

## Research Collaborations in a Study About Kinetic Awareness®, with Women with Breast Cancer

By: [Jill Green](#)

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### **Abstract:**

This research brings together the areas of dance, wellness, and somatic educational practices, in an effort to use a particular somatic approach as a tool for dealing with health issues. The specific purpose of this study was to explore ways that Kinetic Awareness®, a somatic body and dance practice, can help women with breast cancer deal with the symptoms of their treatments, particularly with fatigue and sleeplessness. In addition, the research investigated how the work may enhance the quality of life of the women in this somatic teaching project. The qualitative investigation involved interviews, video observation, and field notes. The presentation is divided into two main areas. First, I address issues related to collaborative research, and how I negotiated working with other researchers in different fields, who brought different theoretical frameworks, methodology, and ideas about research to the project. Second, I present the findings of the research through a multifaceted case study approach, using postpositivist displays of data such as narrative and split page format. This strategy embodies an approach, which does not attempt to find generalized solutions or prescriptions; portray the researcher as an authority figure; or attempt to speak for the participants. Rather, it offers a multitude of voices, viewpoints, and possibilities. Through this qualitative approach, the study focuses on finding agency within a medicalized system of care.

**Keywords:** Kinetic Awareness | women | breast cancer | somatic education | collaborative research

### **Article:**

**\*\*\*Note: Full text of article below**

Paper

Research Collaborations in a Study About Kinetic Awareness®, with  
Women with  
Breast Cancer

Jill Green, PhD

*ABSTRACT*

This research brings together the areas of dance, wellness, and somatic educational practices, in an effort to use a particular somatic approach as a tool for dealing with health issues. The specific purpose of this study was to explore ways that Kinetic Awareness®, a somatic body and dance practice, can help women with breast cancer deal with the symptoms of their treatments, particularly with fatigue and sleeplessness. In addition, the research investigated how the work may enhance the quality of life of the women in this somatic teaching project. The qualitative investigation involved interviews, video observation, and field notes. The presentation is divided into two main areas. First, I address issues related to collaborative research, and how I negotiated working with other researchers in different fields, who brought different theoretical frameworks, methodology, and ideas about research to the project. Second, I present the findings of the research through a multifaceted case study approach, using postpositivist displays of data such as narrative and split page format. This strategy embodies an approach, which does not attempt to find generalized solutions or prescriptions; portray the researcher as an authority figure; or attempt to speak for the participants. Rather, it offers a multitude of voices, viewpoints, and possibilities. Through this qualitative approach, the study focuses on finding agency within a medicalized system of care.

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Since the theme of this conference addresses collaboration, I thought I would first talk about my collaborative experiences working on this interdisciplinary topic and how I negotiated working with other researchers in different fields, who brought different theoretical frameworks, methodologies, and ideas about research to the project. I will discuss what I learned from this collaboration and how such a venture provided me an opportunity, as well as certain angst, about working with others with different ontologies and epistemologies. Then I will address my negotiated approach to the findings of the study and how I accommodated the researcher goals of my collaborators, as well as my own research inclinations.

This relationship with other collaborators occurred when I was asked to collaborate with scientists on a somatics project. For years, I provided rationales about how qualitative research was a legitimate way of approaching dance scholarship, and I was a bit skeptical about science being the only way to ask questions. My doctoral research methodology courses taught me that no knowledge is value-free and that there has been an established hierarchy in academe that embraces and rewards the hard sciences and rejects other methods of gathering information. Although many scientists do recognize the value of postpositivist methods and embrace different ways of knowing the world, I felt that the sciences are often used as the gold standard in research and I was concerned that the ways I do research might conflict with the ways others wanted me to do it. While I did not wish to reject science or its contributions to health, I was

aware of differences in theoretical grounding between the scientific method and postmodernism, or between positivism and postpositivism. (Please see Green, 2014 for more discussion about this topic). As stated in a chapter I wrote with Sue Stinson.

Generally, positivists tend to assert that reality is found – that there is a real truth or big truth that we can know. Postpositivists, on the other hand, tend to believe that reality is socially constructed – that we construct reality according to how we are positioned in the world, and that how we see reality and truth is related to the perspective from which we are looking. (Green and Stinson 1999: 93)

Epistemologically, positivists tend to assert that we can *know* a “true” reality and by using “objective research methods, we can uncover the “truth.” In contrast, many postpositivist researchers reject the claim that research can be value-free or that one sole truth can be found through objective research methods. Furthermore, some postpositivists believe that subjectivity is not only unavoidable but may even be helpful in giving researchers and participants a more meaningful understanding of people and research themes. In accepting a socially constructed reality, we realize that our belief systems, or the stories we tell of who we are, may not be consistent and reliable in the positivist sense, because they vary each time we tell them.

