CANCER TREATMENT AS A PLACE: ECOFEMINISM AS A SOCIAL WORK FRAMEWORK

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Abstract

This paper is a reflection of my field practicum at the Saskatoon Cancer Centre from May 11, 2015 to August 11, 2015. It explores ecofeminism as a guiding clinical framework with people who are receiving cancer treatment. A literature review highlights ecofeminism, oncology social work, ecosocial work, ecopsychology, people as place, nature and ecology, and spirituality. It also provides a description of my learning goals, practice objectives, learning activities, a description of the practicum setting, the integration of theory and practice, challenges, ethics, and implications for future social work practice. This paper identifies the support for ecofeminism as an expanded framework for social work, with the potential to inform clinical practice in health care settings and influence the future of ecological social work theory and practice.

**Keywords:** ecofeminism, oncology social work, cancer, ecology
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Introduction

As a Social Worker, faced with choosing a field practicum placement, I was seeking a social work practicum in an area that would be new to me and provide me with opportunities to expand my professional repertoire. I pursued the possibility of completing a field practicum at the Saskatoon Cancer Centre (SCC). I have never worked in medical social work nor specifically in the area of cancer treatment. However this specific environment was of particular interest for me given that it would provide a new professional opportunity, but also due to my significant familial experience with cancer.

In 2007 my sister in-law died from a six-month journey with this disease. This was a life-changing experience for our small family. I had the opportunity to talk with her and spend some time with her while she sought support services. It was through this experience that I recognized the extreme difficulty in balancing life and disease with all of the uncertainty that comes with a cancer diagnosis. This experience sparked a genuine interest in cancer support services, both personally and professionally.

In addition, prior to this placement, I had worked as a clinical counsellor and with clients who had completed cancer treatment and were attending counselling post treatment. I began to wonder about patients’ capacity to manage treatment and seek counselling support at the same time, given that treatment can be so overwhelming for individuals and families. As well, I wondered about the ability to process the diagnosis, treatment, and outcome uncertainty while patients underwent the rigor of treatment. It was specifically my interest in learning about how people learn to navigate the interconnection of life and disease that led me to the SCC.

This report is a reflection and analysis of my experiences during my field practicum. I came to realize that every person who walks through the doors of the SCC seeks to not be
defined by this disease. However, cancer treatment requires individuals to live somewhat defined by it given the intensity and priority of the treatment process. Cancer treatment may contribute to a potential disconnect in life for some patients. I sought to explore how the integration of ecological practice within oncology social work could support and alleviate some of life’s sense of disconnect for patients. I approached the psychosocial care of cancer patients at the SCC from an ecofeminism framework.

My interest in approaching this field practicum from an ecofeminism framework is due to my observation that nature is grounding for humanity. From my perspective, however, I believe that as a society we have and continue to live disconnected from this knowledge, and which is clearly reflected in the environmental crisis the world now faces. During the field practicum, I observed nature to be an impetus for engagement between patients and the support care team. In relating to patients at the SCC I was able to observe patients’ interactions with staff or other patients. People are relational and therefore, seek to have interactions with others. Patients seemed to communicate in ways that sought to bridge the interconnection between the natural environment and the treatment of cancer. People engaged in everyday conversations about the sunshine, clouds, rain or lack of, gardens, lakes, and yard work. This interconnection between nature and humans contributed to the development of therapeutic relationships amongst the patients seeking treatment. Like them, I was able to enter into relationships and become changed by these interactions.

This field practicum report explores ecofeminism as a guiding clinical approach with people who are receiving cancer treatment. I begin the report with locating myself in relation to the practicum experience. A literature review highlights ecofeminism as a framework for clinical oncology social work practice, oncology social work, ecosocialwork, ecopsychology, people as
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place, nature and ecology, and spirituality. This is followed by a description of my learning goals, practice objectives and learning activities. I then provide a description of the practicum setting. Next, I present an integration of theory and practice. This is followed by the challenges of the practicum placement. I discuss ethics pertinent to my practicum placement. Finally, I end the report with a discussion of the implications for future social work practice.

Locating Self

I am a healthy, caucasian woman entering the SCC, working in the capacity of a Masters of Social Work student completing field practicum hours. I have been a social worker for twenty-one years, and have over the years, approached my practice from a feminist perspective. This has contributed to my more recent interest in ecofeminism, which is an expansion of feminism to include ecology. My interest in this framework for social work is that it seeks to address and alleviate the oppression felt by both humans and nature. This framework supports my need to find some way to incorporate ecology into my own professional practice.

I am continually reminded that I am a human on this earth bestowed with the responsibility to mutually coexist with other humans, non-humans and the earth. In preparing for this practicum experience, I was struck by a paradox; earth is life giving, sustaining, and healing, while it can also be a contributor to diseases, such as cancer. However, I am continually struck by society’s lack of environmental consciousness practices, and the ability to integrate an ethic of care into life practice. Humans alter parts of creation and live as though these actions will not alter themselves. “This is the saddest, most self-destructive mistake of all our sad and self-destructive mistakes, to think that humans can degrade their habitats and not degrade themselves” (Moore, 2004, p.58). Moore (2004) urges that humans should live in the ways that protect the “webs of human relationships we cherish and depend on” (p. 62). Despite what we
hear about the degradation of the earth and its beings, society as a whole seems to be complacent about creating sustainable change. I wonder if it is the lack of knowledge, lack of preparation, and/or lack of interest. I deeply worry it is the latter. Regardless of the reason for this societal complacency, I cannot live in despair, but rather with hopefulness. Living with hope is deeply connected to my motivation to integrate ecology into social work practice. As an oncology social work practicum student I very much wanted a formal opportunity at the SCC to work within this paradox and attempt to integrate an ecofeminism framework into psychosocial care.

**Practicum Goal, Objectives and Learning Activities**

My learning goal for this field practicum was to better understand people’s experiences in the different treatment areas and apply clinical skills through supportive care services using an ecofeminism framework. My learning objectives for the field practicum included:

1. To gain experience in the assessment and consultation process with people who are accessing support services during their cancer treatment.
2. To offer counselling and other support services that fit within the mandate of the Cancer Centre.
3. To further gain experience in bereavement counselling.
4. To further develop knowledge of community-based supports and referral processes.
5. To gain skills by working with a multi-disciplinary team in a medical setting.
6. To become familiar with theories and approaches used in supporting people who have been diagnosed with cancer.
7. Explore how an ecofeminism framework fits within this setting and its use in direct practice.
The following section outlines the activities that I participated in during my field practicum to support my learning goals.

**Learning Activities**

As I entered the field practicum, I was keenly aware that a multidisciplinary team approach was a new working concept for me. I became aware of the differences in how each team member supports patients at the SCC. Multidisciplinary care refers to a practice where several disciplines work with a similar patient demographic. This practice is supported within a medical model or ideology, given that there are identifiable benefits, including more immediate access to treatment, collaboration on treatment plans, improved patient and physician satisfaction, and greater potential for enrollment onto clinical trials (Horvath et al., 2010). The multi-disciplinary team at the SCC includes: receptionists, administrators, researchers, oncologists, nurses, dietitians, pharmacists and social workers. Although this kind of team practice approach was new, I was supported by all of the disciplines to become a member of the multidisciplinary team in my role as a social work practicum student. I believe that the benefit to this approach was that patients were able to gain health information and treatment support from all of the relevant disciplines.

New Patient Navigation, an arm of supportive care services provides support by telephone and contact by mail. This support service provides patients with their first contact to the SCC even prior to patients’ treatment start date. I had the opportunity to take part in a new patient education session. The education session provides people with an initial connection to the SCC. Pertinent information is shared to increase their knowledge about the SCC and to address some of the uncertainty that they may have prior to starting treatment. Given that I wanted to experience a rotation throughout all of the treatment areas, a field practicum work plan was
developed prior to my start date, offering me the opportunity for a two-week rotation through each treatment area. The treatment areas include: Radiation Therapy, Pediatrics, Hematology/Bone Marrow Transplant, Medical Oncology and Gynecology. I also gained experience in the Symptom Management Palliative Care Outpatient Clinic (SMPCOC). In addition to the two-week rotations through each treatment area, I had the opportunity to provide two weeks of full coverage as the Pediatric Social Worker, and coverage for the social worker on the SMPCOC team. The increased opportunity for independent involvement in each of these practice areas gave me a greater work experience in approaching patients from an ecofeminism framework. To support my learning goal, activities to achieve this were developed. I was open and flexible in my approach to the following activities that would support this learning goal. The following identifies the activities that served to support my learning goal:

1. To build rapport with staff and gain a working knowledge of service provision by the team at the Cancer Centre.

2. To conduct assessments regarding the needs of people accessing support services during treatment and to provide ongoing case management of assigned clients, their family members or caregivers.

3. To offer short-term counselling as needs arise.

4. To offer grief support to people experiencing the losses that may result from a diagnosis of cancer.

5. To provide community-based referrals to support the needs of people receiving treatment.

6. To review literature on the treatment and management of illness for people diagnosed with cancer.
7. To approach the work in the practicum from an ecofeminism framework and explore its implications for practice.

8. To participate in staff meetings, consultations with a multi-disciplinary team

9. To liaise with nurses, physicians and other social workers regarding the needs of people receiving treatment from the Saskatoon Cancer Centre.

10. To maintain a journal including: personal and professional reflections, review of relevant literature, ethical issues, counselling, and client interactions.

The following outlines the practicum setting, recognizing the interconnection between the natural environment and that of the treatment of disease.

**Practicum Setting**

The SCC’s mission is to provide strong leadership in the promotion of health, including the early detection of cancer, treatment, and research. Its vision is to have a healthy population, free from cancer. The values of the SCC are reflected in the programs and services offered to patients. The values include: integrity, courage, vision-driven, innovation and collaboration (Saskatchewan Cancer Agency, 2015). From my observation the SCC operates within a medical ideology. People become outpatients of the SCC for the medical treatment of their cancer. The approach is one of supporting patients with the early detection and treatment of cancer as well as those who have more advanced cancer. People of all ages are treated at the centre.

