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Young women's experiences with complementary therapies during cancer described through illness blogs

Jessica Keim-Malpass, PhD, RN^{1,*}, Tara A. Albrecht, PhD, RN, ACNP-BC², Richard H. Steeves, PhD, RN, FAAN³, and Suzanne C. Danhauer, PhD⁴

¹Post-Doctoral Fellow, Wake Forest School of Medicine Department of Social Sciences and Health Policy

²Post-Doctoral Fellow, University of Pittsburgh School of Nursing

³Professor Emeritus, University of Virginia School of Nursing

⁴Associate Professor, Wake Forest School of Medicine Department of Social Sciences and Health Policy

Abstract

Many young women with cancer have a high symptom burden and negative psychosocial consequences as a result of their disease. To offset some of these experiences, a growing number of young women with cancer are writing about their experience with complementary therapies through online illness blogs. The purpose of this qualitative study was to examine descriptions of complementary therapy use among young women (diagnosed between 20–39 years) who maintained an online cancer blog. Women's narratives describe several themes of the experience of using complementary therapies including: awakening, new identities (that incorporate loss), the good stuff, and release. Online illness blogs allow researchers to understand the complete experience of the patient through personal accounts and substantially contributes to the body of knowledge surrounding cancer in young adulthood and complementary therapy use.

Keywords

qualitative; illness blogs; complementary and alternative medicine; young adult; oncology

Young women with cancer represent a population that can have extremely high symptom burden and negative long-term psychosocial and socioeconomic sequelae based on their age at diagnosis, severity of disease at diagnosis, and aggressive treatment regimens (Katz, Burwinkle, Varni, & Barr, 2007). To mitigate such effects, many seek out complementary therapies, either integrated or separate from mainstream cancer treatment, to help decrease symptoms and offer autonomy in care decisions. Meanwhile, as more young women with cancer connect online through social networking and online illness blogs, experiences using complementary therapies are being discussed online as a part of the shared cancer narrative. The study of online illness blogs to understand experiences related to complementary

*Corresponding Author, Wake Forest School of Medicine, Division of Public Health Sciences, Department of Social Sciences and Health Policy, Medical Center Boulevard, Winston-Salem, NC 27157, jesskeim@gmail.com.

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therapy use among young women with cancer represents an innovative approach for researchers seeking to understand the complete cancer experience.

In the United States, cancer is second only to suicide as a leading cause of non-accidental deaths in 20–39 year olds (Bleyer & Barr, 2009). Young adults with cancer represent a clinical and research focus within oncology that has gained specific attention within the past decade (Bleyer, 2007). Bleyer, a pioneer in the field, helped to define this group of patients when he first noted disparities in survival rates, and highlighted the unique psychosocial issues they encounter when faced with a diagnosis during this early period of adulthood (Bleyer, 2002). When cancer is diagnosed in young adulthood (age 20–39), patients are often faced with disruptions in newly forming life roles that can impact educational attainment, career opportunities, significant relationships and parenting roles, leading to potential long-term psychosocial and economic repercussions (Soliman & Agresta, 2008).

Additionally, for reasons still not completely understood, tumor burden in young adulthood tends to be more aggressive than those diagnosed later in adulthood or in childhood (Bleyer, 2007). Because young adults tend to be healthier with less frequent primary care visits compared to older adults or children, and are more likely to have gaps of un- and under-insurance, there can be substantial lag times in cancer diagnoses (Albritton, Barr, & Bleyer, 2009). Therefore, young adults tend to be diagnosed at later stages compared to other groups (Albritton et al., 2009). Treatment for more aggressive and rare malignancies not only leads to a higher likelihood of experiencing late effects of treatment but also contributes to a higher symptom burden while on active treatment (Katz et al., 2007).

