Visual art and breast health promotion: Artists' perspectives

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Abstract

Unique methodologies to promote health are important to meet the needs of various populations. This paper presents a collaborative approach among nursing, visual arts, and women's studies to promote breast health using visual art. The purpose of this paper is to describe the project from the perspectives of the artists, gain insight into breast health, and understand the use of visual art as a health promotion tool. A structured interview format was employed and data were thematically analyzed. The three main themes that emerged were a strong personal connection to and fear of breast cancer, the need and desire to promote health within the community, and the uni-dimensional nature of breast cancer and breast health. The interviews demonstrated that visual art is an innovative and adaptive methodology to promote breast health.

Health promotion is a process by which people examine and comprehend their own lives as a reflection of the ideal (Koithan, 1994). Many have proposed that health is promoted when multiple modes of awareness and personal understanding are brought forth (e.g., Breslin, 1996; Carper, 1978; Koithan, 1994, 1996). Traditionally, health promotion has utilized empirical literature. However, unique approaches are needed to reach various populations. Scientists, including nurses, have not always effectively served certain populations, such as women, children, and minorities (Vezeau, 1994). Traditional methods of health promotion for the general population have often used literature written for educated people. Yet, for people who have less education as well as illiterate or non-English speaking people, these approaches are often obstacles to learning about health. Health promotion endeavours are frequently inaccessible to people of lower socioeconomic status. Thus, to reach these populations, alternative ways need to be considered to provide education and, ultimately, to promote health. Aesthetics is one method to present personal experience and emotion that cannot be quantified (Koithan, 1994). It can be used effectively with those who are not well-served through traditional educational methods.

Aesthetics is one way of knowing and understanding meaning. It is a creative approach whereby individuals can envision and express possibilities to others and discover new knowledge (Cumbie & Rutherford, 1994). Methods that incorporate aesthetics are unique because these modes of awareness deliver meaning and are able to facilitate health among the ideal and the self (Koithan, 1994). Thus, individuals can perceive health and promote it within themselves. Aesthetic knowing is also important in understanding concepts that cannot be easily described or verbalized (Carper, 1978; Koithan). This approach can reach

populations that may be inadequately supported by traditional approaches to health care, such as women of differing ages and ethnic groups.

The humanities, including visual art, encompass knowledge of the meaning of human life individually and as a collective whole (Bruderle & Valiga, 1994). Art is a form of expression and communication to convey messages among people. Through art, one can achieve the ability to receive another's expression of feeling and experience and feel those same emotions and thoughts (Hoshiko, 1985; Mohr, 1995). If viewers are presented with the opportunity to reflect on specific health issues through the use of artistic means, they can promote their own health and the health of others (Mitchell & Cody, 2002). Art, like aesthetics, enlightens and conveys messages about life and health experiences, potentially influencing health practices among individuals. The principles of aesthetics and art, particularly their ability to communicate to people in nontraditional ways, were combined in a unique breast health project for women, funded by a national breast cancer foundation.

The project goal was to increase awareness of and promote breast health by creating and exhibiting visual artworks to a broad spectrum of women. A collaborative effort among nursing, visual arts, and women's studies was used as health promotion does not belong to any one discipline or to health care professions. Nursing was interested in the health promotion aspect of the project; visual arts focused on the theme-engaged artistic production; and women's studies concentrated on the benefits of promoting women and their health. Faculty, students, and community members created artworks that were exhibited to the community. Select artworks were also displayed on the project website in affiliation with the university, available at www.uwindsor.ca/eob, to expand the number of women reached with a breast health message (Thomas, Gold/Smith, Forrest, & Marshall, 2002). Artists who participated in the project were subsequently interviewed to gain insight into their perspectives about breast health and to better learn how visual art can be used to promote health. Presentation and analysis of interview data are highlighted in this article. The other aspects of the project are beyond the purview of this article.

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Method

Participants

Thirty-seven artists participated in the breast health project. The majority of participants were women (86%, $n = 32$). Of these 32 women, three were also breast cancer survivors (8%). While all artists were approached for an interview, only 24 subjects subsequently completed the interview. Four of the artists expressed interest in an interview, but were unable to participate due to scheduling difficulties, while nine others were unable to be contacted. The majority of those interviewed were women (83%, $n = 20$), including two of the three breast cancer survivors. Artists and interviewees were from three groups: students, community, and faculty (see Figure One). Interview data were gathered over an eight-month period.