Supportive care services are provided at the SCC. These services include: patient navigation, counselling, pain and symptom management, managing fatigue, patient and family resource centre, self care support, personal and financial services, support to create an advanced care directive, support for accommodation and transportation, home care support and support group opportunities. The supportive care services team is comprised of a site manager, a social
worker, who oversees the dietitians, reception area team and the oncology social workers. Twelve oncology social workers, some of which job share, provide psychosocial services. Although they work within a specialized setting they identify as generalist practitioners. There is diversity within their social work educational background; both undergraduate and graduate levels are present. As well there is diversity in the extent of experience as clinical oncology social workers on the supportive care services team.

The concept of “place” was very prevalent to me during the course of my field practicum at the SCC. This is not a place that one ever dreams of visiting or integrating into one’s everyday life. Yet many people do. My initial observation was not exactly what I anticipated and I was somewhat surprised by this. As a newcomer to the agency, I came to my understanding of this place of support and treatment through a unique lens, that of a student approaching the centre from an ecofeminism framework. I gained a deeper understanding of the support that was felt by patients within the “place” of the SCC.

I believe the location of the SCC serves to increase patients’ ability to create a place of support. The centre is located on the South Saskatchewan River. Although a separate entity, it is attached to the Royal University Hospital, in Saskatoon Saskatchewan. There are unique paths that separate the natural river and pathways from the built environment of support and treatment. The setting is lush and green and very accessible to both staff and patients. I had the opportunity to bridge the sterile, medical, unnatural treatment place with the natural setting by way of walking and cycling to and from my practicum placement. As well, I was able to bridge my experience of places during lunch hour walks outdoors. This contributed meaning to my field practicum experience.
During my practicum I observed the location of the SCC in and of itself to be an initial means of support for some people seeking treatment. However, there appeared to be both positive and negative aspects of the location of the SCC. Positive aspects include access to the natural environment, as well as its physical attachment to the Royal University Hospital. This attachment provided convenient patient access to a variety of medical services. A negative aspect of the location may be related to patient parking. Parking is limited, and may become a financial burden for some. Supportive care services seek to assist patients in supporting their parking needs. Other negative aspects of the location include being located in Saskatoon. For some this requires them to have to leave home and find lodging in Saskatoon during treatment. Therefore, patients may also need to access transportation to and from treatment through the volunteer driver program.

In addition to the external location of the SCC the internal workings of the centre are also important means of support. Reception areas are important to any support service as it is what contributes to the development of a first impression of a place, and provides a window to future experiences. From my observation, the reception at the SCC offers a unique sense of safety for people as a first entry point. People are received in a warm, personal way, allowing for people to feel safe at a time when life may feel unsafe or uncertain. People are welcomed into the space and given some directions about where to go and what to do, which is helpful given all the uncertainty with which they arrive.

Wayfinding refers to a person’s spatial orientation (Huelat, 2007). This refers to the fixed relationship with space and environment, and the development of a mental image of the space design. This concept is referred to as cognitive mapping (Huelat, 2007). The utilization of cognitive mapping to visualize space is referred to as wayfinding and is used to solve location-
based issues. Huelat (2007) suggests that people enter medical centers with their own reality, knowledge and needs. Therefore, every patient who attends a medical center arrives with some confusion and uncertainty about navigating this system. This lack of experience can lead to anxiety and frustration. Wayfinding is a supportive navigation tool in a medical setting such as the SCC. There is evidence to support wayfinding in the promotion of healing (Passini & Arthur, 1992). For example, through greater understanding of an environment, people can gain an increased sense of control, reducing stress and anxiety, all of which challenge the body’s ability to heal (Passini & Arthur, 1992). I observed the patients of the SCC utilized this strategy of navigation and feel greater stability as they transitioned into the treatment process.

Based on personal treatment plans, and the regular return to the SCC, it was easily observed how the relationships developed with reception staff. Given that people seek support at the centre, due to their cancer diagnosis, which is considered outside ones personal control, may contribute to the unique experience of this reception area. I have experienced other reception areas that are less welcoming and supportive due to the perception that the support service needs were a result of personal poor decision-making.

In addition to the reception area, I was initially struck by the patient access to natural settings while in the centre. During my initial tour, I found myself searching for a connection to the natural environment. This permitted a balance between a sterile medical setting and the natural environment. I began to recognize the access to the earth and sky through the many windows throughout the centre, which could be accessed by both patients and staff. For example, radiation therapy has a bank of large windows throughout the entire patient waiting area. Most treatment areas have some window access to the natural environment. The following outlines the literature that I reviewed.
Literature Review

During my practicum, much of the literature I reviewed was typically the oncology social work model (Association of Oncology Social Work, 2015; Canadian Association of Psychosocial of Oncology, 2003). This model defines the psychosocial care provision by oncology social work. This was helpful information, and assisted to orient me to my new role as an oncology social work student. However, it did not fully support my learning goal of increasing my understanding of peoples’ experiences in cancer treatment, and doing this guided by an ecofeminism perspective. Therefore, I did not extensively review literature on cancer treatment nor the role of social work during a patients’ treatment.

My literature review begins with oncology social work. It was this review that led me to recognize that there may be support for an integration of another approach in oncology social work practice. My review of the literature identified some obvious gaps. There appears to be minimal literature that directly relates ecology to oncology social work practice, and more specifically, the practice of oncology social work from an ecofeminism perspective. This gap in the literature contributed to further exploration, which led me to review literature on ecological practice in two disciplines; ecosocialwork and ecopsychology, both of which may contribute to supporting the integration of ecology into the psychosocial care of cancer patients. This is followed by the review of literature on people as place, nature/ecology, and spirituality. These areas of literature are interconnected in that when explored together they reflect what can offer support to patients during cancer treatment. This literature may inform and provide greater support for the integration of ecology into oncology social work practice.
Oncology Social Work

Oncology social work is a specific discipline that ensures psychosocial service provision to persons with a cancer diagnosis and/or their family members throughout all stages of the cancer continuum including diagnosis, treatment planning, post-treatment, palliative support, end of life support, and bereavement (AOSW, 2015). Psychosocial services include: individual and family counselling, advocacy, case management, practical supports, patient-navigation and support, and group development and facilitation. The utilization of supportive services is connected to increased coping with cancer (CAPO, 2003). Oncology social workers are an integral part of an oncology multidisciplinary team.

Every individual diagnosed with cancer will have their own unique experience with their disease. However, health professionals agree on the need to provide psychosocial support to patients, as their experience is more than a physiological experience (Hodgkinson & Gilchrist, 2008; Sollner, et al., 2001; Farkas Patenaude & Kupst, 2005). The experience of cancer is also unique in relation to age and gender, and therefore also requires oncology social workers to be unique in the provision of psychosocial support (Young Adult Hope & Cope; Carr, 2007; Farkas Patenaude & Kupst, 2005; CAPO, 2003).

In the support of cancer treatment, the advancement of science and oncology practices has led to people living longer with incurable cancer, however, the treatment options to alleviate pain and the reduction of treatment side effects have not necessarily advanced in the same way (Greer, Jackson, Meier, & Temel, 2013). Many people living with cancer, and their supports somehow expect or believe pain to be unavoidable and therefore, have minimal awareness that seeking pain management support is an ongoing possibility (Callanan, 2008).

Challenging this view of pain management includes the early integration of palliative
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care services. According to Greer et al. (2013) the early introduction of palliative care services positively impacts patients’ experience in the areas of treatment planning, management of symptoms, and the overall quality of living. Palliative care focuses on the relief of pain throughout the course of the treatment of the disease (Smith et al., 2012; National Voluntary Consensus Standards for Palliative Care and End-of-Life Care; Greer et al., 2013). The early integration of palliative care makes sense if it increases the quality of life of patients and their families’ experience of the many difficulties that are associated with life threatening illness, by addressing treatment of pain, physical, psychosocial and spiritual (World Health Organization, 2015; Smith et al. 2012). An integrated palliative care approach is about supporting people to live well in the course of disease management.

The next section reviews the literature on ecofeminism as an expanded framework for social work. This lens is what informed my approach to practice during the course of my practicum placement.

Ecofeminism

Ecofeminism as a framework or lens, addresses the connection of all oppression, asserting that structures of oppression be addressed in its entirety ((Hobgood-Oster, 2002). The emergence of ecofeminism in the 1970’s grew out of the interconnection of feminism and environmentalism. Although there exists diversity of beliefs amongst ecofeminists there is agreement that patriarchal systems are responsible for the construction of the oppression of women and of nature. As a framework, ecofeminism purports that unless both are addressed there can be no liberation from systemic domination (Ruether, 1975).

Neimanis (2015) identifies that ecofeminism continues to offer significant information about the interconnection of systemic domination (Neimanis, 2015). Systemic domination is
evident in the interconnection of “sexism, heteronormativity, racism, colonialism, ableism, specisism, and environmental degradation all participate in an interlocking logic of domination” (p.1). Neimanis (2015) identifies that ecofeminism may be more relevant now, given the environmental crisis the world faces. It is a framework from which to approach oppressive systems, rather than the identification of specific practice guidelines. It is the combined ecological principles with feminist theory, which informs the twin oppression experienced by humans and nature. It is the recognition of the oppression of women and nature, nature-based religion and spirituality, and women’s involvement in the environmental movement, which informs a unified way to address and eliminate all forms of oppression by challenging the structures that have and continue to maintain oppression (Besthorn & McMillen, 2002; Reuther, 1975). Ecofeminism’s popularity grew within the context of protesting environmental destruction throughout the world, striving to change dominant systems (Shiva & Mies, 2014). Ecofeminism as a framework to alleviate oppression continues to exist and change. The continuous development of ecofeminism occurs because the world is not static. Therefore, ecofeminism as a framework continues to respond to a changing world (Neimanis, 2015). As ecofeminism responds to the changing world, Neimanis (2015) identifies that “so too is the world of theory. This gives ecofeminism opportunities to engage with burgeoning ideas within feminist and related theory as a way of making its own positions more nuanced and robust” (p. 1).

