รองอีกต่อไป นั่นหมายความว่าความก้าวหน้าของคุณแล้ว		7 sec
When you feel that you don't require the supports under the arms anymore, proceed to the next level by placing support under the spine	(show folded towels at the center of the bed)	7 sec

<p>เมื่อคุณรู้สึกว่าคุณไม่ต้องการที่รองบริเวณใต้เขมอีกต่อไปแล้ว ขึ้นคอปไปที่หน้าที่รองไปวางบริเวณใต้กระดูกสันหลังแทน</p>		
<p>The steps are the same as before, the only difference is when you sit down, make sure the distance between your hips and the bottom of the support is greater than the height of the support you use.</p> <p>ตามขั้นตอนเช่นเดียวกัน แต่ต่างกันเพียงเมื่อคุณนั่งลง</p> <p>ตรวจสอบให้แน่ใจระยะห่างระหว่างสะโพกและด้านล่างของของที่รองมากกว่าความสูงของที่รอง</p>	<p>(close up shot of support and hips)</p> <p>(ซูม บริเวณสะโพกและที่รอง)</p>	13 sec
<p>Same as before, keep the pose from 3 to 20 minutes, making sure you feel comfortable, helping you release your chest</p> <p>เหมือนเช่นครั้งก่อน ค้างท่านี้ไว้ 3 - 20 นาที แน่ใจว่าคุณรู้สึกสบายและช่วยให้คุณปล่อยหน้าอก</p>	<p>(close up of head and chest)</p> <p>(ซูม ศรีษะและหน้าอก)</p>	7 sec
<p>When you feel more comfortable with this, gradually add more support to the spine. The support should be around 4 inches wide, narrower than your back.</p> <p>เมื่อคุณรู้สึกสบายมากขึ้นกับท่านี้ ค่อยๆเพิ่มที่รองบริเวณกระดูกสันหลัง ที่รองควรกว้างประมาณ 4 นิ้วแคบกว่าหลังของคุณ</p>	<p>(film additional support)</p> <p>(ฟิล์ม ที่รองที่นำมาเพิ่ม)</p>	9 sec
<p>When you feel that you have improved, you can proceed to do this pose on the floor.</p> <p>เมื่อคุณรู้สึกว่าดีขึ้น คุณสามารถทำที่บนพื้น</p>	<p>(film getting out of the bed)</p> <p>(ถ่ายตอนที่ลุกขึ้นมาจากเตียง)</p>	5 sec
<p>The next pose is called "Sleeping Butterfly"</p> <p>ทำต่อไปคือ "Sleeping Butterfly"</p>	<p>(film doing pose)</p> <p>(ฟิล์ม ขณะที่ทำท่า)</p>	3 sec
<p>It is almost the same as the Pentacle pose. The only difference is the legs.</p> <p>ทำนี้ค่อนข้างใกล้เคียงกับท่า Pentacle สิ่งที่แตกต่างกันคือ ขา</p>		4 sec
<p>Sit down on the bed. Bend your knees and soles on the bed.</p> <p>นั่งลงบนเตียง งอเข่าและฝ่าเท้าของคุณอยู่บนเตียง</p>		4 sec
<p>Bring your heels in towards your hips</p> <p>นำส้นเท้ามาทางด้านสะโพก</p>	<p>(film heels)</p> <p>(ถ่ายที่ ส้นรองเท้า)</p>	3 sec
<p>Now do the same steps for the Pentacle pose</p> <p>ต่อจากนั้นทำท่าเดียวกับท่า Pentacle</p>	<p>(film how to lay down and do it)</p> <p>(ฟิล์ม การทำท่า)</p>	4 sec
<p>If you feel uncomfortable at the knees, place support under both knees</p> <p>ถ้ารู้สึกไม่สบายที่บริเวณหัวเข่า ให้วางที่รองไว้บริเวณที่หัวเข่า</p>	<p>(show supports under knee)</p> <p>(แสดง ที่รองใต้หัวเข่า)</p>	6sec
<p>The third pose is called "L-Shape on the Wall"</p> <p>ทำต่อไปคือ "L-Shape on the Wall"</p>	<p>(film doing pose)</p> <p>(ฟิล์ม ขณะที่ทำท่า)</p>	5sec
<p>Only practice this pose if you can get up from the floor. Also avoid this pose if you are in your menstruation period. You may do this pose after your menstruation period.</p> <p>ท่านี้เหมาะสำหรับผู้ที่สามารถลุกขึ้นจากพื้นได้แล้วเท่านั้น ควรหลีกเลี่ยงการทำท่านี้ก่อนถ้าคุณอยู่ในระยะเวลาที่มีประจำเดือน</p> <p>คุณสามารถทำได้หลังจากหมดระยะเวลาที่มีประจำเดือนแล้ว</p>		13sec
<p>Begin by folding towels to use as a pillow.</p> <p>เริ่มจาก พับผ้าขนหนูเพื่อใช้เป็นหมอน</p>		3sec
<p>Sit on the floor near a wall with the one side of the body touching the wall, this side should be your non-operational side.</p> <p>นั่งบนพื้นใกล้กับผนังขณะเดียวกันด้านหนึ่งของลำตัวสัมผัสกับผนัง, ด้านควรจะเป็นด้านที่ไม่ได้รับการผ่าตัดด้านม</p>		10sec
<p>Bend your knees</p> <p>งอขาทั้งสองด้าน</p>		2sec
<p>Bend your operation side arm and protect your breast.</p> <p>งอแขนด้านที่ได้รับการผ่าตัดด้านมขึ้นเพื่อปกป้องหน้าอก</p>		5sec
<p>Bring the outside shoulder on the floor.</p> <p>วางหัวไหล่ด้านนอกไว้บนพื้น</p>		3sec
<p>Use your upper hand. Bring your hips up against the wall.</p> <p>ใช้มือด้านบนของคุณ นำสะโพกของคุณขึ้นชิดกับผนัง</p>		4sec