Younger patients are more likely to seek information related to cancer from sources outside of their oncologist, and they are more likely to use complementary and alternative medicine (CAM) as a means of enhancing overall health-related quality of life (Bennett, Cameron, Whitehead, & Porter, 2009; Gross, Liu, & Bauer-Wu, 2007). The National Institutes of Health define CAM as a broad domain of healing resources that encompasses all health systems, modalities, and practices other than those found within the dominant biomedical paradigm (National Center for Complementary and Alternative Medicine, 2012; Wieland, Manheimer, & Berman, 2011). Use of CAM modalities are prevalent among those with chronic illness, particularly cancer. Prevalence of use of CAM therapies among those with cancer varies in range from 5 to 60 percent depending on the modality (Ernst & Cassileth, 1998; Karali, Demirkaya & Sevinir, 2012; Verhoef, Balneaves, Boon, & Vroegindewey, 2005).

Patients with advanced cancer use complementary therapies for a variety of different reasons, including: (1) survival (anticancer effect, trying a new modality); (2) relieving (symptoms and side effects of conventional treatment); and (3) repairing/boosting up (detoxifying the body, boosting immunity, boosting energy, and enhancing quality of life; Correa-Velez, Clavarino, & Eastwood, 2005). These uses mirror findings of other studies of CAM in patients with advanced cancer (Bauer-Wu & Decker, 2012; Gross et al., 2007). The domains of CAM this paper highlights include body-based therapies (acupuncture and massage), mind-body interventions (meditation, guided imagery, yoga), and biologically-based therapies (food and nutritional therapies) (Bauer-Wu & Decker, 2012).

Internet support groups, online resources, social media, and patient-initiated illness blogs have recently emerged as popular health communication tools for cancer patients (Thielst, 2007). Among young adults, online support communities and social networking have become preferred technology outlets. An estimated 86 to 95 percent of young adults use the internet daily, and increasing numbers write or read online blogs (Treadgold & Kuperberg, 2010; Zickuhr, 2010). Cancer blogs are online websites that allow users to personalize the

space with narrative text and pictures as an online diary. The main use of illness blogs tend to be for sharing of personal experiences; however, other uses include seeking opinions or validating information given by healthcare providers, sharing knowledge through one's own experiences, and forming a social network (through comments on the blog and links to Twitter and Facebook pages; Kim & Chung, 2007). Emerging research suggests that blogging about chronic pain and illness may decrease a sense of isolation through the establishment of online connections with others through shared narratives (Ressler, Bradshaw, Gualtieri, & Chui, 2012). Additionally, sharing similar experiences through blogs may increase a sense of purpose and meaning knowing that others are being helped (Ressler et al., 2012).

Among young adults, online communities have become a rapidly growing support option given the significant use and level of comfort that young adults have with technology (Treadgold & Kuperberg, 2010). Significant research has not been conducted on the use of internet support among young adults with cancer, however, one recent study of adolescents and young adults with cancer found that 95% of survey respondents have used or want to use internet sites that offer age-appropriate support (Treadgold & Kuperberg, 2010).

Purpose

For researchers, qualitative analysis of online illness blogs represents an innovative way of capturing narrative-based data that also encompasses social support components. The purpose of this post-hoc analysis was to examine descriptions of CAM use among young women (diagnosed with cancer between 20–39 years old) who maintained an online cancer blog. This analysis was part of a larger qualitative study that described experiences of young women cancer survivors in terms of: (1) disruptions in life roles (career, education, relationships, parenting, fertility); and (2) exploring facilitators and barriers in accessing healthcare services (Keim-Malpass & Steeves, 2012; Keim-Malpass et al., 2013). The interest in exploring descriptions of CAM use was developed after primary findings suggested that young women with cancer blog about and describe many debilitating physical, emotional and psychological symptoms (Keim-Malpass et al., 2013). It was hypothesized that use of CAM was one approach taken to offset some of the negative symptom experiences. Therefore, the main research question was: *What are the experiences using CAM among young women with cancer who blog during their illness?* The secondary research question was: *What leads young women to pursue and use CAM modalities during their cancer trajectory?* This analysis followed an exploratory and inductive approach in which participants' narratives guide analyses based on what they shared on their blogs. To the authors' knowledge, no prior work has described the shared experiences of CAM use through online illness blogs.