Besthorn and McMillen (2002) suggest that ecofeminism may be a framework for an expanded practice model for social work. A proposed expansion would challenge the profession of social work to return to its activist roots (Besthorn & McMillen, 2002). In returning to these activist roots, social work may then deepen its relationship between ecology and social work. A
strengthened relationship such as this can inform social work research, education, theory, and practice. These authors purport that attending to the person/nature ontology impacts the depth of all of social work interactions. In this way, social work has the opportunity to comprehend the complexity of the interconnection between nature and person, and therefore, can ultimately continue to work for the alleviation of social injustice resulting in the empowerment of the oppressed (Besthorn & McMillen, 2002).

Besthorn and McMillen (2002) recognize that environmental intervention has not been central to social work theory, education, policy and practice. The profession as a whole has not viewed the concept of nature to be connected to social work practice therefore, perpetuating the concept that nature is separate from human experience. A practice that is linked to ecology requires the repositioning of social work. Dominelli (2002) identifies the importance of social work relocating itself. Historically, social work has had a strong commitment to address and eradicate inequality of all kinds. Feminist social workers sought to address oppression of women, and now ecofeminism provides social work the ability to address all forms of oppression, with the inclusion of the natural environment. The social work profession has the opportunity evolve with the integration of ecology into practice. According to Besthorn (2003), social work, in its commitment to justice principles must seek to apply these deeply rooted ecologisms to unify and protect the earth, its people and all of ecology.

In order for the profession to refer to the principles of human protection and empowerment, the preservation of the environment must become a fundamental goal (Muldoon, 2006). Social work must therefore, seek to change the way that ecology is viewed in relation to practice. It is by doing so, that social work can truly strive to bring about the alleviation of oppression in all its kinds. This is a timely invitation for social work practice to expand and
embrace an ecological framework like ecofeminism, ultimately informing social work education, research, theory, policy and practice.

Ecofeminism as a lens informed the way that I approached practice during my practicum placement. However, I found very little literature on how to implement ecofeminism in practice and therefore, continued to explore literature that pertained to ecology and therapeutic practice. The next section reviews literature on ecological practice in the disciplines of social work and psychology.

**Ecosocialwork**

Ecosocialwork, according to Besthorn (2014) is a growing movement worldwide. Many ecosocialworkers find resonance with several of its foundational values and its researchers and scholars explore a wide spectrum of themes and research areas (Besthorn, 2014). However, the integration of ecology into social work practice is by no means accepted or utilized by the entire profession. According to Besthorn (2014) it continues to be a challenge to inform, discuss, and integrate ecological issues into a profession that is unclear and uncertain about how it fits within their professional mandate. Despite the challenges, ecosocialwork is finding a place in the profession (Besthorn, 2012; Besthorn, 2014; Coates & Besthorn, 2010; Besthorn, Wulff, & St. George, 2010).

An area that is still emerging with ecosocialwork is the identification of a unified set of skills, methods, and practices to guide implementation in professional practice (Besthorn, 2014; Molyneux, 2010). According to Besthorn (2014) there is room for growth in the development of practice guidelines that can be viewed as “one of the great strengths of ecosocialwork” (p. 204). The literature supports the profession’s skill base to already match the skills required for ecocentric practice (Coates, 2003; 2007a; Muldoon, 2006; Shepherd, 2013). Therefore, it is not
about skill set development, but rather about a shift to integrate an ecocentric perspective to
practice (Lysak, 2010; Molyneux, 2010; Pardeck, 2015).

Besthorn (2014) purports that it is time for ecosocial work to join with other disciplines
such as ecopsychology, to develop an ecological practice. Combining efforts may further support
each discipline to move in this direction, given that each of these disciplines find themselves to
be on the periphery within their own profession, as it pertains to an ecological practice. This
effort of interdisciplinary joining could allow for mutual learning from one another, transform
our individual professions, and work to preserve and sustain the earth. The next section explores
the literature of ecopsychology.

Ecopsychology

Ecopsychology is a discipline, within psychology that seeks to identify people’s
experience with nature, and its positive impact on human’s overall well being (Hegarty, 2010).
The central concept of ecopsychology is nature-connectedness (Corbitt & Milton, 2011;
Hasbach, 2015; Hegarty, 2010; Hinds & Sparks, 2009; Milton, 2009; White, 2011; Wolsko &
Hoyt, 2012). Ecopsychology recognizes that a significant cause of the degradation of the
environment is due to human’s disconnection and isolation from the non-human world, and their
continuous disregard of their ecological dependence on the health of the environment (White,
2011). An ecofeminism framework, given the current state of the environment, also suggests that
there is the need to focus on re-connecting and re-strengthening the human-nature connection
(Besthorn & McMillen, 2002; Hinds & Sparks, 2009; Reuther, 1975; White, 2011). A way to
strengthen this interconnection is to encourage the development of an environmental identity
(Hinds & Sparks, 2009; Stets & Biga, 2003) or ecological consciousness, referred to as eco-
consciousness (White, 2011). The development of an ecological identity or eco-consciousness
seeks to intensify nature-connectedness, which then creates an increase in eco-consciousness, which contributes to meaning (Stets & Biga, 2003; White, 2011). Historically, an eco-consciousness was evident in indigenous cultures (Hughes, 1991). According to Hughes (1991) an eco-consciousness, exhibited in these cultures reflected a deeply intimate, spiritual, and sacred connection with all of nature.

Nature and self-healing are interconnected (Besthorn, 2014; Groenewegen, van den berg, de Vries, & Verheij, 2006; Hegarty, 2010; Hinds & Sparks, 2009; White, 2011). Hinds & Sparks (2009) suggest that it is the reciprocity in the relationship between people and the earth, which can foster well being, as well as the development of an alignment for proenvironmentalism (Hinds & Sparks, 2009). An ecofeminism perspective supports ecopsychology’s efforts to incorporate this knowledge by linking it to therapeutic practice.

People’s contact with nature is powerful enough to be exploring it in practice settings (Hegarty, 2010). The connection between peoples’ positive experiences in and with nature creates the support for clinicians to enquire about it, offer encouragement to reflect on nature connections, which then become an integral part of clinical practice (Hegarty, 2010; Lysak, 2007). This is an underutilized resource, available for exploration by clinicians (Hegarty, 2010; Milton, 2009). However, there continues to be a quandary about how to integrate this knowledge into therapeutic practice (Hasbach, 2015; Milton, 2009; Wolsko & Hoyt, 2012). Western models of understanding people and behaviour are not conducive to understanding their interconnection (Milton, 2009). Milton (2009) identifies that these models create a distance between people and their experience, and feels ecopsychology offers a new direction for clinical practice, as well by social work, as explored through the lens of ecofeminism (Besthorn, 2003). Milton (2009) supports the practice of listening differently. Through listening to more than what a clinician
expects to hear, the clinician creates opportunity for the exploration of the human-nature relationship (Milton, 2009).

In addition, a more encompassing form of listening can expand enquiry in assessments contributing to the exploration of the human-nature relationship (Milton, 2009; Wolsko & Hoyt, 2012). The development of ecotherapy practices and methods will also require the use of the integration of a nature language (Hasbach, 2015). A nature language creates opportunity for individuals to explore their nature experiences, both past and present. Ecofeminism supports the honouring of individual experiences within nature (Besthorn, 2003). By simply inviting individuals to explain their relationship to the natural world, there is an opportunity for greater assessment, diagnosis, and treatment (Milton, 2009; Wolsko & Hoyt, 2012). Therapeutic exercises that encourage outdoor connections develop a strengthened connection to the environment, increased sensory experience, greater wisdom of the place, and an increase in sense of belonging (Hasbach, 2015). The creation of a nature language, and the opportunity to experience and express it may lead to strengthening the nature-human interconnection (Hasbach, 2015; Kahn, Ruckert, Severson, Reichert, & Fowler, 2010).

In the face of current climate change, it is evident that society is and will continue to be impacted by environmental destruction, not recognizing the impact of these environmental stressors on individuals (Hasbach, 2015). Albrecht (2012) refers to the stress and anxiety experienced by society in relation to the environmental changes as solastalgia. This is the emotional response to environmental degradation. Solastalgia is a type of homesickness for what was once stable and known to individuals. Smith (2010) refers to an ecological unconsciousness that must be attended to in order to ensure sustainability. In contrast soliphilia refers to an innate set of foundational values to ensure sustainability (Smith, 2010). Hasbach (2015) encourages
clinicians to pay attention to a “client’s connection to her or his “home place” (p.206), which could encourage and develop a re-connection to *soliphilia* (Smith, 2010).

Ecopsychology also offers a perspective on trauma. Trauma is considered to occur with an incident that is overwhelming, shocking, creates a perception of threat to the physical and/or psychological sense of self or others, contributing to a response of intense fearfulness, helplessness and horror (American Psychiatric Association [APA], 2000). Corbitt and Milton (2011) suggest that there may be growing evidence for the incorporation of ecopsychology into therapeutic approach with people who have experienced trauma. The treatment of cancer can be an overwhelming and fearful experience for patients and for some a traumatic experience. In supporting a trauma recovery, moving away from a person *in* environment perspective to a people as place model may provide greater accuracy of assessment and support. The following reviews the literature on the concept of people as place.

**People as Place**

Historically social work has worked from a person *in* environment perspective (Besthorn, & McMillan, 2002; Germain, 1973; Molyneux, 2010; Pardeck, 2015). This perspective has allowed for assessing people in their social contexts or environment. However this view or perspective may be limiting, and provide an inaccurate assessment of the whole person. This form of assessment may more accurately reflect the perception of person *on* environment (Besthorn, 2014; Besthorn & McMillen, 2002; Molyneux, 2010). This principle suggests that the environment is there for humanity to use as they see fit. It suggests that humanity and the earth are not interconnected, but rather the earth may be a backdrop for human behaviour (Besthorn, 2014). This exploitive behavior reflects anthropocentrism, perpetuating a belief system of human superiority over nature, rather than the development of an ecocentric worldview (Besthorn,
2014). An anthropocentric view of nature results in an unhealthy cycle of oppression for both, humans, non-humans, and all of ecology, which is clearly viewed as an oppression that requires the world’s attention, and may be addressed by working from a ecofeminism framework (Besthorn, 2003; Besthorn & Canda, 2002). Social work may do well to explore the whole person in all environments, rather than only an individual within their social context because individuals are more than any one specific context.