Push against the floor and roll over so your body is facing up. กดลงกับพื้นและกลิ้งออกมาเพื่อให้ร่างกายของคุณหันขึ้น		5sec
Make sure your buttocks are against the wall as if your sitting on the wall. ตรวจสอบให้แน่ใจว่าก้นของคุณจะอยู่ชิดกับผนังราวกับคุณนั่งอยู่บนผนัง		5sec
Bring the pillow under your neck and head. นำหมอนมารองใต้คอและศีรษะของคุณ		3sec
Straighten your knees, with legs on the wall. เหยียดหัวเข่า และวางขาบนผนังของคุณ		3sec
Both arms are on the side. แขนทั้งสองอยู่ข้างลำตัว		2sec
If you feel uncomfortable at your shoulder, place your palms on your belly. ถ้าคุณรู้สึกไม่สบายบริเวณที่ไหล่ของคุณให้วางฝ่ามือของคุณไว้บนท้อง		4sec
Stay in this pose from 3 to 10 minutes, as long as you feel comfortable. ค้างอยู่ในท่านี้ประมาณ 3-10 นาที ตราบเท่าที่คุณยังรู้สึกสบาย		4sec
If you still feel uncomfortable, add more support or come out from the pose immediately. ถ้าคุณยังรู้สึกไม่สบาย, เพิ่มที่รองเข้าไปหรือเลิกทำท่านั้นทันที		4sec
You can try the pose again another day. คุณสามารถลองทำท่านี้ในวันต่อไปได้		3sec
The important thing is to feel comfortable and relaxed. สิ่งที่สำคัญคือความรู้สึกสบายและผ่อนคลาย	(close up of K.Nat doing this pose, relaxed) (ซูมไปที่ คุณนัท ขณะที่กำลังทำท่า และผ่อนคลาย)	3sec
To come out of this pose, simply reverse the steps, roll back into the upright position like so. ออกมาจากท่านี้ เพียงแค่ทำขั้นตอนย้อนกลับ, หมุนกลับเข้ามาในตำแหน่งตรงแบบนี้	(show K.Nat roll out of the pose) (แสดงวิธีการม้วนออกมาจากท่า)	6sec
If you feel comfortable with the pose, you can add more support. ถ้าคุณรู้สึกสบายกับท่านี้คุณสามารถเพิ่มที่รองเข้าไปได้อีก		4sec
Start with a folded towel for support. It should be about 15 inches wide. เริ่มต้นด้วยผ้าขนหนูพับเพื่อใช้เป็น ที่ ความกว้างควรจะประมาณ 15 นิ้ว		5sec
Sit on the support like so. Then roll over. นั่งบนที่รอง และม้วนตัว		2sec
Your back is on the floor, hip is on the support and sitting on the wall. หลังราบกับพื้น สะโพกอยู่บริเวณที่รอง และนั่งบนผนัง		4sec
Once again, to get out of this, simply roll back into the sitting position. อีกครั้งหนึ่ง เมื่อต้องการเลิกทำท่านี้ ให้ม้วนตัวเพื่อมาอยู่ในท่านั่งปกติ	(Show K. Nat coming out of this pose) (คุณนัทแสดง การเลิกทำท่า)	5sec
As you feel better and better with this pose, go for even more support. เมื่อไรที่คุณเริ่มรู้สึกดีขึ้นและดีขึ้น ให้เพิ่มที่รองเข้าไปเรื่อยๆ		4sec
Use a bolster pillow instead of a towel. ใช้หมอนหนุนแทนผ้าขนหนู	(show K.Nat using bolster pillow, going into the pose and out) (คุณนัท แสดงการใช้หมอนหนุน ระหว่างเริ่มทำท่านั่งจนทำ)	3sec
The last pose is called "Sitting with Partner" ท่าสุดท้าย คือการนั่งกับเพื่อน		3sec
Place two hard cushions together		3sec