Procedure

Artists were initially contacted by telephone and e-mail and invited to participate in interviews. Four contact attempts were made per artist. The interviewer and artist established a mutually agreeable time to meet. Informed consent was obtained at the commencement of the interview, and copies of an information letter and the consent were provided to every interviewee. A structured interview format was employed to ensure consistency. Ethical approval was obtained from the University Ethics Committee for Research Involving Human Subjects. An interview guide of 10 open-ended questions was developed collaboratively by the researchers. Interview questions were based on reviewed literature and researcher expertise. Questions were designed to facilitate discussion regarding participation in a breast health project. Interviewee responses to a questionnaire were written in point-form by the interviewer. Between each question, the interviewer re-read the response to ensure accuracy and to inquire if further detail was desired by the artist. Interview notes were transcribed immediately following the interview to maintain data integrity and to ensure an accurate frame of reference. One interviewer gathered and analyzed the data to ensure consistency. Data analysis was monitored by the researchers to ensure reliability and validity. The interviewer was familiar with the project, having been involved since its inception. The use of a structured interview format and the interviewer level of knowledge related to the project and interview process qualified the interviewer for data collection and analysis (Polit & Beck, 2003). All interview data were confidential and accessible only to the researchers, and pseudonyms are used in this paper to maintain confidentiality. Field notes, signed consent forms, and typed interviews were stored securely.

Interviews were conducted in three ways: face-to-face in the artist's home, or on the university campus, and by telephone contact. Interviewee preference and distance were considerations in the selection of location. Fifteen interview participants chose a face-to-face interview and the other nine elected to be interviewed by telephone.

Data analysis

Once all interviews were completed, content was analyzed for themes and concepts. A thematic analysis was completed manually. A code classification of themes based upon the popularity of response and relation to the concept being examined was developed through data examination. Responses were quantified according to these themes. Classifications were not exhaustive, as some data were not relevant to the overall investigation. Seven of the 10 questions were coded for themes while three were not. The final two questions of the interview

were not quantified as one theme emerged from both, thus coding was not necessary. The third non-coded question examined the creative process and was not classified as responses varied greatly.

Results

Themes that emerged through the interviews are discussed in relation to the appropriate question the interviewee answered. The final two questions of the interview are presented together as they are related and highlight the same theme. Questions were open-ended and so interviewees provided responses that often demonstrated multiple themes.

Q: What first attracted you to become involved with this project?

The three main themes that emerged in response to this question were: a personal connection to the university, a personal connection to breast cancer, and belief in the project. Seventeen (71%) of the interviewees were initially attracted to the project because of a personal connection to the university. Interviewees became interested in the project because of their personal attendance at the university either as a student or faculty member, because of a connection to the researchers, or because of advertisements posted around campus. Forty-two per cent ($n = 10$) were attracted to the project because of a personal connection to breast cancer, through themselves, family members, or friends. Some respondents also had a connection to the breast cancer community. Of these 10 respondents, several indicated that they perceived a personal risk of breast cancer. For some of these artists, participation in the project was a way to express their views and reactions to their own experiences with breast health. One artist described her attraction to the project as a way to create change regarding breast health, and she expressed personal views from her encounter with breast disease. Other artists were attracted because of the influence of family members' and friends' experiences with breast health. For example, one artist felt a need to participate after she observed her friend fight breast cancer and attain health again. Nine (38%) of the interviewees believed that the project was interesting and important. They viewed the project as a vehicle to create awareness, facilitate change, and promote health among women, so they became involved. One artist described her fear of breast cancer, commenting that "we are not taught enough about breast health (Jane), and viewed the project as "a good cause" (Jane). This fear was echoed by many of interviewees, motivating them to participate in hope of promoting health for women.

Figure One: Number of artist participants and artist interviewees by group.

Q: How did you first begin to think about the theme (breast health) for the exhibition?

Those interviewed approached the theme of breast health from three main perspectives. Fifty-four per cent ($n = 13$) approached the theme from a breast cancer or medical stance focusing on the disease. For example, some approached breast health from a statistical perspective, focusing on the numerical risk a woman has of developing breast cancer in her lifetime. One artist focused on the disease aspect of the theme because of her personal experience with her breasts. As she explained, “my work stemmed out of anger to fight, cure and survive it” (Sally). Only eight (33%) interviewees approached the project theme directly as that of breast health, and their works highlighted methods of promoting breast health and education among women and men. Seven (29%) of the respondents addressed breast health from a perspective of the phenomena of the breast, encompassing the aesthetics of breasts, the function of breasts to men and women, the meaning of breasts, and finally the wonder of breasts related to pregnancy. One artist described her approach to the theme of breast health as an idealization of the breast. As she characterized cancer as something that cannot be seen, she focused her work on the aesthetics of the breast.

Q: What were your sources of information for the project?

