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Breast Cancer Patients Faced with Images in Surgical Consultation: the Power of Strangeness of Medical Photos

Des patientes atteintes du cancer du sein face aux images dans la consultation chirurgicale : le pouvoir d'étrangeté des photographies médicales

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Abstract This article aims to understand the ways in which photos used by doctors during the surgical consultation mediate and shape the patient's social representations of breast cancer and its treatment. Eight focus groups (28 patients) with breast cancer patients were conducted in a French medical center. The results reveal the ways in which photos in medical information may “frame” patients' representations and experience of illness. Implications for future research and medical care are discussed.

Keywords Breast cancer · Images · Photographs · Social psychology · Surgery

Résumé *Objectif* : Cet article vise à comprendre comment les photographies utilisées par les médecins pendant la consultation chirurgicale médiatisent et façonnent les représentations sociales du cancer du sein et de son traitement pour les patientes.

Matériel et méthodes : 8 focus groups avec 28 patientes ont été conduits, dans une institution médicale française.

Résultats : Les résultats révèlent par quelles voies les photographies peuvent cadrer les représentations et l'expérience de la maladie.

Conclusion : Les implications quant à l'information des patientes sont discutées.

Mots clés Cancer du sein · Images · Photographies · Psychologie sociale · Chirurgie

Introduction

In the field of cancer care, much research has been done on the verbal dimension of doctor–patient communication. But the visual dimension has not been covered, apart from studies on the use of medical imaging, a specific research area [1,2]. Research on doctor–patient communication in oncology has tended to ignore other images that accompany verbal medical information like photos and schemas.

To question these images, their uses, and impact in oncological consultations, we can consider studies in the health education domain showing that visual images enhance communication and education about illness [3,4]. Pictures can increase attention, recall, and comprehension of health information compared to text alone. However, according to McWhirter and Hoffman-Goetz [5], the use of images in health education and prevention remains little studied and lacks guiding theory and standardized assessment instruments.

In the more general field of health and illness, researchers have sought to understand how the images, and more specifically photos, included in news media shape illness social representations [6–10]. Texts and images can anchor different understandings of illness. Thus, images can be the vehicle of stigmatic, archaic, and hidden dimensions of illness representations.

Specifically about breast cancer, on which we will focus in this article, images representing this common cancer in the media have been studied at different periods. Andsager et al. [11] (study of magazines, 1970s–1990s) showed that negative and stigmatizing images decreased over time. But their results also suggested that images tended to reinforce stereotyped portrayals of femininity, which conveys the idea that their body is delicate and this may be disempowering to women, to the detriment of cancer patients. More recently, McWhirter et al. [12] (study of Canadian women's and fashion magazines, 2005–2010) showed that the texts conveyed more negative aspects of breast cancer (negative tone, physical impact

of disease) than the accompanying images (positive facial expression, healthy-looking bodies). Moreover, women in the images were young, attractive, had a healthy body type, and appeared to have intact breasts. Images of treatment and visual impact of disease/treatment on the body were rare.

These different studies show how images of illness convey implicit messages, which can contain archaic, stigmatic, or stereotypic dimensions. Refocusing on this type of research in the context of medical consultation in breast cancer care, this article aims to understand the ways in which photos representing breast cancer surgery used by doctors during the surgical consultation mediate and shape the patient's social representations of breast cancer and its treatment.

From a theoretical point of view, the social representations approach [13] is a useful perspective to analyse interactions between images and social meanings associated to illness. The social representations approach allows, first, to understand how socially situated individuals make sense of new and threatening phenomena, such as illness. Second, it enables to understand how information produced in the "reified universe" of medicine is transformed into the common sense knowledge that shapes patients' social attitudes, practices, and beliefs. Two processes allow construction and transformation of common sense knowledge: new ideas are "anchored" within established cultural understandings, and "objectified" with tangible symbols, images, or metaphors [14]. Images can interfere with these processes and can shape content and form of social representations of illness.

Using this theoretical perspective, this article focuses on the meanings that patients associated with photos representing breast cancer surgery, used by surgeons during consultations. We analyse the dimensions conveyed through these specific images, focusing on patient's perspective.

Methods

Development

Our data were drawn from a qualitative study, conducted in France in 2009–2010, focusing on patient's experience faced with images in the first surgical consultation in breast cancer care.