Thus, coming from this perspective, I was deeply grounded in thought centered around the social constructions of bodies. It did not seem likely that I would work in a scientific fashion or give up my work with social somatic theory. (Please see Green 2014, for more discussion about this issue). However, after sharing my interest in somatics, particularly in Kinetic Awareness® and health with a collaborative group in the areas of Public Health Education and Kinesiology, I was asked if I would be interested in collaborating on a study focused on women with breast cancer. My initial reaction was to kindly refuse the offer. But for some reason, I indicated that I might be interested. After the group brought in a consultant from exercise science and the project began to be framed around science and grant money, I was about to bow out gracefully because I felt I would have to give up the socio-cultural aspect of my work. This consultant spent much of her time writing grants and doing scientific studies that support alternative interventions in health care. I felt I could not possibly do this kind of research, because I was not trained to do so, but in addition, it would mean giving up everything I learned about qualitative research. Again, I valued that research greatly, but was wondering if I was the right person for the project due to my focus on qualitative research.

But then I began to think about how this project may be helpful for women with breast cancer and also bring somatics and what I was doing in Kinetic Awareness® into a more public sphere. I let everyone know that I did not do scientific research and they said it would be interesting to have one person from Exercise Science do the quantitative part of the study and I do a qualitative part of the study. I still had reservations due to my take on the subject but I figured I could write up my piece from my perspective and that I would have authority to shape my writing, but I was still concerned because I was asked to address thematic areas such as sleep, quality of life etc. and I did not do interventionist research as done in the health professions. But I figured that I could attempt to bring in my sociocultural slant while suiting their needs.

Although difficult, the boundaries began to become more fluid for me. I began to combine both aspects, (health findings and social issues) in analyzing the data and writing my article, and I attempted to find the data that indicated particular health findings but also found social implications beyond the hard sciences. So I found a way to do this. However, in attempting to be more open, but still hold my ground epistemologically, I found myself in a difficult position. I ended up with a manuscript that I was not happy with because it did not sufficiently reflect my research approach.

I am not saying that I would not want to go this route again because it did not allow me to have a consistent research agenda and positionality. Rather, I recognized the complexity of the issues and how we sometimes have to break what we see as binaries and not always look at everything as an either or proposition but allow for theoretical fluidity.

But again, I know from reviewing many manuscripts from new researchers, who seem to pick and choose aspects of paradigms that fit their needs, that there is a danger in fluid boundaries as well. First, it may be important to understand the differences and respect the boundaries before opening them up and moving through them.

### **THE STUDY**

The project brought together scholars from diverse areas and approaches to research. Additionally, it brought together the areas of dance, wellness, and somatic educational practices, in an effort to use a particular somatic approach as a tool for dealing with health issues. The specific purpose of this study was to explore ways that Kinetic Awareness®, a somatic body and dance practice, can help women with breast cancer deal with the symptoms of their treatments, particularly with fatigue and sleeplessness. In addition, the research investigated how the work may enhance the quality of life of the women in this somatic teaching project. The qualitative investigation involved interviews, video observation, and field notes. My concern was to organize my writing in a way that would address this purpose but also communicate a postmodern voice through the presentation of multiple voices. I decided to tell the stories of the women through a multifaceted case study process, using postpositivist displays of data such as narrative and split page format. This strategy embodies an approach, which does not attempt to find generalized solutions, or prescriptions; portray the researcher as an authority figure; or attempt to speak for the participants. Rather, I wanted to offer a multitude of voices, viewpoints and possibilities. Through this qualitative approach, the study focused on finding agency within a medicalized system of health care. I came up with a way to answer the initial questions, yet provide a post-structural attempt to display multiple meanings and a triangulation of perspectives. I used a first person style to demonstrate that I was invested in the project, indented the voices of the participants, and added my own responses in italics, with a double-indentation, to demonstrate ways the reader could negotiate multiple realities and thoughts while perusing the data and findings. Thus, I did not attempt to present a type of causal or linear knowledge but rather a multifaceted knowledge through juxtaposed voices. These are meant to be partial knowledges and truths depending on the perspectives of the participants and the reader, and depending on how the reader enters the text. Here is an example of how I displayed the data within the narrative case study format. The examples I use below come from a recent article (Green 2012). All names are pseudonyms:

## CASE STUDIES

### Example 1:

Patricia is a woman in her early 40s. She is a mother and owns a trucking company with her husband. During the time of the study, her cancer metastasized and was in her bones.

*I gained a great deal of respect for these women. It appeared to me that they had such courage under such life threatening situations. They were my teachers.*

*Patricia appeared to be a strong woman. She carried herself with confidence and intent.*

Patricia heard about the study in her support group where one of the other participants, someone who has studied with me earlier, announced the programme. I introduced the research to the participants by describing KA, letting them know that I was looking to see how it could help with the side effects of their medication, and asking them what other practices they had experienced and why they wanted to do take the class. Patricia said, she thought the project 'sounds cool'. She came with some experience in meditation and yoga and indicated that she believes in body–mind work. But she also wanted to work through her pain and take some control over her body. As she said,

Obviously I want to feel better because of how it [the cancer] has metastasized in the bones and stuff; I don't know if that's ever going to go away. For me, if I can find some other way to alleviate the pain or control it in a better fashion, that was what I was really looking for... So it's just the whole concept of being able to do something because even though I take some medications, I just never want to get to the point, of just popping a pill before we start; I don't want to get to the point where you are just dependent on drugs and are spaced out and that's how you have to live to get through the day. I still want to have some quality of life and be able to find some alternatives to the pain and being able to alleviate it.