วางหมอนอิงทั้งสองไว้ข้างกัน		
Your partner sits upright on one side ให้เพื่อนของคุณนั่งตัวตรงบนฝั่งหนึ่งของหมอน		5sec
While you sit on the other side, back to back ขณะที่คุณนั่งอยู่อีกฝั่ง หลังชนกัน		4sec
Close your eyes and breathe slowly หลับตาและหายใจช้าๆ	(Close up shot)	4sec
Feel your partner's back while they feel yours รู้สึกถึงแผ่นหลังของเพื่อน ขณะที่เขารู้สึกถึงคุณ		5sec
Inhale....Exhale หายใจเข้า.....หายใจออก		4sec
Feel your partner's breath as they feel yours สัมผัสถึงการหายใจของเพื่อน ขณะที่เขารู้สึกถึงคุณเช่นกัน		5sec
Breathing as one ควบคุมลมหายใจให้เป็นหนึ่งเดียวกัน		4sec
Synchronize the breathing หายใจประสานกัน		3sec
Feel each other รู้สึกถึงกันและกัน		2sec
You can stay in this pose as long as you like คุณสามารถอยู่ในท่านี้ได้ตามต้องการ		3sec
When you feel that you are done, you can come out of the pose เมื่อคุณรู้สึกพอแล้ว ออกจากท่านี้		4sec
And finally thanking each other และสุดท้าย ขอบขอบคุณซึ่งกันและกัน		3sec
This is the partner pose, to feel your partner's heart ท่านี้นี้เป็นท่าคู่ เพื่อให้เรารู้สึกถึงหัวใจของคู่/เพื่อนเรา	(Close up of K.Nat)	5sec

Meditation Instructional Script

We will first prepare for meditation		3 sec
First, sit down in a kneeling position.		4 sec
Begin to think about the good deeds you have done in the present, past and intend to continue to do so in the future as if your entire body is made up with elements of pure goodness.		9 sec
Now sit with your legs crossed, by placing your right leg over the left leg; right hand over the left; right index finger touching the left thumb; and place your hands palms up on your lap comfortably.		12 sec
Gently close your eyes as if you were to fall asleep		5 sec
Relax your eyes		3 sec
Adjust yourself in a comfortable sitting position until your blood and breath can circulate at ease. This will prevent you from feeling muscular discomfort.		9 sec
Balance your sitting posture until you		5 sec