The first part of this study was realised in a medical centre specialising in cancer care. We first studied surgical consultations during which surgeons announce or confirm a breast cancer diagnostic to patients and explain the surgery. Several observations (that we won't detail here) of these surgical consultations enabled the identification of the two main kinds of images used by the surgeons during the consultations to explain breast cancer surgery and its result in patients: photos and schemas. In this article, we focus on photos.

From these observations, we put in place focus groups with patients. Focus groups were conducted in a second medical institution, wherein surgeons did not systematically use images during the first consultation, with patients undergoing radiotherapy, so at the end of their treatment.

In focus groups gathering patients, interactions between participants are based on the sharing of common experiences, but also on debates and confrontations of standpoints and knowledge about illness [15]. In our context, the purpose of this method was to observe how the group built the meanings associated to the photos, in the sharing and confrontation of experiences and knowledge.

Procedure and participants

To set up the focus groups, we presented the study to clinicians and gave them written information to relay the study to their patients. Patients who expressed an interest in taking part in the study were addressed to the researcher, who presented again the aim and the modalities of focus groups. When a sufficient number of patients accepted to participate, a focus group was scheduled. Eight focus groups were conducted with patients undergoing radiotherapy treatment. A total of 28 patients took part in the focus groups. There were between three and five participants in each group. Our goal was to form small groups, which are more suitable for sensitive and intimate topics [16]. The patients did not know each other before. The average age of participants was 61 years. Different socioprofessional categories were represented.

The focus groups were organised in two stages: the first was dedicated to the presentation of the participants and to the narrative of their treatment. The second stage was dedicated to images. A sample of pictures from different sources of medical information was selected to represent each of the categories of images usually present in surgical consultations. These included schemas and photos, all representing the breast after surgery (after mastectomy or tumorectomy). The photos were those from the first centre. We proposed to patients to discuss these different images.

Data analysis

Each focus group was audiotaped with the respondents' permission and fully transcribed for content analysis. For this article, we extracted data regarding photos.

We combined thematic and dynamic analyses to study focus groups discussions [17]. We identified the themes in patients' descriptions of photos and we observed the mechanisms operating in the interactions to give meaning to the photos and how their associations of ideas worked.

Results

To interpret the photos, the participants compared them with preexisting specific pictures: different archetypal photos representing human body. These photos evoked by patients belonged to two opposite spheres. On the one hand, shocking images represented ill, harmed bodies. On the other hand, the photos were of enhanced feminine bodies.

There were three kinds of shocking photos: photos from medical books, photos from medical prevention, and, rarely, photos of disabled persons during the Second World War.

First, in five focus groups, one patient refused to look at photos, comparing them to photos from medical books or medical programmes. They showed visceral reactions, fear and disgust. For them, these images belonged to the expert sphere.

When there is this medical show on TV, I turn it off and run away. I don't like to see these things. I could never have been nurse or work in that field. Oh no! (P2 FG5)

Second, the photos are compared to images used in medical prevention. The patients mentioned shocking photos and videos used in different campaigns, especially against smoking and alcoholism.

P1: Do you remember this ad on the telly with a dying man lying on a bed, he's drinking, haven't you seen this ad? He gradually lose his leg and little by little...., you see, that's what I call shocking

P3: yes but it is to prevent drunk driving

P1: that's it exactly

P2: too right

P1: well, that's shocking too

P3: I know, but here it disturb me less as it is for accident prevention

P1: It's to show people what may...

P3: while here, diseases are shown like that, it disturbs me more. It's already no fun, I don't think that posting it, what is gonna prevent? Nothing at all. (FG3)

There was dissonance when the photos were compared to those of medical prevention. If the latter are used to impact population to lead changes in behaviours, what is the behaviour that should be changed before breast cancer surgery?

The third photos mentioned by one participant (FG4) were those of prisoners in concentration camps during the Second World War.

It's true that the harsh part in these images comes from the fact that we unintentionally associate them with the, well, nazi period where there has been all these exterminations, deportations. Diseases tend to be one, I personally tend to make a parallel with these nazi things, and that's why it's difficult to cope with (P4FG4)

This analogy with photos of horrific historical events appeared only once but refers to previous studies [18,19]:

bodies afflicted by treatments evoke prisoners in concentration camps and loss of hair caused by chemotherapy evokes shorn women at the Liberation.