Methods

Design

This descriptive qualitative study included non-participant observation and thematic analysis of cancer illness blogs that were self-initiated by young women with cancer. This approach privileges participants' social and historical perspectives, and its inductive approach generates meaning out of the interactions of a human community by understanding the cultural implications of what is said and done (Geertz, 1977). The textual analysis was guided by hermeneutic phenomenology which describes the meaning of the lived experience (Cohen, Kahn, & Steeves, 2000).

Sample

Prior to sampling, the lead author spent several months immersed in the online culture of young adults with cancer. Public blogs, Facebook sites, Twitter accounts, and podcasts were followed to understand how young adults communicate with one another online and which topics were being discussed. Potential blog sites were sampled using an established set of criteria. The inclusion criteria focused on women who were diagnosed with cancer between 20–39 years of age (and at time of sampling were still 20–39 years) who blogged about their personal cancer experiences. Blogs were excluded if they were in a non-English language, if they were outside the United States (due to differences in the healthcare system and cultural differences related to the illness experience), and stage 0 disease (i.e. ductal carcinoma in situ). Sampling criteria further required that three of four randomly selected entries focused specifically on the cancer experience, the blog title or biography of the blog author highlighted the cancer focus, and the blog author had to indicate the cancer type and her age (or age range – i.e. mid 20's) when the cancer was diagnosed, as well as age (or age range) at time of sampling.

A modified snowball convenience sample was obtained starting with a list of blogs from StupidCancer.org – a resource website specifically developed for young adults with cancer. Nine blogs were included from this source. Simultaneously, the lead author sampled three more blogs from young adults with cancer that she was following on Twitter. From these twelve beginning blogs, the lead author chose subsequent blogs that met inclusion and sampling criteria who were followers and regularly commented on the initial blogs, meaning they were connected to one another virtually. Four more blogs were added during this modified snowball approach, leading to a total of sixteen blogs for analysis.

Data collection and analysis

Institutional review board approval was submitted and exempted because only publicly accessed and archived web sites were used for this study. Considerations of informed consent, privacy, confidentiality issues, and other ethical concerns are evolving and becoming further elucidated as this method and use of internet data continues to grow, and the lead author was careful to fully consider these ethical tenets and issues (Eastham, 2011; Heilferty, 2011). A decision was made that if an email address for the blog author was fully accessible on the blog, the participant would be contacted for permission to be included in the study. Five of sixteen blogs had email addresses readily available and all agreed to take part in the study. For those who did not have an email address or did not list their full name on the blog, their privacy was respected and no contact was initiated.

The textual data were analyzed non-concurrently, beginning at the earliest online posting and moving forward in time. This analysis method allowed for a longitudinal qualitative approach, which helped direct temporal sequences of experiences. Reflective journal entries/field notes were also maintained by the lead author and included for analysis. The textual data were analyzed by immersion in the data (reading it several times) and line-by-line analysis and data reduction (Cohen et al., 2000). Tentative categories were named with each line of data and then grouped together into tentative themes (Cohen et al., 2000). Categories and themes were reviewed by the research team (consisting of the authors) until agreement was reached. Bias control, or trustworthiness, was handled by making aspects of the study design open for review by members of the research team, maintaining the journal/field notes to remain reflective on any ongoing assumptions and beliefs, and allowing for open peer review of both study design, analysis, and thematic outputs that was conducted every two weeks (Cohen et al., 2000; Lincoln & Guba, 1985)