A paradigm shift may be timely given that the ‘person-in-environment principle’ has been an ideological and practice framework for the profession of social work (Besthorn, 2003; Coates, 2003; 2007a; Germain, 1973; Ungar, 2002). Social work, since its inception, in the late 19th and early 20th century (Besthorn, 2014) has worked from the perspective of person in environment with a main focus on the social environment of an individual (Besthorn & Canda, 2002). It is now evident that this narrow view of environment is limiting. Operating from this principle neglects what is referred to as the environment-in-person. (Dewane, 2011). To truly work holistically with individuals, the profession of social work must move beyond a constricted way of supporting humans in the context of social environments only, but also explore within the context of their relationships between themselves and that of nature. This change to social work practice, from an ecofeminism perspective, could support a paradigm shift resulting in the development of an ecological practice. Social work has the opportunity to model this shift in thinking, focus, and practice.

As the social work profession works more inclusively, ecofeminism may provide a framework to provide greater opportunity to ultimately break the cycle of all oppression. By expanding social work practice, to include an ecofeminism framework, it could create a natural progression for social workers to implement interventions based on the alleviation of oppression
of human, non-humans and all of ecology (Besthorn, 2003; Hobgood-Oster, 2000). This form of intervention recognizes the interconnections of all of life. In the identification of this real interconnection, social work may recognize that their profession has a significant place within the realm of environmental issues, and can then support the promotion of sustainability practices.

Social work has a history of social justice involvements, which may have prepared the profession for a new direction towards justice in the areas of sustainability and ecology (Besthorn, 2003; Coates, 2003; Ruether, 1975). A new direction for the profession of social work recognizes the connection between social work and environmentalism. Environmentalism impacts all of humanity, however, there are some populations in society who are more negatively impacted. Environmental racism is significantly connected to racial discrimination (Dewane, 2011). It is evident that policy and practices exist which negatively affects the environment of low-income communities in contrast to the experience of more affluent communities (Dewane, 2011). Social work tirelessly works for the elimination of discrimination, therefore, must advocate by incorporating environmental racism as part of their anti-discriminatory work.

Women throughout the world fall into the disproportional population that is oppressed by environmental racism (Muldoon, 2006). This form of oppression is also referred to as gender discrimination, due to women being disparately proportioned in the ways that they are affected by the destruction of the environment (Muldoon, 2006).

In the pursuit of social justice, Kristof and WuDunn (2010) provide examples of working to mitigate the oppression of land, nature, humans, and in particular the oppression of women. This is a visible example of the interconnection of person and nature, and working within “place”. The authors’ tireless activism continues to seek to address the oppression of women throughout the world. This is a portrayal of a strong ethic of activism for helping professions. Its
representation of oppression supports the interconnection of humanity and nature. A shift in thinking and of action may enable social work practice to go beyond what has historically been viewed as social justice issues and include environmentalism in social work education, theory, and practice (Besthorn & Canda, 2002; Dewane, 2011; Kemp, 2001; Kemp, 2011).

A change in social work practice, with the movement from the person in environment paradigm acknowledges that humans are a part of a living environment (Zapf, 2008). It is through this new working paradigm that social work can be transformative in its practices. According to Zapf (2008) “such transformation calls social work to look beyond interpersonal relationships to the very nature of our spiritual connection with the planet we inhabit – literally our “common ground” (p.171). This notion of literally sharing the ground that is common to humanity and nature supports the creation of essential places.

The concept of “people as place“, as introduced by Zapf (2009), is where we need to start if we are to understand and truly support people in all environments. This concept may have impact on so many levels. Seeking to work with ‘people as place” acknowledges where people live, who they are, what they connect to, and ultimately how spirituality and stewardship practices are impacted. Zapf (2009) purports that where people live matters. An attachment to place creates a sense of belonging. People experience and express attachment to places, which develop and support personal identity. A shift in paradigm from person in environment to people as place can create a social work practice that reflects the interconnection between humans and the natural world. The next section reviews literature on nature and ecology. The importance of exploring the literature on ecology is that it supports and challenges the necessary incorporation of ecology into social work practice.
Historically, the earth is facing its greatest crises of all time, and yet the human population continues to live disconnected from the natural world, making little to no change to improve their role as environmental caretakers. Despite the media reports about species in extinction, ongoing depletion of non-renewable natural resources, ozone depletion, and toxins in soil and water which lead to significant human illnesses, human behaviour is not changed (Coates, 2003). The increase in life longevity, the disparity between old and new ways of living may have contributed to the significant growth of diseases (Maller, Townsend, Pryor, Brown, & St. Leger, 2005). Diseases such as coronary heart disease, diabetes, and cancer have become most prevalent (McMichael, 2001). Although the cause of most individual’s cancer is not known, the known risk factors include: lifestyle factors, exposure to occupational hazards and environmental pollutants (Hodgkinson & Gilchrist, 2008). It is apparent that the result of not changing human behavior is the increased oppression on humans, non-humans and all of ecology.

Nature has come to be viewed as separate from human experience, perpetuating the notion that nature is merely a backdrop for human activity, supporting the superiority of the human race (Coates, 2003). As society continues to grow in their disconnection from the natural world, an anthropocentric lifestyle continues to create generations of the population that lack knowledge or interest in sustainability practices. An ecofeminism framework can provide guidance that is urgently needed to inform about “how to get on in this anthropocentric world in more just and caring ways” (Neimanis, 2015, p. 1). A change in sustainability practices could change the trajectory of oppression of the natural world, ultimately benefitting humans, non-humans and all of ecology.
If humanity and the natural world are inseparable, it is reasonable to question how humanity became so disconnected from the natural world, but more importantly explore ways to develop greater interconnection. Social work may have a role in supporting humanity’s reconnection to the environment. Within the context of the natural environment, humans seek meaning (Zapf, 2009), rather than living as separate entities. Therefore, the development of a growing ecological consciousness or self can result in a lived interconnection between human and nature (Zapf, 2009). The development of a bond or grounding to the earth can lead to greater interconnection, enhancing sustainability practices in all areas of life.

Ecological health and human health are part of an interconnected ecosystem. The health of one entirely depends on the health of the other. Intuitively people seek out natural parks and gardens, recognizing how contact with nature impacts physical and emotional wellbeing, but public health strategies have not recognized the benefits of nature as a health intervention (Frumkin, 2001; Maller, et al. 2005). The benefits of contact with nature requires further exploration, however, there is significant evidence to suggest that contact with nature be considered when looking at the development of health strategies, and the utilization of parks be considered disease prevention strategies (Maller, et al., 2005). According to Wilson (1984) living things are interconnected, and is reflected in human’s intrinsic attraction to other living things. However, Wilson (1984) recognizes the disconnection between humans and nature. He questions whether humanity’s love for life will reflect in their actions to save it.

The search for sustainable living, may force the partnering of medical, design, and environmental studies to change human interaction with nature, given the many hours humans spend in built environments (Stilgoe, 2001). In a built environment, such as a hospital setting, it is suggested that the view through a window may influence recovery from surgery (Ulrich,
The quality of life experienced by patients with a window view to nature is something that requires the attention of hospital designers. Prioritizing the quality of life for patients is vital. To explore the impact of art interventions in hospital setting, the ‘open window’ study set out to identify the impact of a multi media art intervention into a stem cell transplant unit (McCann, 2013). The impact of this intervention created increased communication with staff, patients, and visitors, and decreased the impact of stem cell transplantation. As well, patients could imagine being elsewhere, rather than in the isolation of their rooms. Patients also experienced a decrease in anxiety and depression, when compared to those patients without access to the ‘open window’ study (McCann, 2013).

Creating access to natural environments also provides significant restorative benefits for those experiencing human fatigue. Directed attention, or focus is necessary in the successful completion of any task, however, can result in human fatigue. Both patients and medical support persons share the task of healing. It is an integrative framework, within the context of human-environment partnerships, which may support the reduction of human fatigue that results from directed attention (Kaplan, 1995).

Another human-environment place of restoration is that of the garden. Gardening is an example of the interconnection between humans and nature. Gardens are places that have meaning for people, and they become a place of peace and healing (Stewart, 2004; Tieg, et al., 2009). Community gardens are a strong example of these places. Community gardens provide benefits in the areas of nutrition, physical activity, social and mental health (Tieg, et al., 2009). Local community gardens represent a communities collaboration that goes beyond age, income, ethnicity, and education, developing strong neighborhoods who experience greater health overall (Tieg, et al., 2009). Initiatives such as these, work with participants to develop and protect
garden spaces and places, and are a powerful example of community organization (Shephard, 2013). These collective, transformative efforts are an example of community activism. It is through efforts such as these, that serve to strengthen the interconnection between humans and nature, with the recognition of the ways that this interconnection impacts healing.

Another example of healing through gardening is the example of community gardening evident in the Dangarandove Community Garden in Zimbabwe (Food and Agriculture Organization, United Nations). From an ecofeminism framework, the women in this community are making a difference by way of collective actions (Besthorn, 2003). Their efforts are about much more than just food security. They have collaborated with one another and the United Nations to challenge the oppression they face as women, mothers and marital partners. From an ecofeminism’s perspective this is a strong example of protesting environmental destruction throughout the world, which may lead to changing dominant systems (Shiva & Mies, 2014).

It is through this collaboration in the community garden that they are able to collectively bring about change. The changes are many. Their use of activism has created opportunities for women to become active business owners, increase nutrition for their children, increase the equity in their marital relationships, increase sustainability practices, and create momentum for the reduction of the overall oppression of women and the land.

The profession of social work is grounded in bringing about change in the lives of the people they work with. The benefits of gardening that occur through the community gardening movement provides social work with some strong models of activism. This innovative collaboration supports social work to broaden their role in the recognition of the ways the natural environment can be a means of healing support. It may then be possible for social work research, policy, and practice to be informed by ecology. The importance of exploring literature on
spirituality is because of the significant role spirituality holds in the interconnection between humans and nature. The following section reviews literature on spirituality.