feel light and comfortable.		
Bring your mind to a standstill at the center of the body by visualizing a clean and pure image as an object of meditation.		9 sec
For example you can visualize the image of a clear sphere or a midday sun floating gently on its own accord at our center and still the mind in the middle of this image.		12 sec
Visualize gently and relaxingly. At the same time, repeat the mantra ' Samma Arahang' or ' clear and bright' in your mind. Imagine allowing the sound to resonate outwards from the center of the image.		15 sec
Then, imagine two threads. The first one stretches from the navel to the back. The second one stretches from the right side of the waist to the left side of the waist.		10 sec
The two threads cross each other at the center, and two fingers-width above this crossing point is the center of the body or the seventh base of mind.		9 sec
This is the gateway of the middle path. All the Lord Buddhas and enlightened ones have accessed and reached Nirvana through this point. So, we have to continually still our mind at this point.		9 sec
Some guideline, if we practice both mental activities continually, our mind will soon be still.		5 sec
With the proper mental unification, the mantra-repetition will soon fade away from the mind, and there will only be the image of the bright sphere at the center of the body together with inner awareness.		9 sec
Once the mind becomes still at the image, continue to visualize that image.		5 sec
	Pause for 5 seconds	5 sec
Once you reach the right state, you will attain meditation experiences along with peace and joy.		5 sec

Appendix J: Evaluating Informational and Instructional Videos

Informational Videos	Film Name	"Surviving Breast Cancer-A Disease of All Women"	"TLC for Post Cancer Pain"
Characteristics			
Motivates and Stimulates-inform learner to act on presented info		Motivating to cope with breast cancer	Mostly it just informs and recommends
Stated the Objectives- begins with intro, key elements made clear		Intro of cancer, then intro to survivor story to state objective	Objective in title. Starts with a personal story, then moves to big picture
Content Presentation- simplify complex things to promote understanding		Simple presentation with a semi-complex topic	Simple presentation with a semi-complex topic. Concentrated on only one situation so it won't reach everyone
Learner Application-suggest methods to apply presented knowledge		Only talks about a support groups	Briefly described one exercise to increase range of motion
Met the Objectives- did it? Repeat at conclusion?		Yes, inspired you to survive	Only provided one solution to objective
Learner Interaction- conducive to learner interaction? Promote active learning?		No	No
General Video Design- well planned, organized, and structured		Organized, had a good flow, included relevant pictures	Organized, had a good flow, included relevant pictures
Focused-avoided unrelated content		Yes until end, video isn't cut properly	Yes
Visual Quality- Point of view? Appropriate transitions? Effects? Varying angles/shots? Angles? Montage?		Interview style angles. Used various filming techniques for live footage. Began with a separate introduction piece.	Interview style angles. Used various filming techniques for live footage such as a 4 frame shot. Incorporated lists and animation
Audio Quality-Music? Effects? Background noises?		No sound effects. Calming music playing. Background noises such as conversations of support group.	No music or sound effects. Background noise included in the part at a gym (sound of weights).
Audio-Visual Relationship- combined well? Was there variety to hold attention?		Always while a narrator and sometimes when an interviewee talked there were corresponding pictures.	Always while a narrator and sometimes when an interviewee talked there were corresponding pictures.
Subject and Purpose-what is it about? What is the message?		About surviving breast cancer, you can do it, there is help	About muscle pain from breast cancer treatment, shows one way to deal with it
Vocal Features- type of voice? Speed of narration?		Narrator was a soft female voice, slower, medium narration speed	Narrator was reporter like, professional, enunciated. Interviewees were varied but more natural. Medium narration speed for both
Language Use- proper vocabulary		Understandable vocabulary was used. Included pronouns of "the women" "she" "her" "I" "my"	Understandable vocabulary was used. Included pronouns of "her" "I" "she" "people"