Results

Sixteen blogs were included in this analysis with women ranging in age from 23 to 39 years at time of cancer diagnosis (mean 31.7 years old). The types of cancer the young women had varied, but most of them were diagnosed with a solid tumor. Four were diagnosed with breast cancer (2 with inflammatory and 2 with non-inflammatory breast cancer), 3 with colorectal cancer, 3 with Hodgkin's lymphoma, 3 with ovarian cancer, 2 with sarcoma, and 1 with melanoma. The overwhelming majority of the young women were diagnosed with stage III or IV disease, with only 1 diagnosed with stage I disease. All of the women had systemic treatment for their diagnoses (including chemotherapy, radiation therapy, or a combination of the two), with many of the women also having surgery to resect the malignancy. Of note, most of the women had a very long-standing connection with writing their blog and had many routine followers of their blog. The average time the young women wrote in their blog was 27.4 months (median 25 months). Two of the young women had died prior to initiation of this study, but their writings and blogs were kept online by choice of family members.

Experiences and uses of complementary therapies during cancer treatment were assessed, and the following thematic classifications were described: awakening, new identities (that incorporate loss), the good stuff, and release. Words from the women were kept in a longer format during reporting to maintain the integrity of their blog posts. All of the women who described using complementary therapies were still simultaneously undergoing traditional medical treatment modalities (most often chemotherapy).

Awakening

The desire to achieve strength, peace, and the ability to heal both physically and emotionally were common attributes expressed before, during, and after CAM use. All of the women who utilized CAM described a similar series of events that culminated in a loss of control of what was happening to their bodies, usually acting as a point of initiation for complementary modalities. The young women used descriptive imagery of how they felt:

In the morning I do my own version of yoga stretches, elongating my creaky, knotty muscles. I don't want my muscles to shrivel from all of this lack of exercise.
[yoga]

Another woman described how gentle yoga stretches work out the musculoskeletal discomfort she was experiencing:

When I wake up in the morning my body sounds like a freshly poured bowl of Rice Krispies cereal – lots of “snap,” “crackle,” and “pop.” This has been the case since my latest chemo infusion Wednesday. It feels as if my muscles are stretched to their outermost limits to wrap themselves around my achy bones and angry blood. It's almost as if my muscles are trying to protect them from the cellular battle they have going on inside themselves. It takes me a good 15 minutes to come to terms with my body, to stretch it out as best I can. Pop one hip out after the other. Violently crack my ankles. Do a little cat and cow lower back yoga stretch. The elongating sensations last only a short while until again, like shrink wrap, my muscles are tightened to a taunt fit. So goes my days. [yoga]

Acknowledgement of pain was a common reason that many of the women used CAM. Their modality of choice for this symptom was most often yoga.

Is it because I'm stretching muscles that have gone unused for far too long, and as they cry out I do too? Is it because I have so much trouble with the poses, with my cancerous right breast, the pain in the upper chest and shoulder (from carrying it?),

bone pain in my arms and legs and tush (from the Taxol chemotherapy), and now a popped knee (from Sunday's walk)? [yoga]

This type of disconnection, vivid imagery related to their muscles and bones, and general feelings of weakness and pain led them to seek out modalities that allowed for strength and empowerment within. Through CAM use, and yoga in particular, an awakening was described, where the participants were able to reconnect with their bodies in a more meaningful way.

Many of the young women were acutely aware of their bodily experiences throughout the cancer trajectory. The young women became "in tune" with minute sensations and changes that they were not aware of prior to the cancer diagnosis. Such descriptions were found in several narratives and were often recounted as a positive encounter that coincided with the CAM experience. These descriptions are highlighted in the following two passages:

It didn't hurt a bit. It felt sort of weird-nerve ending-kind of sensation. I felt some interesting muscle spasms...then had a distinct feeling of the blood flowing through my entire body. Then I became aware of my organs and then my abdomen. [acupuncture]

Every day I also make sure to get my blood pumping and my muscles moving. Eventually I'd like to learn the actual yoga practice during all of this as I'm sure the physical and mental pieces will do me wonders. But one thing at a time. For now, I twist and contort however it feels good every morning. [yoga]

This awakening and reconnection through CAM use was uniformly characterized as a positive sentiment. For bodies that were somewhat alienated as 'not fully their own' during the cancer journey, use of CAM represented an option where young women could learn to trust their bodies again. There was an underlying assumption of loss of control (of their bodies, of symptoms, of the disease itself) that allowed the space for an awakening to occur and highlights the antecedents that led to CAM initiation.