**Spirituality**

The interconnection between humanity and the natural world is that of spirituality (Zapf, 2009). To be spiritual is not a trait of an individual, but rather, it is the recognition of human spirituality in relation to nature (Zapf, 2009). Humans and nature share spiritual interconnection. Being spiritual, or a practice of spirituality is understood in a variety of ways. Despite the understanding, social work’s exploration of an individual’s full person in “place”, from an ecofeminism perspective, would reflect the exploration of a person’s physical, emotional, intellectual, spiritual, and ecological environment (Besthorn & McMillen, 2002; Reuther, 1975). Social work practice must recognize and strive to integrate this deep interconnection in order to provide full support of an individual.

In recognition of the interconnection between humans and nature, through person-centered care, spirituality is an integral factor in the way patients with cancer cope with their disease, through diagnosis, treatment, survival, recurrence and dying (Puchalski, 2012). In addition to coping with cancer, spirituality may also impact the overall quality of life experienced by patients. The practice of spirituality, and the acknowledgement of the interconnection between humans and nature vary from one person to another. Meditation is one example of spiritual practice, which may be a means of personal support for some, and not for others. In the exploration of spirituality, it is important to differentiate between spirituality and religion. Spirituality is what supports people to make meaning in their life (Coates, 2007). The challenge for social work is to support the individuals’ exploration of spirituality which supports peoples’ search for meaning (Coates, 2007).
A cancer diagnosis may also challenge one's spiritual life. It can be a cause for spiritual disconnect for some. For many, a diagnosis of cancer can cause spiritual questioning. The uncertainty of what to expect following a diagnosis of cancer can raise existential questions for people living with cancer. According to Puchalski (2012) more people are living with cancer or managing a more lengthy treatment plan. Therefore, support services are not necessarily accessed for planning for an imminent death, but rather about gaining support in the plan to live well with cancer. According to the National Cancer Institute, the shift in focus now reflects this change by focusing on the quality of life for individuals (National Cancer Institute). Spirituality is connected to an increase in the quality of life. Health professionals, therefore, must strive for the integration of spirituality into patient care (Puchalski, 2012).

The integration of spirituality also brings with it the possibility of a clinical diagnosis of spiritual distress (Puchalski, 2012). Some spiritual distress symptoms include: lack of meaning in life, concerns about the after life, loneliness, displaced anger, hopelessness and lack of feeling connected (McGrath, 2002). Spiritual distress can sometimes surpass physical symptoms that are related to cancer treatment. Spirituality as a means of support in finding meaning in life, must therefore, be prevalent when exploring a patients’ support system. This integration is part of a whole person support plan. Puchalski (2012) purports that the positive reinforcement of spirituality can positively impact the trajectory of a patients’ ability to make sense of their illness, explore meaning of life, and recognize personal life values.

In the literature review conducted it is evident that an ecofeminism framework may provide a lens to inform an ecological social work practice. Ecosocialwork and ecopsychology are working toward greater integration of ecology into therapeutic practice. Although guidelines for practice are currently limited, the efforts to work in this direction are significant. The gaps in
literature on how to implement ecology into practice, led to a review of literature on people as place as a more accurate and holistic assessment tool. In an effort to work more holistically the literature on nature and ecology and spirituality support a human-nature interconnection. The exploration of this interconnection may contribute to the support of patients during cancer treatment. This literature can inform and provide greater support for the integration of ecology into oncology social work practice. The next section explores the integration of the literature in clinical practice at the SCC.

Integration of Theory and Practice

During my field practicum, I was able to witness several people find their way through cancer treatment: from the initial uncertainty of arriving at the centre for the first time, to the final day of treatment. The complexity of healthcare was evident through the shared experiences of people trying to navigate their way through the health care system. It was evident, as Huelet (2007) suggests, that patients enter a medical centre with their unique needs and perception of their cancer experience.

The complexities of treatment at the SCC, can impact both patients and staff. Patients identified their feelings of uncertainty about the treatment process and all it entailed, especially at the beginning of their cancer treatment. Evidence suggests that the uncertainty in these complex medical settings, patients and staff may be pushed to their limits, producing an unstable medical environment, requiring an adaptive nature necessary for an effective health experience and outcome (Innes, Campion, & Griffiths, 2005).

From an ecofeminism perspective, oncology social workers strive to alleviate the oppressive experience that a medical environment can cause for patients. I viewed this to be an integral role of the support care team at the SCC. Oncology social workers, in their role
acknowledge this complexity by recognizing the unpredictability of patients’ experiences, and therefore, respond to patients with creativity and flexibility (Plsek & Greenhalgh, 2001).

Oncology social workers responded to the unique needs of each patient they worked with. Efforts to alleviate the unique oppression that patients may experience during their navigation of cancer treatment fits within an ecofeminism framework. For example, flexibility and creativity was evident in assisting patients with transportation, lodging, meals, parking, and advocacy support. As well, I observed patients refer to their overall experience in the health care system as chaotic. Patients spoke of their unique experience that occurred through seeking a cancer diagnosis, and then in treatment. Some patients stated that they viewed it as a misunderstood system. They viewed the medical system, with a language that often creates comprehension difficulty, and contributes to felt chaos for patients. In the midst of patient’s chaos, my role as an oncology practicum student was to support patients in a plan for the reduction of their felt chaos.

Ecopsychology as an approach to practice offers support to patients who may be experiencing a cancer diagnosis and or treatment as traumatic. Approaching trauma from an ecopsychology perspective may strengthen the knowledge of the interconnection between humans and nature (Corbitt & Milton, 2011). A cancer diagnosis and treatment experience can be overwhelming, feel threatening physically and emotionally, and create fear and helplessness (American Psychiatric Association [APA], 2000). Integrating ecology into oncology social work practice may support to alleviate the trauma felt by patients (Corbitt & Milton, 2011).

Wayfinding appeared to be a very necessary component to easing the burden of treatment navigation for patients (Huelat, 2007). This was a new concept for me. The signage at the SCC assists patients to create a cognitive visual map, which positively impacts peoples’ ability to navigate their varied treatment plans. The availability of signage, the support of staff, and the
repetitive nature of treatment, I observed patients’ increased ability to find their way both safely and independently through the centre. The website for the Saskatoon Cancer Centre also offers a great deal of description about support service provision that includes a virtual tour intended to help to create a sense of knowing for patients even prior to their attending their first treatment. Evidence supports this interconnection between wayfinding and the promotion of healing (Passini & Arthur, 1992). I observed the patients of the SCC increase their navigational ability over time, likely contributing to their healing through increased confidence and decreased anxiety during treatment (Passini & Arthur, 1992).

In addition to patients navigating their way through treatment services, it is apparent that they also find their own “place” at the SCC. The perspective of “people as place”, rather than the historic social work perspective of person-in-environment principle, creates the opportunity for the emergence of a more accurate or true way of understanding the personal experiences of people living with cancer. Many authors support this paradigm shift (Besthorn, & McMillan, 2002; Germain, 1973; Molyneux, 2010; Pardeck, 2015). As a practicum student, my experience in supporting patients during treatment highlighted the need for a shift in paradigm. This is also supported by the literature where it is suggested that social work shift from person-in-environment to “people as place” (Besthorn, & McMillen, 2002; Germain, 1973; Molyneux, 2010; Pardeck, 2015; Zapf, 2009).

Patients of the SCC do not approach treatment services by choice nor choose to create a “place” at the SCC. Instead, they may experience that treatment is thrust upon them. The complexity of patients’ experiences is positively impacted by the interactions with supportive care services. As an oncology social work student, in the assessment of a patients’ need for support, I found the person-in-environment principle did not fully capture patient wellness, due
to the nature of the treatment environment. People are out of their known environments. Seeking cancer treatment often means being far from an understood or familiar place regardless of whether they live locally or travel for treatment. In fact, many people do travel from within the province to attend treatment and find temporary accommodation with friends, family or at the Saskatoon Cancer Lodge. However, patients were able to reconnect with their known environment because they did travel home for the weekend, given that the Saskatoon Cancer Lodge closed on weekends. A known environment can refer to a position of health, home, spouse, family, friends, companion animals, work, local community, and nature. Patients often identified how difficult it was to leave home, and all they knew and loved, in order to seek cancer treatment. They spoke about having to be quite independent in the treatment of their cancer. They shared that because life could not stop at home, or with their families, just because they had cancer, patients often travelled to Saskatoon alone for treatment.

It is evident that the person-in-environment principle provides much too narrow a view of environment. Operating from this principle is limiting as it neglects what is referred to as the environment-in- person (Dewane, 2011). The concept of “people as place “, as introduced by Zapf (2009), acknowledges the human nature interconnection. From an ecofeminism perspective, within oncology social work, the people as place approach provides a more accurate acknowledgement of who people are, and where they are emotionally and physically in their treatment of cancer. Zapf (2009) purports that acknowledging where people live matters. An attachment to place creates a sense of belonging. I found that patients, amidst all the uncertainty of cancer treatment, while away from their known environment, found a new, temporary connection and place at the SCC. Patients experienced and expressed attachment to this new place, which developed and supported an integration of cancer treatment into their personal
Patients found a sense of connection and belonging at the SCC. The establishment of a sense of belonging is necessary to humanity. To be personally involved in an environment, allows one to feel that they are an integral part of the environment (Hagerty, Lynch-Sauer, Patusky, Bouwsema, & Collier, 1992).

During my field practicum I experienced a variety of people describe their home, and their connection to people and the place. The descriptions of these places reflected life meaning for them. Research supports that homes have deep meaning for their owners, and serve as an emotional attachment within greater society (Kaplan, 2001; Marcus, 2006). In discussion with patients who were away from home, it was evident that their homes were what grounded them as individuals to their known place in life. In contrast, homelessness can be a significant cause for disconnect in life. Not having a home may then be a cause for significant detachment in society (Marcus, 2006). The treatment of cancer requires significant management strategies, but is greater complicated when there is no home base to firmly ground an individual. I had opportunity to interact with a patient who was somewhat transient, without a home that significantly complicated his life. This individual experienced multiple health issues due to his lack of connection to a home base. The support provided to him by oncology social work, included the development of a plan for stable housing.