The majority of interviewees identified research and discussion as the main sources of information (71%, $n = 17$). Resources for research included books, medical literature, internet resources, videos, and presentations. Discussion with others included any individual with whom the artist communicated regarding the project that facilitated their work, such as family, friends, fellow artists, and other women. Personal experience, knowledge, and previous work were also sources of information for 46% ($n = 11$) of those interviewed. Personal experience included anything from their own lives, as well as those of family and friends, that impacted upon their lives and subsequently affected their artworks. Personal knowledge referred to ideas or concepts related to breasts and health that the artists held prior to the beginning of the project. Therefore those ideas or concepts were not a result of project-related research.

Q: What factors influenced your work (i.e., the collaboration among visual arts, nursing, and women's studies)?

Many of the sources of information were also influencing factors for the interviewees. Personal experiences influenced 79% ($n = 19$) of the interviewees. These experiences included observation of family or friends experiencing breast cancer, personal breast health experiences, and their previous artistic works. Family and friends' thoughts and experiences surrounding breast cancer affected 11 (46%) of the interviewees. Another influence on the artists and their artworks was research (29%, $n = 7$). This included any knowledge

gathered during the course of the project that affected the direction, conception, or creation of the artworks. Interviewees indicated that books, such as those addressing medicine, feminine issues, and art, information through the Internet, videos and documentaries were influential in the direction of their works.

Q: How did you connect your studio work with the theme?

Symbolism of women, the female body, and breast health were the foremost connection of the artworks with the project theme. Seventy-five per cent ($n = 18$) of those interviewed stated that they created their symbolism by means of their use of image ($n = 6$), colour ($n = 4$), presentation ($n = 5$), and the materials used ($n = 12$). Some of the interviewees linked their work to the theme through their choice of image portrayed. For example, one artist chose a distorted image as it was symbolic of the distortion that illness causes within a family as it affects everyone. For some, though, colour was used to link their work to the theme, such as one artist who used pink in her work to symbolize the pink ribbon associated with breast cancer. Other interviewees indicated that their link to the theme was through their presentation of their artwork, such as the choice of a gold frame. The artist viewed gold as a precious commodity, and chose a gold frame to symbolize the preciousness of breasts. Some artists used different materials to connect their work to breast health. For example, one interviewee chose a material that was very fragile because it addressed “the issue that every woman is fragile and no woman can defend herself from the disease” (Mary).

The second most common connection of the artworks to the theme of breast health with a 29% response rate ($n = 7$) was women in the media and the pressures a woman experiences to conform to society's ideals. These seven interviewees expressed concerns regarding the way women are portrayed and how pressures exist to conform to the ideal image of a woman. These artists used their work to portray breast health as not being a standard, an ideal, but being and knowing who you are as a woman. As one artist expressed, “Women do a lot to their bodies, such as surgery, to look the way society portrays them. Breasts are part of the body and just be who you are. You don't have to follow a fixed standard” (Sue).

Q: Did your ideas surrounding the theme change during the course of your work?

A number of interviewees (38%, $n = 9$) responded that a change in the artwork itself, such as design, size, connection to the theme, and the creative process, occurred during the course of the work. This included changes to the image used, the size of the work, difficulties with materials, and the effects of information gathered through research. Feedback from others and time constraints also resulted in changes to the artworks. Twenty-five per cent ($n = 6$) of interviewees did not change their ideas during the project.

Q: Did anything related, unrelated, or unexpected affect your work?

Response rates for unexpected factors that affected the artists and their works are presented in Table One. Difficulties with the materials and the images produced accounted for 29% ($n = 7$) of factors that were not expected and that affected the artworks. The other two major categories were feedback from others and surprising or unexpected final outcomes, accounting for 17% ($n = 4$) each. Fellow artists, family, and friends were the greatest influences on the direction of the artists' ideas and subsequent works. Some interviewees indicated that their final work was different than they had expected, such as Linda who described the process of her work “as an evolution” of her thoughts, feelings, and ideas related to the theme of breast health.

Q: What has it meant to you to participate in this project? Is there anything else you would like to add to your comments about working in this collaborative project addressing a theme?