New identities (that incorporate loss)

As treatment commences, many of the young women were faced with new bodily identities that encompassed both physical changes and limitations in previous activities. One woman described how much she missed traditional forms of exercise in the following passage:

With my counts and energy *high* I've been back in the yoga studio as opposed to practicing with my DVD. This has been strengthening and calming. As much as I've come to love yoga, I do miss balancing it with a good, sweaty workout. It sounds strange but I have this great desire to go to the gym, run on the treadmill, lift some free weights and just get real sweaty. I long for the kind of 5:30 a.m. gym visit that used to leave me with chest sweat and swamp bottom. Even better, I'd love to take a body pump class that would leave me with that old, welcome soreness. An ache in my body that meant it was recovering and building muscle, that it was leading me to be toned and strong, not the ache I feel now, which is an angry one as my body tries to heal and survive ... not thrive. [yoga]

Another woman described how the yoga teacher modified her practice to embrace new physical restraints:

[M]y yogi is so nice to me, modifying the poses just for me when I need it, nodding when she sees me use the strap to hold my knees, since my right arm won't cooperate. Is it because she is simultaneously so nice to the others in the room, modifying their poses to accommodate their mastectomies, their ports, their bone pain, and their weaknesses? And when I winced, or when I stopped doing poses

that required the use of my right arm, the yoga instructor calmly issued instructions for modifying the poses, “if you can’t use your right arm.” She even walked over to me in the back row and placed a strap helpfully behind my right leg and into my left hand at one point — and it was a point where no one else would notice, as their eyes were closed and heads turned. [yoga]

While the expression and description of changing body identities during cancer treatment was not a favorable experience for the young women, an interesting interpretation suggests that many found strength within CAM modalities (particularly yoga) to help reshape and focus on the evolving identity post-diagnosis.

The good stuff

For many of the young women, using CAM signified the women taking positive directions to control their health. The descriptions of ‘the good stuff’ embedded within their narratives represented food and nutrition modalities used to make changes in nutritional choices, support the immune system, and help alleviate side effects from treatment. These descriptions were often simple, such as “I drink ginger for nausea,” or were more complex as described here:

I’ve also become extremely focused on loading my body with good stuff. I have powered down quite a stockpile of raw, antioxidant rich foods. Must up the oxygen content and reduce the acidity. I want to give my blood the best chance to carry the good cells and dump the bad ones. [food and nutrition]

Another example of juicing and micronutrient extraction is expressed as follows:

In addition to the fish [adding fish to diet for the omega-3 fatty acids], I’m juicing the soul out of every vegetable I can find. For the enzymes, of course. Not because I feel omnipotent pushing little baby carrots into the bowels of hell. [food and nutrition]

Changes in food and nutrition were often highlighted within the dichotomy of eliminating the ‘bad’ and adding the ‘good’. The ‘good stuff’ not only made the women feel like they were doing something positive in the moment, but it also suggested longer-term implications alluding to overall lifestyle changes.

Release

One of the most powerful elements of CAM was the sense of release that would accompany yoga, acupuncture, meditation, or guided imagery. The release that occurred allowed the women to transcend their physical body and be present in the moment. This release often was accompanied with emotion, as expressed here:

I always cry during yoga.