Patients, while in treatment stated being lonely and feeling disconnected from their lives. The transition that patients are required to make when entering into a new environment at the Saskatoon Cancer Centre can be cause for a sense of disconnection. Albrecht (2012) identifies a concept that addresses a type of homesickness, referred to as Solastalgia. Solastalgia refers to the sense of loss of home, that humankind experiences with the loss of environmental stability. However, there may be an interconnection between solastalgia and the experience of cancer.
patients. Patients, during treatment, also experience stress and anxiety in relation to the environmental changes they are faced with. They also experience a sense of homesickness. This homesickness may be due to the sense of loss of their home environment, resulting in an environmental instability. Yet, patients over time, with the support of oncology social work, find ways to manage these environmental changes. It is through patients’ ability to find their way in this new support “place” that impacts treatment experience.

In contrast, as identified by Smith (2010) soliphilia, is a concept referring to an innate set of foundational values that ensure sustainability. In this concept, sustainability refers to the sustainability of the natural environment. However, this term can also be understood as a supported vulnerability that occurs for some patients during cancer treatment (Jordan, 2004). While in treatment, patients are forced into a ‘temporary” situation while accessing cancer treatment. Many patients discussed how they planned to manage their treatment away from their known support environment. I believe that it is through this strong interconnection between self, home, and treatment at the SCC where people find temporary ‘home-ness’. Ecofeminism, as a framework, provides opportunity for the acknowledgement of new places of support, while in cancer treatment. Hasbach (2015) recognizes the need for clinicians to provide space for a “client’s connection to her or his “home place” (p.206). This connection to place may support the development of a re-connection to soliphilia (Smith, 2010).

The temporary nature of the experience in treatment emerged in many of my interactions with patients. An interaction with a patient actually reminded me that her experience was all “temporary”. This had me consider the temporary-ness of her environment. She did not see SCC as permanent, but rather a temporary place as she received treatment for her cancer. Therefore, it became more apparent to me that I would gain a more accurate assessment of her wellbeing
through the exploration of her wellness in the place that she and her supports had created at the Saskatoon Cancer Centre. It became more effective to interact with this patient in a more holistic manner. After this recognition, my interactions with her in “place” provided her more in-context support plan. This experience identified that supporting people in environment (PIE) is limiting ((Besthorn, & McMillen, 2002; Germain, 1973; Molyneux, 2010; Pardeck, 2015). Whereas, supporting “people in place” gives opportunity to address wellness within a more immediate, and in-context environment (Besthorn, 2003; Besthorn & Canda, 2002; Zapf, 2009).

Patients at the SCC are in-between environments. They are not in their home setting or community necessarily, and social work would do well to assess their wellbeing or need for support from this place of being somewhere in-between environments. Although social work has worked from a PIE principle (Besthorn, 2014; Besthorn & McMillen, 2002), it may be well time to evolve the assessment approach to gain greater accuracy in peoples’ wellbeing, by assessing all environments including those that are constant and those temporary. From an ecofeminism perspective, I was able to observe the SCC offer a place of treatment support where everyone was respected for unique personal experience with cancer and treatment. I would even go farther in stating that oncology social workers became another “place” of practical and emotional support for people within the larger “place” at SCC.

I also had opportunity to engage in the provision of psychosocial support of patients in all treatment areas. There are a variety of support services and support groups offered at the Saskatoon Cancer Centre, which include: Volunteer program, YAP (Young Adult Program), Fatigue Group, Caregiver Drop-in, Look Good, Feel Better, and the Transitions Group. My experience in support groups included: Look Good, Feel Better, and the Transitions Group. Look Good, Feel Better, is a national program designed to support women with the many physical
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changes during treatment. I had an observatory role in this single-session group. In the course of a few hours, I was able to observe women begin the group from a place of uncertainty and fear, to a relaxed and safe exploration of how to accept and/or adapt to the physical changes in their appearance, largely as a result of treatment. This required women to take the risk in being vulnerable, in the hopes that the result would be a supportive personal experience. The participants and expert volunteers created a place of supported vulnerability (Jordan, 2004). Patients reflected a sense of felt permission to explore the changes that have resulted from cancer treatment during the course of this group experience. From an ecofeminism perspective, it was apparent that these women were trying to regain some sense of normalcy, not only in their physical appearance, but also in their sense of who they believed themselves to be now, with the acknowledgement of how cancer may have changed them physically and emotionally over time (Neimanis, 2015).

It is the recognition of change that challenges an individual’s self-concept, self-identity and personal self-esteem (reference). I was continually reminded that these women were more than their cancer. Although cancer treatment resulted in many physical and emotional changes for this group of women, this group supported them to be vulnerable in the exploration of the many changes they have faced (Jordan, 2004). It is through the shared personal experiences of people living with cancer that provide greater perspective on the impacts of cancer. CAPO (2015) seeks to be transformative by increasing public awareness about the experience of living with cancer, and the right to access support services in the “I am more than Cancer Campaign” (CAPO, 2015).

Transitions – Moving Beyond Treatment, seems an appropriate title for a support group for people who have completed treatment and are in the place to move forward in their
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exploration of life post cancer treatment. Magee and Scalzo (2006) identify that “at its heart, transition is as paradoxical as change” (p. 41). Patients often identified the changes that they experienced after a cancer diagnosis, during the treatment process, and after the completion of treatment. Transition can refer to the in-between place that occurs for patients, when there is a difference in what is happening in life and what they want or hope to happen. Magee & Scalzo (2006) suggest further that most people do not resist change, but rather the resistance occurs through painful experiences of the adjustment period. Participants of this group identified the many difficulties in adjustment to treatment, as well as the adjustment after treatment completion.

I had opportunity to co-facilitate this six-week group early in my field practicum. The group topics included: taking control of wellness, customized exercise, emotional health and wellbeing, nutrition beyond cancer, medical management beyond cancer, and moving beyond treatment. As expected, from an ecofeminism framework, the place that was created weekly was one of support and safety. What I discovered is that not everyone embraces the term survivor, and many people experience the chronic fear of recurrence (AOSW, 2015). This was apparent in the personal sharing of the participants. They described the ways that life had dramatically changed for them and the difficulty they experienced living with the uncertainty of health and recurrence. Even with “curative” treatment, it does not necessarily reduce or eliminate the sense of uncertainty about future recurrence. Although this group support could not change this notion of life uncertainty for its participants, it did provide opportunity to walk and talk both indoors and outdoors, explore healing in a room with a view to the natural environment (Ulrich, 1984) providing opportunity to communicate joys and fears in a confidential environment with no judgment. I entered into and contributed to the creation of this evolving group support place.
In addition to the supportive care services available in each treatment area, a social worker is also part of the multi-disciplinary team on the SMPCOC. This multi-disciplinary team is constructed of a palliative care physician, nurse, social worker, pharmacist and dietician. This clinic offers support to people who have difficulty with pain management and are offered the opportunity if appropriate, to discuss advance care planning as a means of future support to them and their family. I had opportunity to independently provide social work coverage on several occasions. This valuable resource is an integral piece of the treatment support system at the SCC.

The support of cancer treatment, and the advancement of science and oncology practices have led to people living longer with incurable cancer. However, the treatment options to alleviate pain and the reduction of treatment side effects have not necessarily advanced in the same way (Greer, Jackson, Meier, & Temel, 2013). It is for this reason, that the support offered through the SMPCOC is valuable to patients. I was able to attend the clinic and work with people who were chronically symptomatic. After a brief assessment discussion, patient’s left with renewed hope and a plan for pain management. Pain and cancer have come to be viewed as going hand in hand. Many people living with cancer and their supports somehow expect or believe pain to be unavoidable, and therefore, are not even aware that seeking pain management support is a possibility (Callanan, 2008). This view was very apparent in the clinic. The role of the clinic and the support it provided to patients provided opportunity to challenge this view of pain management.

Challenging this view of pain management includes the early integration of palliative care services. According to Greer et al. (2013) the early introduction of palliative care services positively impacts patients’ experience in the areas of treatment planning, management of symptoms, and the overall quality of living. This is a strong example of the benefit of integrating
palliative care support services long before end of life care is required. Palliative care focuses on the relief of pain throughout the course of the treatment of the disease (Smith et al. 2012). It was evident in SMPCOC that the early integration of palliative care made sense because of the support that it provided. It increased the quality of life of patients and their families’ experience of the many difficulties that are associated with life threatening illness, by addressing treatment of pain, physical, psychosocial and spiritual (WHO, 2015). An early integration of a palliative care teleconference that I attended during my field practicum also supported the relevance of early integration of palliative care services. It is evident that if palliative care continues to only be referred to as end of life care, it will continue to negatively impact the health of those who are chronically symptomatic, reducing early access to support to those who are in need of pain management. Ecofeminism, as a framework, supports an integrated palliative care approach. Approaching support of patients from this framework seeks to reduce the felt oppression (Besthorn & McMillen, 2004) that comes with significant pain, while providing greater support to people to live well in the course of managing this disease.

Nature plays a healing role in the management of medical treatment (Kaplan, 1995; Mahler et al., 2005; Stewart, 2004; Stilgoe, 2001; Ulrich, 1984). Research supports the interconnection between nature and self-healing (Besthorn, 2014; Groenewegen, van den berg, de Vries, & Verheij, 2006; Hegarty, 2010; Hinds & Sparks, 2009; White, 2011). As is evident in the literature, there exists an interconnection of human health and environmental health (Coates, 2003; Coates, 2007; Dewane, 2011; Frumkin, 2001; Moore, 2004). An ecofeminism framework encourages, through the disciplines of ecosocialwork and ecopsyhcology, the efforts to acknowledge this interconnection and its integration into clinical practice. I began to recognize patients’ use of nature language during the course of their cancer treatment. For example, I found
that people often engaged in conversations about the weather. I believe that society, for the most part, minimizes weather talk, referring to it as meaningless chitchat, or nervous chatter. I began to wonder if this use of language did not hold deeper meaning for patients.

Research supports the development of an ecoconsciousness (White, 2011) for the greater development of an environmental identity (Hinds & Sparks, 2009; Stets & Biga, 2003). Practice from an ecotherapy perspective, supports the integration of a nature language (Hasbach, 2015). I began to intentionally listen for nature language in my work with oncology patients. I initiated weather conversation with patients. In my work in supporting patients, I invited them to describe their relationship with nature. I began to recognize a growing understanding of how nature language holds meaning for people. From an ecofeminism framework, the intentional form of listening strengthens the ability for greater assessment, and information about an individuals’ human–nature relationship (Milton, 2009; Wolsko & Hoyt, 2012). As supported in the literature, engaging in nature conversations assisted people to feel less anxious about treatment and feel more relaxed. Ecofeminism supports the honouring of individual experiences within nature (Besthorn, 2003). By creating space for patients to express their connection to nature, a greater recognition of the human–nature interconnection is developed (Hasbach, 2015; Kahn, Ruckert, Severson, Reichert, & Fowler, 2010). I began to observe that the use of nature language was a means for my ongoing connection to oncology patients.