Informational Videos (cont.)	Film Name	"Living with Breast Cancer Treatments: Personal stories"	"The Benefits of Yoga for Breast Cancer Patients"
Characteristics			
Motivates and Stimulates-inform learner to act on presented info		Mostly it just informs	Mostly it just informs
Stated the Objectives- begins with intro, key elements made clear		Objective in title. Starts with a personal story	Briefly introduces yoga and breast cancer in the film and title
Content Presentation- simplify complex things to promote understanding		A more complex topic that needed a more simple explanation at certain parts.	Simple presentation with a semi-complex topic
Learner Application-suggest methods to apply presented knowledge		No methods supplied	No methods supplied
Met the Objectives- did it? Repeat at conclusion?		Met title expectations, no repeat	Yes. It explained the benefits. No repeat at end
Learner Interaction- conducive to learner interaction? Promote active learning?		No	No
General Video Design- well planned, organized, and structured		Organized, had a good flow, included relevant pictures	Organized, had a good flow, included relevant pictures
Focused-avoided unrelated content		Yes	Yes
Visual Quality- Point of view? Appropriate transitions? Effects? Varying angles/shots? Angles? Montage?		Interview style angles. Used various filming techniques for live footage.	Interview style angles. Used various filming techniques for live footage.
Audio Quality-Music? Effects? Background noises?		No music, sound effects, or background noises	No music, sound effects, or background noises
Audio-Visual Relationship- combined well? Was there variety to hold attention?		Always while a narrator and sometimes when an interviewee talked there were corresponding pictures.	Always while a narrator and sometimes when an interviewee talked there were corresponding pictures.
Subject and Purpose-what is it about? What is the message?		About coping with breast cancer, there are ways to cope, these people have done it	About yoga and breast cancer, yoga is good for breast cancer patients
Vocal Features- type of voice? Speed of narration?		Narrator was reporter like, professional, enunciated. Interviewees were varied but more natural. Medium narration speed for both	Narrator was reporter like, professional, enunciated. Interviewees were varied but more natural. Medium narration speed for both
Language Use- proper vocabulary		Understandable vocabulary was used. Included pronouns "I" "me" "a woman" "patients"	Understandable vocabulary was used. Included pronouns of "the women" "I" "Me" BC survivors/patients"

Informational Videos (cont.)	Film Name	"Advice to women newly diagnosed with cancer"
Characteristics		
Motivates and Stimulates-inform learner to act on presented info		Motivates by giving advice and tips
Stated the Objectives- begins with intro, key elements made clear		Good intro. Has statistics, states "...important that a woman knows what her next steps are."
Content Presentation- simplify complex things to promote understanding		Simple presentation with a semi-complex topic
Learner Application-suggest methods to apply presented knowledge		Gave tips
Met the Objectives- did it? Repeat at conclusion?		Yes. Title says advice and that's what it gave. Ends with "the best advice..."
Learner Interaction- conducive to learner interaction? Promote active learning?		No
General Video Design- well planned, organized, and structured		Organized, had a good flow, included relevant pictures, variety of information
Focused-avoided unrelated content		Yes
Visual Quality- Point of view? Appropriate transitions? Effects? Varying angles/shots? Angles? Montage?		Interview style angles. Used various filming techniques for live footage.
Audio Quality-Music? Effects? Background noises?		No music, sound effects, or background noises
Audio-Visual Relationship- combined well? Was there variety to hold attention?		Always while a narrator and sometimes when an interviewee talked there were corresponding pictures.
Subject and Purpose-what is it about? What is the message?		About breast cancer patients recently diagnosed, to give advice
Vocal Features- type of voice? Speed of narration?		Narrator was reporter like, professional, enunciated. Interviewees were varied but more natural. Medium narration speed for both
Language Use- proper vocabulary		Understandable vocabulary was used. Included pronouns of "they" "a woman" "her"