All of the interviewees provided positive feedback when asked to share what it had meant to them to participate. Many indicated pride in being part of and supportive of a community issue to promote women's health, and demonstrated happiness in being part of an

Table One: Unexpected factors affecting the artworks

Factor	Number of respondents
Difficulties with materials/images	7
Feedback from others	4
Final outcome unexpected/surprising	4
None	2
Time restraints of project	2
Increased awareness/appreciation for work and relation to women's health	2
Personal issues/own health	1
Healing experience	1
Collaboration/friendship with co-artist	1
Shipment of work	1

interdisciplinary project. As one artist expressed, “It was personally and professionally rewarding to work with other disciplines... rewarding that all the art was relevant to a broad community and very communicative to that population” (Linda). Another artist summarized her thoughts regarding the collaborative project addressing breast health as a “positive contribution to life” (Sheila), while a third artist was proud “to support and be part of a community issue to promote women’s health” (Kathy). Interviewees indicated that the project had resulted in a personal promotion of health among the artists as they gathered research and contemplated their own health and the health of others in the community. One interviewee echoed this sentiment stating that the project:

Made me want more. I want to change the whole Canadian medical system, more doctors, nurses and health care practitioners. Collaboration to create change cannot be a single thing; it must be pluralistic involving many disciplines, government, the media, and both genders (Anne).

Discussion

The interview data consistently demonstrated a strong linkage with breast cancer for the majority of those artists interviewed. The interviewees verbalized a personal connection to breast cancer, either through themselves or loved ones, and many also indicated a personal risk of breast cancer. As one artist expressed, “Breast cancer is something that every woman is scared they will get” (Jane). Research supports these findings and has found that public awareness has increased fears, particularly among women with family histories of breast cancer. As well, involvement with relatives during breast cancer experiences influences women’s breast health practices (Chalmers & Luker, 1996). Since it is estimated that the average woman in Ontario has a one in nine chance of developing breast cancer in her lifetime (Cancer Care Ontario, 2002), it is likely that everyone will be touched by breast cancer directly or indirectly. Responses obtained through the interviews echoed these findings, as none of the artists felt shielded from breast cancer.

Responses to interview questions overwhelmingly indicated a perceived risk of breast cancer. An interesting aspect of these responses involves the ages of those interviewed, as half were students who could be classified as less than 40 years old. Research has suggested that a fear of cancer itself may hinder some young women from seeking health care (Howell, Huelsman, Everett, & Hopkin, 2002). During early adulthood, developmental tasks include the formation of a personal identity. Health promotion

early in life can be easily adopted into daily lifestyles and identities, and can lead to positive lifelong outcomes (Ludwick & Gaczowski, 2001; Maurer, 1997). This study suggests that young adulthood could be an important time to educate and promote healthy lifestyles.

As the researchers anticipated, the majority of artists interviewed were attracted to the project because of a personal connection to the university. The university atmosphere may have contributed to artist participation in the breast health project as it has been demonstrated to be highly effective in creating an environment where new ideas and diverse choices can be considered and presented (Maurer, 1997). The importance of breast health and an interest in creating awareness and promoting health also attracted many artists to the project. Artists indicated their participation was to “create change” (Anne) and “an opportunity to work with an important issue” (Linda). Howell et al.

Keeping Abreast of Breast Cancer

Artists: Louise Chance Baxter and Iain Baxter

Colour Photograph

“Keeping Abreast of Breast Cancer” was a large-scale colour photograph. The image was approximately two-and-a-half feet in depth and three feet in length. It was professionally framed in a simple gold frame with black matting. The photo was of a woman’s breasts with four books placed in between them. The photo was cropped to end at the woman’s breasts. No other part of her body was visible. The large breasts rested on a flat surface or table. The surface was covered in a patterned material. The pattern contained large pink and blue flowers. The material was reminiscent of one which would be found on bedsheets or a table cloth. The woman in the photo was wearing a yellow terrycloth bathrobe, which could be seen at the sides of the photograph. The books in between the breasts were books with titles referring to breast cancer. Their titles included, *Caring for the Patient with Breast Cancer* (the pink book), *Breast Cancer* (the black and yellow book), the white book had no discernable title and the final black book was also entitled *Breast Cancer*. The breasts in this photograph acted as symbolic bookends for the informative books on breast cancer. The terrycloth robe and the books on care and knowledge of the disease create a narrative of someone learning about, dealing with, or caring for someone who has breast cancer.

Description by Ilene Soya

(2002) reported similar attitudes towards breast cancer, noting that breast cancer information was important and that an increase in general awareness was warranted.

Community-academic partnerships have the ability to promote the health of communities (Meade & Calvo, 2001), and it has been demonstrated that communities are more willing to participate in learning partnerships if they are likely to benefit from the arrangement (Oneha, Magnussen, & Feletti, 1998). Evidence in this study suggests that the interviewees, who are community members, believed in the health promotion capabilities of the project and perceived it as beneficial. The artists demonstrated that they valued breast health promotion through their desire for information and their need to communicate these issues to their friends, family, and other members of the community. The interviewee responses indicate that people in the community desire to have an active role in their health and the health of their community. This illustrates a need for more community endeavours to promote health for all members, particularly academic-community partnerships.