There is agreement between that ecosocialwork and ecopsychology already have the skill base that is required for ecocentric practice (Coates, 2003; 2007a; Muldoon, 2006; Shepherd, 2013). Therefore, a shift to integrate an ecocentric perspective to practice does not necessarily require skill set development (Lysak, 2010; Molyneux, 2010; Pardeck, 2015). An example of this was reflected in my practice with a person who worked as a farmer all his life. I quickly realized
the impact nature language might have on our therapeutic relationship, and in fact his connection to support services. Talking about his farm appeared to reduce his felt anxiety. He often shared the difficulty of being away from home, spouse, dogs, and land. As a farmer, nature had created grounding for his life. The weather was often the way that our discussions began, and over time reflected meaning in our relationship. The use of nature language served to create a powerful form of connection in our relationship. The integration of nature language provided acknowledgement of the interconnection between nature and humans, as well it served as a rapport building bridge. In my relationship with this patient, I truly wonder how well we would have worked together if I had not intentionally listened for his use of nature language, and provided opportunity to bridge his cancer treatment experience, with his lived connection to the environment.

The building of rapport through our common connection to nature may have contributed to his link to supportive care services at the SCC. I began to recognize the importance for social work to encourage this form of connection. Conversations about the weather not only build rapport, but also serve to model that this form of interconnection is part of building an ecosocialwork and ecopsychology practice (Besthorn, 2012; Besthorn, 2014; Coates & Besthorn, 2010; Besthorn, Wulff, & St. George, 2010). As social workers it is important to recognize that the use of language constructs experience, therefore, the use of nature language by oncology social work can model the nature – human interconnection. In oncology social work, specifically, listening for language can create a way for the integration of environmental activism into practice (White 2011). It may be through the simple talk about the weather, where people live, and gardening, that supportive care services models both the meaning and the importance of the human–nature interconnection (Stets & Biga, 2003; White, 2011).
Another example of the benefits of nature in relation to healing is the experience I had with a person, who was chronically symptomatic. While receiving chemotherapy, he identified that the view from his window alleviated his treatment discomfort. The view from this window reflected back the lush green riverbank, with the running river as a backdrop. As the literature suggests, window views matter and do benefit the experiences of patients during treatment (Ulrich, 1984; Kaplan, 2001). However, personally, this setting seemed incongruent. This example supports the role of nature in the management of this patient’s medical treatment (Kaplan, 1995; Mahler et al., 2005; Stewart, 2004; Stilgoe, 2001; Ulrich, 1984). Without too much thought, this patient was able to simply identify an interconnection, through nature language, between self-healing and that of the natural environment (Besthorn, 2014; Groenewegen, van den berg, de Vries, & Verheij, 2006; Hegarty, 2010; Hinds & Sparks, 2009; White, 2011). He could easily have reflected the disconnect by identifying the oppressive treatment for disease, inside a sterile, medical setting, but rather he highlighted the healing power and beauty of the natural setting through the window view, just beyond reach (Ulrich, 1984).

And yet, in reflection, it was truly apparent that the riverbank location of the Saskatoon Cancer Centre mattered for this patient, and was seemingly a means for interconnection and healing environment (Besthorn, 2014; Groenewegen, van den berg, de Vries, & Verheij, 2006; Hegarty, 2010; Hinds & Sparks, 2009; White, 2011).

Another example of the interconnection between self-healing and that of nature was evident through a patient’s lived experience of nature’s power to heal at the end of his life. This was reflected in an experience I had while supporting a spouse as a caregiver, in her decision making process about end of life care. Initially, this caregiver acknowledged fear and discomfort with having her spouse die at home. Throughout the course of treatment, she reversed her
decision. When asked about the change in direction for end of life care, this caregiver’s loving response reflected the need and the benefit for the opportunity for her spouse to die while looking out at nature through the window of his home that, from her perspective, could reflect her spouse’s final acknowledgement of the human-nature interconnection, with which he lived his life while on the earth (Hagerty, Lynch-Sauer, Patusky, Bouwsema, & Collier, 1992; Kaplan, 2001; Marcus, 2006).

Working in a holistic way with people truly provided a clearer picture about what they needed from supportive care services. In the psychosocial support of an individual, spirituality may be added to the array of oncology support, thereby creating a biopsychosocialspiritual support (Puchalski, 2012). Many patients discussed their experience with grief and loss. I observed people enter into the facility with great fear and uncertainty, and yet despite their disease status, come in and go out finding ways to manage this uncertainty through personal perspectives of faith or spirituality. Many patients and caregivers identified an inner strength that supported them throughout the process of treatment management, and for some in the eventual death of themselves or their loved ones. People found ways to move through this experience. Many identified that it was because of their faith in a higher being, and the support and connection they experienced through their spiritual practices.

The concept of ecology and spirituality are deeply rooted together (Coates, 2003; Coates, 2007). As is evident in Indigenous cultures, an econconsciousness is reflected in the honouring of the land and its resources; which are rooted in the recognition of the sacredness of the earth. The interconnection of humans and the earth are rooted in spirituality (Coates, 2007; Hughes, 1991; Zapf, 2009). In order for social work to work with the whole person, it requires us to also create a place for spiritual talk to occur. An individuals’ spirituality is what they bring with them.
Spiritualiy is connected to who they are, and is more rooted in their being than the newly arrived cancer diagnosis (Zapf, 2009). I was able to observe how spirituality provided support to some patients. The space for inquiry provided by oncology social work, gave opportunity for the exploration of an individual’s full person in “place”. As is evident in the literature, from an ecofeminism perspective, this kind of inquiry supports the exploration of a person’s physical, emotional, intellectual, spiritual, and ecological environment (Besthorn & McMillen, 2002; Reuther, 1975). For some patients and caregivers, spirituality practices were grounding. This grounding support contributed to an increase in the quality of life, in this new place of disease (Puchalski, 2012). Protection against spiritual distress in cancer patients can occur by oncology’s use of identifying and reinforcing patients’ spirituality. This support strategy can positively impact a patients’ ability to comprehend their illness, explore meaning of life, and recognize personal values (McGrath, 2002; Puchalski, 2012). For some patients, the support gained through their personal spirituality, provided assistance in making meaning in their life (Coates, 2007). An ecofeminism framework supports and provides challenge to social work for the support of patients’ meaningful exploration of spirituality (Coates, 2007). The following outlines some of the challenges experienced during the field practicum experience.

Challenges

A significant challenge I observed for oncology social work is the chronic work experience with death and dying. I did not have a personal experience with a patient dying during my field practicum however it was not uncommon to hear from other social workers about their experience of patients dying. I often wondered how oncology social workers developed the ability to integrate this information and experience into their daily work. The management of human emotion is tricky, and in order to move forward and continue to work in
this field, I believe the integration of multiple losses must occur. Social workers build resilience and are often found working in situations of great human complexity. Social workers therefore, find ways to manage complex dynamics. It is through the complexity of these connections that supportive relationships are built.

Jordan (2004) suggests a reframing of our understanding of resilience. This would allow greater recognition of the relational dynamics that occur and that create the ability for connections. It is relational resilience that is developed through the inclusion of the exploration of mutuality, resilience, connection, and disconnection (Jordan, 2004). The relational context is integral for the transformation of personal resilience to relational resilience (Jordan, 2004). It is the interconnection between patients and oncology social workers that create relational resilience. There is no question that stress takes its toll on clinicians. However, the personal and professional lives of clinicians may be strengthened by the acknowledgement of the degree of stress that is experienced, creating opportunities to learn from stress and develop strategies to alleviate the stressors (Cox, 2013; Fraser, Richman & Galinsky, 1999; Rajan-Rankin, 2013; Stephen & Murphy, 2014; Wicks, 2008).

I was able to observe oncology social workers find ways to professionally integrate both their lived experience of supporting patients in their “place” of disease, as well as the dying experience of the patient and their caregivers. I observed the development of resilience in oncology social workers when faced with the death of their patients. The support strategy that I observed most by social workers was that of personal, at-work self-care. I observed social workers to take time to go walking outdoors to breathe different air, feel the warmth of the sun, and go to the gym, all of which created a change of personal place or environment. These strategies appeared to have significant benefit in the management of emotions. As well, a built in
support for team health and safety was evident. Social workers connected with one another at “huddle”, which occurred three times per week at the beginning of the day. It was here that they were able to ensure coverage for one another, keep apprised of the weekly activities, developing an informal way to touch base with other team members.

Another challenge that I found working in a medical setting was referring to people seeking support as patients. The profession of social work is continually considering what terms are used to describe the relationship between those who provide services and those who receive services. As the literature suggests, language use is directly connected to the development of meaning and can be a reflection of a power dynamic (McLaughlin, 2009). This is an important dynamic, requiring the attention of the social work profession, given that it seeks “to empower and to work anti-oppressively” (McLaughlin, 2009, p.1114). As I had never worked in a medical setting, I had never referred to people I support as patients. The conversations I had in supervision were helpful to me in making sense of this new challenge. Social work seeks to support people, despite the support setting. I realized that this in no way labeled people seeking service. With practice, I was able to integrate the reference of patient into my vocabulary, creating a greater fit with the medical model in which I was now working. People are outpatients of the SCC. Although initially a challenge for me, I now recognize this as creating a new awareness, which helped me to define my role as a medical social worker and as a clinical oncology social worker.