Nobody knows but my yogi, and I would happily keep this to myself, but today I’m wondering why? Is it because the lights are low, the room is quiet, and we are encouraged to look deeply inside ourselves as we meditate and stretch? Is it because here I feel surrounded by the strength and the weaknesses of the dozen other cancer patients in the room with me? Each one is sick, each one hurts, each one is fighting for her life ... but all of us are here, actively working to regain strength, calm, and balance. Or is it because here and only here (and in the chemo unit) I focus entirely on fighting the cancer? Here I am able to put aside thoughts of my little boys, my family, my friends, my fears and their fears, and I can relax and let the toxic tears go. [yoga]

Another young woman expressed similar sentiments and her descriptions of guided imagery allowed her to focus on her fight with the disease:

She asked me to inhale the Golden light all around me that was God. And visualize it entering my body. I imagined the exhalations carrying away my tension. I imagined it eating my cancer. I let my body float away. As I did this water flowed from my eyes but it was not like “crying.” I had as little control over this as one does of perspiring. It was my body ridding itself of pain that I no longer even felt. The release was wonderful. I felt better for hours after. [acupuncture and guided imagery]

Other descriptions of this type of release occurred while confronting and overcoming fears of the disease and the uncertain future. As one woman wrote:

I diligently took my temperature and did a lot of yoga and visualizations of a chest cavity filled only with bright, white light, not damaged DNA replicating all over itself. This fear of recurrence led to a lot of anxiety, leading to chest tightness on top of the fullness, making it hard to distinguish what was going on. [yoga and guided imagery]

The cathartic release in this woman’s statement was about letting the fear go as she described the following:

In yoga class today the instructor had everyone pick an affirmation card out of her hand like you’d pick a card for a magic trick. Mine couldn’t have been more appropriate. It told me to think of a fear that has been haunting me and to focus on letting it go to be dealt with by the divine ... to not let it control me, but to realize that all will work out. So that’s what I’m working on ... letting the fear go. [yoga]

One of the blog entries was titled ‘Inside the Darkened Room’ and readers gained a sense of how important it was to have both physical and temporal space dedicated to building strength from within. The yoga instructors adapted to the physical limitations of the participants and often gave them an affirmation to focus on during class.

The descriptions and use of CAM by the young women highlights the moments of solace and reconnection to themselves during periods of cancer treatment. The CAM use was often initiated by high symptom burden and an empowering desire to take a proactive and positive complementary approach to treatment. The described CAM use had both short-term impacts for combating negative disease experiences as well as longer-term impacts for enhanced cancer survivorship and positive lifestyle changes through stress reduction, mindfulness, physical activity and more balanced nutritional choices.

Discussion

Reasons for using CAM

This qualitative study highlights the initiation and use of complementary modalities in young women as a reaction to negative symptom experiences, loss of control, use as a means of reconnection to their bodies and as a result of the desire to have a more active engagement in care. For all participants, the description of CAM use was preceded by shared narratives related to the experience of feeling disconnected or ‘divorced’ from their body. Previously reported negative symptom experiences were also a catalyst for complementary therapy initiation and use (Keim-Malpass et al., 2013). Some of the young women described it as an ‘out of body experience’ as they ‘went through the motions’ of their days as a patient and felt as if their own body was something over which they were no longer fully in control. Uniformly, the descriptions of CAM were expressed in a positive and empowering manner by the young women.

In previous reports, complementary therapies have been used for a variety of reasons including: reaction to symptoms, non-toxic alternatives, greater personal involvement in care, avoidance of recurrence, strengthening the immune system, anticancer effects, ensuring everything possible is being done to combat cancer, reduce stress, and detoxify the body (Cassileth, Gubili, & Simon Yeung, 2009; Elkins, Fisher, & Johnson, 2010; Molassiotis et al., 2005; Verhoef et al., 2005). This sample had predominantly late-stage cancer diagnoses, and their reasons for beginning and using CAM followed previous research conducted among late-stage cancer patients (Correa-Velez et al., 2005).