This category gathers menacing images and shows how photos used during surgical consultation refer to dramatic and violent dimensions of illness representation.

In the second category, we noted three different types of photos in the photos of enhanced feminine bodies: photos used in aesthetic surgery, woman's chest photos in advertising, and photos in media showing stars exposing their bare chest. We observed in these different situations how patients raised dissonance between images showed by surgeon and what they called habitual photos of woman's chest circulating outside of medical domain, especially in the media. In the different focus group discussions, the patients evoked these kinds of photos with humour. Generally, as they said, photos of women's chest are beautiful ones, exposing an ideal feminine body.

First, the patients compared the photos to those used in plastic surgery consultation. They noted how in this context photos are used to compare the appearance of the body "before" and "after" surgery. Logically, the step "after" is better than before, plastic surgery aiming at improving body appearance. Yet, in the photos used during surgical consultation for breast cancer, the logic before/after is reversed: body is not embellished afterward but amputated.

Second, photos in advertising mentioned by patients are those for lingerie, exposing ideal woman's chest in close-up. The photos presented by surgeons are dissonant compared to those of advertising. The beauty expressed in advertising is totally absent from photos in consultation that patients judged ugly.

Nowadays, the women that are photographed are quite attractive, but here, in the medical field, it is as if someone chose the ugliest women on the planet to put them in front of your eyes (P3FG3)

The last photos representing enhanced feminine bodies are those in the media showing stars exposing their bare chest to contribute to campaign against breast cancer.

The woman's body in these different photos is healthy and beautiful. It refers to an inaccessible repaired, perfect, or famous body.

Discussion

In this article, we questioned how photos used during surgical consultations can shape the patient's experience and social representations of breast cancer and its treatment. We focused on the patients' perspectives, using focus groups to collect their reactions and statements about photos used during consultations. We questioned what kind of implicit messages these photos convey for the patient.

The results show that photos appear as strange images for the patients. If photographic image is deemed clear and reliable, considered as a faithful representation of reality, in this context, the photos used by surgeons are not obvious for patients and do not inform them.

In the focus groups, the patients responded to the photos in a group, and away from the surgical phase. In this context, photos aroused associative group process. The participants associated the photos to two spheres: first, to frighten and threaten images of the body, second to stereotype images of the woman's body. These two types of images do not correspond with their experience in the process of being shaped, but interfere with it.

These two spheres mentioned by the patients are consistent with two axes present in the literature mentioned in the introduction: frightening illness images [9,10], stereotyped images of woman body associated to breast cancer [11,12].

Thus, the photos used during surgical consultations maintain illness and surgical result in the sphere of otherness. They do not allow familiarisation with the strange, except by excluding it. They are interpreted by the intervention of preexisting thought frames, socially available and accessible, that in this context evoke the strange and not the familiar. We can interpret this process using the central concept of anchoring from the social representations approach. Indeed, anchoring has been initially defined as a process by which a new and strange object becomes familiar. But, recent developments in this field show that, in some contexts, the anchoring can also maintains the strange, producing a "stigmatic anchoring" [20]: "we can conceive of a new form of familiarisation, that is, familiarisation with the uncommon, the non familiar, the strange, the not me, that guarantees, orchestrates or institutes a difference" [20, p. 456]. This theoretical proposition appears to be appropriate to interpret our patients' reactions faced with the photos.

Thus, the results reveal the ways in which medical information may "frame" patients' thinking on illness. Medical information's role in shaping representations lies not only in what is written or said but also in images that appear alongside the care process. Images can participate in the construction of patients' understanding about their condition.

The findings should be interpreted in the light of several limitations of the study design and analysis. First, we did not evoke the schemas in this paper. Their effects appear to differ from those provoked by photos: schemas seem to be integrated in patients' experience. This point merits interest, and the interactions between the different visual supports used during the consultation must be investigated. Second, we have to insist on the specific characteristics of the photos studied in this paper and to avoid generalisation on uses of photos in the interaction physician-patient. Power of strangeness in the context of surgical consultation is linked to color, framing, size... of the photos in question. Moreover,

significations conveyed through photos depend on the context and the relationship in which they are integrated.

Conflict of interest the authors don't have any conflict of interest to declare.

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