In addition to referring to people as patients in a medical setting, my working knowledge of confidentiality was also challenged. Confidentiality is a core social work value and principle (CASW, 2005). Maintaining the confidentiality of service recipients is integral to the profession of social work, as is evident in the social work code of ethics (CASW, 2005). In my work
experience, a signed consent to release information is the only way I would be able to share any information about the people I support. In a medical setting, this is significantly different. Confidentiality is adhered to, however, there is a built in difference, ultimately for the improved provision of support to patients. A circle of care refers to the ability of specific health professionals to assume a patients implied consent to share personal health information for the provision of health care (Circle of care: Personal Health Information). The information required to support the care of patients while in their medical setting may be shared within in this medical circle. Although an additional challenge to understand and then implement, it soon became apparent how this provided continuity for medical support of the patient, and this practice of confidentiality was necessary in the provision of health care.

The implementation of the practice of circle of care was an identifiable way I was required to adapt to a new practice setting. As is suggested by Plsek and Greenhalgh (2001), there was a definite need to work with greater immediacy, flexibility, and adaptability. The work of patient support in oncology social work rarely occurs in the office, but rather in chemotherapy rooms, radiation treatment areas, and on the hospital ward for in-patients. Although challenging initially, this new experience in medical social work allowed me to adapt to the practice needs, and to work with greater flexibility in the provision of patient care. The next section explores ethical considerations in practice.

Ethics

Although the protection of the natural environment has not been a specific practice area for the discipline of social work, ecosocialwork has in more recent years, supported the integration of ecology into social work practice (Besthorn, 2015). Overall, the profession of social work has not intentionally sought ways to integrate advocacy of the natural environment
into practice. However, ethically we should be seeking ways to integrate ecology into practice. The Canadian Association of Social Work (CASW) in its practice guidelines informs of the profession’s ethical responsibilities for advocacy for the protection of the natural environment (CASW, 2005). The CASW (2005) guidelines suggest “social workers advocate for change in the best interests of clients and for the overall benefit of society, the environment and the global community” (p.24). The guidelines go further to identify and support the “protection of vulnerable members of society from harm” (p.24). Human vulnerability is evident in the ways that the degradation of the environment impacts the health of individuals and communities (Coates, 2003). And yet, we continue overall to practice outside of an ecologically integrated practice.

My experience at the SCC allowed for me to explore the development of ecological practice from the perspective of ecofeminism. This opportunity allowed me to more fully adhere to the ethic that addresses environmental advocacy in the practice guidelines (CASW, 2005). It was through my integration of ecology into oncology practices that assisted patients to not only recognize the interconnection between them and nature, but also allowed them permission and space to bring nature into their cancer treatment experience as well as their healing.

It is important for the role of social work to find ways to integrate ecology into practice. As both ecosocialwork and ecopsychology identify, there remains the difficulty for social work as a profession to recognize the ethical responsibility for the integration of ecology into social work, as well as the lack of knowledge on how to integrate ecology into theory, education, and practice (Besthorn, 2015). Ethically we must move towards integration, and the how to integrate this into practice will follow. An obstacle that I continue to face is the view by many in the social work profession, that advocating for the natural environment is outside of the professional role.
This lack of felt ethical responsibility for the integration of nature into practice, dismiss’ the benefits both for humans, non-humans and all of nature. Within the profession, there appears to be much advocacy work necessary to integrate ecology into practice.

In section 8.5 of the Canadian Association of Social Work guidelines for practice, the environmental advocacy role for social workers is defined. CASW (2005), in 8.5.1 of the practice guidelines recognizes “social workers endeavor to advocate for a clean and healthy environment and advocate for the development of environmental strategies consistent with social work principles and practices” (p. 25). This practice guideline clearly informs about an environmental activism that is required in social work practice. This call to strengthen and reconnect social work to its activism roots fits within these practice guidelines identifying the necessity to address the environmental degradation that we currently face (Besthorn, 2003; Besthorn, 2012; Besthorn, 2014; Besthorn, Wulff, & St. George, 2010; Coates, 2003; Coates & Besthorn, 2010).

Social workers have personal responsibility to ensure their own health (CASW, 2005). It is suggested by the Green Cross of Academy of Traumatology that all practitioners, despite the field of practice, be required to abide by standards of self care (Green Cross of Academy of Traumatology Standards of Self Care Guidelines). These standards of self-care serve to protect the practitioner while they work to support others. As well, it is the prioritization of the wellness of the whole person, with the inclusion of physical, social, emotional, spiritual, and ecological. These standard of self-care encourage a connection to nature if helpful to the practitioner. The standards of self-care are visibly practiced at the Saskatoon Cancer Centre. Oncology social workers utilize their outdoor surroundings well during daily breaks in practice.

The standards of self-care develop a link between practitioners’ well being and the
quality of service provision to others. There is a strong interconnection between the two. It is the adherence of these standards of self-care that ensures practitioners are well supported to provide strong service provision to others (Green Cross Academy of Traumatology Standards of Self Care Guidelines). An ecofeminism framework supports the reduction of all oppression ensuring the overall health of service providers while they seek to ensure the health of humans, non-humans, and all of ecology (Besthorn, 2003; Besthorn & McMillen, 2002; Coates, 2003). The following section outlines some final reflections about my ability to integrate ecofeminism into my practicum placement. I also add some thoughts for the support of an ecological social work practice.

**Implications For Social Work**

The profession of social work has primarily focused on the wellness of humans. As a profession there has been minimal recognition given to the interconnectedness of humans and nature. Ecofeminism provides an expanded framework for social work to incorporate ecology into practice. The state of the environment may now require the profession of social work to grab hold of its activist roots to deepen its professional practice as it relates to humans, non-humans and all of ecology. According to Besthorn (2014) ecosocialwork is not about dismissing traditional practice, or the history of the profession, but rather recognizing social works responsibility in seeking to address the impact of the environmental crisis. To assist in doing this, ecofeminism provides an expanded practice framework for social work that could inform theory, education, and practice (Besthorn & McMillen, 2002).

Reflecting on my practicum experience, I realize that I have a heightened awareness of how social work can integrate greater holism into practice. As social workers, we have the opportunity to support the creation of places for the whole person if we listen differently. I
believe that we need to give opportunity for the development of places for people to share who they are and where they come from. A significant factor in the building of relationships, is gaining a sense of people’s home life. People’s connection to their home is strong and it reflects meaning in their life.

Humans are connected to nature, and therefore, an acknowledgement of this interconnection can be modeled by oncology social work. From my observations, this interconnection does support and increase the ability for individuals to better manage cancer treatment. Therefore, social work would do well to model the importance of this meaning by making inquiry about where people come from. As well, spirituality is a component of who people are and what they bring with them as a means of support during cancer treatment, despite their disease status. Social work must honor the meaning of spirituality for patients and give space for the support that it provides. As well, social work as a profession would do well to acknowledge their ethical responsibility to advocate for the environment. The integration of ecology into oncology social work, through an ecofeminism framework allows for the development of another approach for oncology social work.

**Conclusion**

Ecofeminism as a framework is an effective approach in working with people living with cancer. There is a strong interconnection between nature and the treatment of cancer (Besthorn, 2014; Groenewegen, van den berg, de Vries, & Verheij, 2006; Hegarty, 2010; Hinds & Sparks, 2009; White, 2011). It is evident that nature does support healing, and therefore, oncology social work may want to integrate nature talk into their work with patients, continually attempting to support patients’ access to the natural environment (Kaplan, 1995; Mahler et al., 2005; Stewart, 2004; Stilgoe, 2001; Ulrich, 1984). I believe that the discussion of weather is not nervous small
talk, but rather a means of building rapport and supporting the interconnection between nature and the treatment of cancer. Patients rely on supports such as this to make the strong, temporary, complex connections at the SCC. I believe that weather talk, and the meaning it provides can be viewed as a social work tool or strategy for rapport building. It is now difficult for me to imagine working with someone without personally modeling any connection to the natural environment, from which we all rely on for the sustainability of the human race. An integration of this sort models greater interconnection between nature and humans and perpetuates a heightened permission or awareness to recognize the mutual impact of nature and humans (Frumkin, 2001; Maller, et al. 2005).

A new ecological model for social work theory and practice could provide assistance to oncology social work to find the interrelationship between patients’ ability to heal through and nature (Kaplan, 1995; Mahler et al., 2005; Stewart, 2004; Stilgoe, 2001; Ulrich, 1984). Embracing ecofeminism develops an expanded framework for social work (Besthorn & McMillen, 2002). If human/ecological connections can build sustainability practices, then the creation and maintenance of human connections to the environment is vital. The preservation of the environment depends on a relationship of interconnection. If living disconnected from the natural environment continues the result will be generations of children, adolescents, and adults who are not connected to the earth and therefore, feel no reason to work for ecological health

Advocacy for the preservation of the environment must become a fundamental integration goal for social work (CASW, 2005). Social work must therefore, seek to change the way that ecology is viewed in relation to social work theory, education, and practice (Boetto, 2015; Besthorn, 2003; Besthorn & McMillen, 2002; Coates, 2003). Ecofeminism (Besthorn & McMillen, 2002) as a framework or lens can inform oncology social work to strive to bring
about the alleviation of oppression in all its forms for patients as they undergo treatment at the SCC. This is a timely invitation for the profession of social work. The challenge facing the profession of social work is whether or not they will respond to the invitation to expand its practice framework, to include ecofeminism as an approach to clinical practice, with the potential to better inform the future of ecological social work education, research, policy and practice (Besthorn, 2003; Besthorn & McMillen, 2002; Coates, 2003).
References


Dangandarove An example of community gardening within an ecofeminism framework: Let’s learn from the women of Dangarandove Community Garden: Women Making a Difference. Retrieved from https://www.youtube.com/watch?v=Mg4Jom10BTo


National Cancer Institute: Comprehensive Cancer Information. Retrieved from
www.cancer.gov/

National Voluntary Consensus Standards for Palliative Care and End-of-Life Care. Retrieved from
http://www.qualityforum.org/Projects/Palliative_Care_and_End-of-Life_Care.aspx
(October 11, 2015, date last accessed).

http://scholars.wlu.ca/thegoose/vol14/iss1/20


Saskatchewan Cancer Agency. Retrieved from
http://www.saskcancer.ca/Default.aspx?DN=bf5ad28c-248f-466d-8e0f-234fd46e3c29


We Get it – Dealing with Cancer as a Young Adult is Different. (DVD). Young Adult Hope & Cope. [www.youngadultcancer.ca/wegetit](http://www.youngadultcancer.ca/wegetit)