Evidence suggests that mind-body interventions such as yoga effectively help patients cope with many physical and emotional symptoms such as pain, nausea, vomiting, anxiety, depressive symptoms, disturbed sleep, and decreased health-related quality of life (Carlson & Bultz, 2008; Culos-Reed et al., 2012; Danhauer et al., 2009; Elkins et al., 2010; Salamonsen, Kruse, & Eriksen, 2012). Participants' words gave vivid accounts of the importance of their yoga practice during cancer as a way to transcend bodily experiences. Yoga was used as a way of reconnecting to oneself as well as combating negative symptom experiences.

The accounts of the physical and biologically-based modalities perhaps were not as contemplative as the yoga descriptions; however, they reinforced the desire to control symptoms and support the immune system. These modalities all have specific utility for side effects from cancer treatments (Coakley & Barron, 2012; Collinge, MacDonald, & Walton, 2012; Ezzo et al., 2006; Wanchai, Armer, & Stewart, 2011); however, CAM use warrants education about appropriateness, potential interactions with traditional treatment (specifically nutrition- and biologically-based therapies), and cancer-specific knowledge and training for CAM practitioners. The challenge remains to maintain open communication between oncology clinicians, patients, and CAM practitioners to implement integrative care plans. There is great opportunity to fulfill that role by fostering an understanding of which complementary therapies patients use and their experiences using them.

CAM experiences and illness blogs

This study is the first to assess complementary therapy use as described through online illness blogs. This approach privileges patient experiences through a naturalistic method that allows researchers to understand the issues important to patients beyond traditional medical or research settings. Our study highlights not only specific complementary modalities used, but also elucidates the experiences that initiated and motivated continued CAM use. Many of the young women received comments from blog readers on a regular basis, and there was a substantial amount of communication regarding specifics of CAM use (which yoga classes to attend, why they started juicing, supplementation use, etc.). Since many adults are turning to the internet for health-related information and learning from shared experiences and communities formed online, this type of inductive approach is crucial in understanding their experiences with CAM use and how that information is shared among readers.

The current study has implications for future work in offering supportive care modalities that integrate complementary therapy education and interventions that help women with cancer to transcend traditional medical experiences. For those interested in symptom experiences, CAM, or young adults with cancer, it is crucially important to understand the context of their disease experience, and how they prefer to connect, educate themselves, and engage with other patient online. This study prompts further investigation into the unrelenting physical and psychological impacts of cancer, which were often the catalyst for CAM initiation. It also allows for clinicians and researchers to understand the context of why young women pursue and continue to use complementary therapy while also undergoing traditional Western biomedical treatments. It may provide clinicians with the

knowledge to begin conversations and open the line of communication between patients and providers.

Given the methodology, several limitations of the study must be noted. Because qualitative methodology was used, the data lacks generalizability beyond the experiences presented. Additionally, because the participants were only accessed through online public websites, identity was not captured. Therefore, no disease or treatment-related details could be confirmed by medical record. A strength to this approach is that data were able to be analyzed non-concurrently beginning from the time of diagnosis through treatment, potential relapses, and well into survivorship. The continuity of the narrative provided rich detail and context for analysis. Further, because the approach was naturalistic, topics were only written and discussed if it was important to the blog author. Therefore, analysis yields issues, themes and topics that are of highest priority for the young women who write about them. Finally, this approach allows for understanding of both the illness narrative and communication between blog author and readers.

Young women with cancer have a high symptom burden and vast psychosocial impact of the disease (Katz et al., 2007). Evidence suggests that many of them are inclined to pursue CAM use to combat these negative experiences. This study demonstrates young women with cancer are open to sharing complementary therapy experiences and uses of CAM on their online illness blogs as part of their overall shared cancer narrative. There is great utility for clinicians and researchers in the study of online illness narratives and in the growing social support networks found on the internet through online illness blogs and disease-specific social networking sites.

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