Patricia thought of herself as a physical person and sensed a loss of her physicality when she undertook treatment for her breast cancer. As she said in her first interview, We own a moving company and I've always been a very physical person. I've always had this attitude that I can do anything that anyone else can do, especially my boys. [her sons] I mean, I can go out and do stuff that my boys can do. I can pick up the other end of a triple dresser or carrier or whatever needs to be done, so the hardest thing for me is accepting [what is happening]. They told me I'm in a five-maybe ten-pound weight limit of lifting and doing stuff... I would like to feel normal again...because sometimes it's very frustrating for me not to be able to grab the water jug and slap it on the cooler. You know, somebody has to do this for me, because I've just always done what needed to be done.

*The loss of the ability to function physically and the loss of strength appeared to be a great byproduct of the condition and treatment. This greatly affected quality of life as well as a sense of agency. Some of Patricia's symptoms when entering the programme included fatigue, sleeplessness and lack of energy.*

**Example 2:**

Pain was another issue major issue for Claire, although it came and went with particular surgeries and medications. She explained that she had a great deal of pain in her shoulder right after her surgery but that it went away after the lumpectomy:

It wasn't until my treatment finished in December that I started feeling the pain and I didn't know I had .....

*Like Patricia, medications and manipulation of the function of the body seemed to be primary issues for Claire. There seemed to be a lack of participation in her treatment process.*

**Example 3:**

Lisa directly addressed the medicalization of cancer treatment:

I'm an avid reader and seek out wellbeing, and one of the things I've found is, what are we going to do if the typical response is carve, poison, and burn, which means surgery, chemo, and radiation. But the holistic approach talks about .....

*I find it interesting that Lisa used the language of holism, as if something was missing and grieved for. We seem to value wholeness rather than embrace the postmodern fragmentation and asymmetry of life.*

**FINDINGS/DISCUSSION**

During the discussion section of the article, I directly addressed the main themes and outliers in order to directly address the topics most valuable to the people who were supporting the research.

**Discussion**

Although the participants shared a number of experiences, this study indicates that there are multiple ways of dealing with breast cancer. However, some patterns may arise. These include pain and discomfort, fatigue, sleeplessness, quality of life, movement limitations and range of movement, and body awareness and stress.

**Pain and discomfort**

All three women experienced pain from treatment and were able to find a number of ways of dealing with the pain and using balls to alleviate it, although some pain remains. KA was often used as a tool to stop and/or deal with the pain.

**Fatigue**

All the participants were having a difficult time dealing with fatigue. Lisa suggested that she actually felt more energy after treatment but then crashed later. The balls helped her to focus and work better when lying on the ball. Breathing techniques also helped with fatigue. The effects of KA were not direct but helped participants in little ways and helped them regain control and structure their lives better. Sometimes they can do nothing when they are so tired but KA is helpful because it does not take much energy and helps them feel their bodies moving when muscular effort is difficult. KA did little to directly deal with fatigue but it was used by Lisa to help when she experienced fatigue.

## **FINAL THOUGHTS**

My final thoughts included larger issues and themes that arose during the project such as the medicalization of health care, and body ownership:

### **Final Thoughts**

There were some larger issues and themes that arose during the project. For example, the medicalization of health and fear became prominent threads throughout the study. All three participants found that they had to balance medicine with more empowering ways of dealing with their bodies. Much has been written about the medicalization of women's bodies and dependence on drugs. Of course drugs may be necessary, particularly in the cases of the three women studied during this project, but sometimes women feel like they are giving their bodies to medical professionals.

Some writers have addressed the necessity of patient participation so that we become "more adept at thinking critically about politics and issues in women's health (Di Palma, 2003). Rager (2007) suggests, "More and more patients are assuming the responsibility to conduct their own information searches and are not on the advice of health professionals."

According to Gray et.al. (cited in Rager, 2007: 567), "This seems to be the result of converging influence, including a growing distrust of medical authority, historical failures by the healthcare system to provide adequate information, and the ascension of a consumerist philosophy."

### **CLOSING**

In closing, this is a tale of aligning the needs of collaborative partner researchers with my own need to maintain the integrity of my theoretical stance and way of doing research. I did this by including required findings with a case study approach that allowed for multiple meanings. I am not sure how successful I was but I did learn to open the boundaries a bit and realized that theories can be fluid and open. I also realized how these kinds of partnerships can help one grow and appreciate where other collaborators live.

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### *BIOGRAPHY*

**Jill Green, Ph.D.** is a professor of dance at The University of North Carolina at Greensboro. She is Director of Graduate Studies, conducts research and teaches somatics, body studies, research, and pedagogy. In addition, she is a certified Kinetic Awareness® Master Teacher and directs a teaching program at her studio. Her work is published in a number of journals and books. Dr. Green is a Fulbright Scholar (Finland) and former co-editor of *Dance Research Journal*. [jgreen@uncg.edu](mailto:jgreen@uncg.edu)