Instructional Videos	Film	Complete Beginner's Guide - Awakening Practice	How to Meditate
Characteristics			
Motivates and Stimulates-inform learner to act on presented info		Yes, motivates through instruction.	Yes, motivates through instruction.
Stated the Objectives- begins with intro, key elements made clear		No introduction	Yes, starts with title and a short introduction, including a list of what you need
Content Presentation- simplify complex things to promote understanding		No, never a complete explanation of the poses, just visual.	Yes, breaks down each of the steps one at a time.
Learner Application-suggest methods to apply presented knowledge		Yes, provides steps to utilize	Yes, provides steps to utilize
Met the Objectives- did it? Repeat at conclusion?		Yes, instructs in new poses. No repeat of objective at conclusion.	Yes, completely explains meditation. No repeat of objective at conclusion.
Learner Interaction- conducive to learner interaction? Promote active learning?		Yes, interactive by teaching	Yes, interactive by teaching
General Video Design- well planned, organized, and structured		Yes, has good flow and is easy to follow. Has a calming setting.	Yes, has good flow and is easy to follow, well thought out
Focused-avoided unrelated content		Yes	Yes
Visual Quality- Point of view? Appropriate transitions? Effects? Varying angles/shots? Angles? Montage?		Continuous slow moving camera. Hardly any transitions or film cuts, zooms and pans appropriately, name of poses on screen	Many supporting visuals and effects but not distracting. For example, stop motion animation and animations on screen helps enhance film and words
Audio Quality-Music? Effects? Background noises?		Medium/ slow narration speed. Calming music playing. No other sound effects.	Normal narration speed. Calming music. Some sound effects used such as for when word bubbles appear
Audio-Visual Relationship-combined well? Was there variety to hold attention?		Yes they work perfectly, audio follows the video, angles to maximize view of poses.	Yes they work perfectly, audio follows the video
Subject and Purpose-what is it about? What is the message?		Shows yoga poses and how to do them	About how to do meditation
Vocal Features- type of voice? Speed of narration?		Male voice, calming, slightly monotone, medium narration speed	Male voice, clear, rich, varying pitch, conversational, medium narration speed
Language Use- proper vocabulary		Included pronoun "you"	Included pronoun "you"

Instructional Videos (cont.)	Film	Positive Thinking Meditation Video	Namaste Yoga Video 5 Minute Preview	Manage Stress with Yoga Exercises
Characteristics				
Motivates and Stimulates- inform learner to act on presented info		Yes, motivates through guidance.	Yes, motivates through instruction.	Yes, motivates through saying it will relieve stress
Stated the Objectives- begins with intro, key elements made clear		Yes, it states that it will guide you and make you feel rested and relaxed	Yes, good intro to describe what's coming up in the video	Yes, states that it will show yoga poses to relive stress and answer why
Content Presentation- simplify complex things to promote understanding		Yes, guides you through the meditation process completely	No, never a complete explanation of the poses, just visual.	Yes, includes a complete description of poses
Learner Application-suggest methods to apply presented knowledge		Yes, provides steps to utilize	Yes, provides steps to utilize	Yes, provides steps to utilize
Met the Objectives- did it? Repeat at conclusion?		Yes, fully guides you through meditation leaving you feeling relaxed. No repeat of objective at conclusion.	Yes, instructs in new poses, No repeat of objective at conclusion.	Yes, instructs in new poses and describes how they can relieve stress. No repeat of objective at conclusion.
Learner Interaction- conducive to learner interaction? Promote active learning?		Yes, interactive by teaching and guiding	Yes interactive but can be hard to follow video if you're a beginner.	Yes, interactive by teaching
General Video Design- well planned, organized, and structured		No real structure just flowing images designed to evoke feelings	Yes, has good flow and in a logical order	Yes, has good flow and is easy to follow
Focused-avoided unrelated content		Yes	Yes	Yes
Visual Quality- Point of view? Appropriate transitions? Effects? Varying angles/shots? Angles? Montage?		No film just images, kaleidoscope effect, text effects	Continual flowing camera. Many of different angles and shots, lots of sets, smooth transitions. Almost too much camera movement.	Good angles used to maximize view of each pose and transition of each pose. Transitions were appropriate, such as zooming on host when she talked.
Audio Quality-Music? Effects? Background noises?		Slow, dreamy speech. Music. No background noise. Echo effect.	Faster narration speed. Calming music. No background music or sound effects.	Normal narration speed. Various tracks of jazz music playing. No background noise or sound effects.
Audio-Visual Relationship-combined well? Was there variety to hold attention?		Yes they work perfectly, audio follows the video	Yes they work perfectly, audio follows the video	Yes they work perfectly, audio follows the video, angles to maximize view of poses.
Subject and Purpose-what is it about? What is the message?		Provides a guided meditation to feel relaxed and think positive	Shows yoga poses and how to do them	About stress management with yoga and how to do the poses.
Vocal Features- type of voice? Speed of narration?		Female voice, slow, dreamy, female, English accent, medium narration speed	Female voice, soft, slightly fast	voice of host (female)and instructor (male), conversational during introduction, medium narration speed for instructional
Language Use- proper vocabulary		Included pronoun "you"	Included pronoun "we" "you" "the body"	Included pronoun "you"