Although the focus was on breast health, more than half of those interviewed approached the theme from a breast cancer and medical perspective. This interpretation was direct and demonstrated a desire by the artists to increase sensitivity towards the issue and create awareness that cancer can affect anyone. Since many of the interviewees were influenced by a personal connection to breast cancer, they focused more on the disease than breast health. Interestingly, numerous studies have suggested that women attribute positive meanings to their breast cancer experiences (Degner, Hack, O'Neil, & Kristjanson, 2003; Luker, Beaver, Leinster, & Owens, 1996). However, older women have indicated that it would have been more difficult to view breast cancer positively had they been younger, and younger women have attributed more negativity to breast cancer (Degner et al.). The focus on breast cancer by so many of the artists suggests that the issue of breast health/breast cancer is uni-dimensional, especially for younger women. This may have ramifications for health promotion providers and educators. The results of this study suggest that perhaps the focus of education should not be placed on health alone. A more direct approach focused on prevention of breast cancer may be warranted.

Two-thirds of interviewees connected their work with the theme of breast health through symbolism. They used images, colour, the presentation of the work, and different materials to represent women and breast health. The artworks created for the project were diverse in their approaches to convey a message. Educational programs targeting vulnerable populations, such as the elderly, low income individuals, and minority populations, must be innovative and sensitive (Wood, Duffy, Morris, & Carnes, 2002) and must address cultural beliefs and literacy levels of community members (Meade & Calvo, 2001). As well, a combination of educational tools has been shown to be more effective than individual tools, and health promoting interventions should be interactive, particularly for young populations. Furthermore, tools that portray real people and their lived experiences are easily identified with, increasing the relevance of the tool and the message (Howell et al., 2002). The use of visual art as a tool to promote breast health addressed these research considerations and was ideal for the populations targeted. The diversity of the artworks enabled the project to reach many women, and was substantiated by interviewee perceptions regarding the project. Each artwork had unique appeal and, as a collective effort, the artworks were able to communicate a multitude of messages and emotions regarding breast health.

Visual art is an innovative health promotion strategy. To improve this approach, more time should be allotted for artistic creation, as difficulties with materials and the influences of others affect works greatly. An extended time frame would provide artists with the opportunity to enhance their works in creativity and clarity of

message. This, in turn, could improve the ability of the works to promote breast health within the community.

In summary, artists in this study desire to be active participants in promoting breast health among women in the community and have extensive personal experience related to breast cancer and health that they were willing to share with others. Breast health promotion for young people is appropriate and effective in encouraging lifelong health practices, as they are sensitive and receptive to education related to breast cancer and health. However, the promotion of breast health should include prevention of breast cancer as women view breast health and cancer as one. Greater involvement in community health is desired by community members. Community-academic partnerships can create the ideal environment for this involvement, provided that the projects are collaborative and designed for the community. The use of visual art as a health promoting tool is innovative, addressing cultural and situational issues with sensitivity, and with the ability to reach a large population of women and men with breast health messages.

Limitations

A limitation was the number of artists who elected to participate in the interviews. Due to the affiliation with the university, many were students who relocated or graduated, leaving no contact information. As well, several interviewees missed scheduled appointments. This decreased the sample of interviewees substantially (see Figure One). Demographics other than sex, history of breast cancer, and affiliation with the project were not collected from interviewees. This decreased findings for subgroups of participants, such as age-specific ideas. Due to the small sample size and the sensitivity of the topic, further classification of subjects would have prevented anonymity and diminished the impact of the current findings. Another limitation was the consistency with which the questionnaire was implemented. Although one interviewer conducted all interviews and a structured interview format was implemented, approaches may have varied slightly from day to day. The use of a more structured interview format, such as a scale-rating, could improve results and provide quantitative data for statistical analysis.

Conclusion

This project and the subsequent interviews have demonstrated that visual art can promote breast health to large populations as it is innovative, adaptive, and communicative. Artists desire to be active in health promotion and they have the necessary skill and knowledge to contribute to the health of communities. Educational approaches to breast health must take into consideration unique techniques and address the uni-dimensional perspective of breast cancer and health. Aesthetics and art are ways of identification and knowledge, and through them we are able to view ourselves, our lives, and propose change.

The arts reach that creative centre in all of us that expresses the inner life, the imagination, the memory...They tap into our inner lives, providing respite and refreshment from the technological world and all of its inherent stress. Because they are able to provide this in unique and meaningful ways, they can help us to understand ourselves and others more fully (Young-Mason, 2000, p. 197).

Art as a health promotion tool is one strategy that can be implemented to create awareness and promote health. 🍁

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