Scripting and performing a drama about living with metastatic breast cancer provided insight into women’s experiences


QUESTION: What meanings were generated in women who scripted and performed a drama about living with metastatic breast cancer (Handle with care? Living with metastatic breast cancer)?

Design
Hermeneutic phenomenology.

Setting
A theatre school and drama centre for adults >50 years of age at a university in Toronto, Ontario, Canada.

Participants
2 women who had metastatic disease and took part in creating Handle with care? Living with metastatic breast cancer and 2 actors who had experienced a breast cancer diagnosis.

Methods
The research team met with the theatre group and 2 women with metastatic breast cancer to create a drama based on a focus group study about living with metastatic breast cancer. People in the drama were interviewed at the beginning, midway through the creative process, and soon after the drama was taken on the road. A key question was: “What is it like for you to be involved in this process?” A phenomenological analysis focusing on the meanings of illness in the context of the drama was used. Drafts of the article were shared with the 4 women whose transcripts were analysed for this study.

Main findings
The 2 women with metastatic breast cancer found the sustained attention to their diagnosis while working on the drama difficult, as the disease intruded on their consciousness. With time, they got used to thinking and talking about it, experienced a shift in feelings, and gained some perspective. For these women, metastatic disease became less unspeakable and became “presentable.”

For the actors who had had breast cancer, participation in the project meant that their fears about recurrence were brought to the foreground. One woman described it as a stab each time she heard about someone else’s recurrence; another woman described it as a grain of fear that was always there. Working alongside the women with metastatic disease gave them a sense of being “exposed” to the illness, vulnerable to recurrence, and enclosed by their diagnosis. The women also gauged their relationships to the disease and to another in the context of the disease. Women who did not have breast cancer were seen as having some form of protection; if they got the disease, there was the feeling that something could be done about it. Women who had breast cancer were seen as having marched 1 step forward; the next step would be to have metastatic breast cancer. They no longer had a line of defence before them. The primary diagnosis of breast cancer created a troublesome paradox about moving into the future: women wanted to have self determination and to move forward, but they knew the disease would take its own steps regardless. The 2 actors participated in discussions about metastatic disease and were “understudies” for the 2 women with metastastic breast cancer, but their experiences were rarely the focus of attention. There was concern that they might end up with more vulnerability about their illness after participating in the project. The drama affirmed the virtues of hanging in, of getting and staying involved, and of “acting” in relation to illness.

Conclusions
Through scripting and performing a drama about living with metastatic breast cancer, various meanings of breast cancer emerged: women with the diagnosis were portrayed as exposed, enclosed, and disallowed confidence and ease in their “next steps.” In the performance context, metastatic breast cancer was “captured” and “manipulable” — at least for a short time.

COMMENTARY
Bravo! Sinding et al report on a creative approach for understanding the meaning of an illness in the phenomenological tradition. Although the sample size is small, this does not detract from what is learned as the authors use drama as a way of knowing. The participants unveil their experiences and feelings and share them with others through drama. Although the women with metastasis engaged in their illness, they also distanced themselves from it. In the end, meaning became one of perspective. The women who experienced breast cancer were reminded that the illness is part of who they are and that the illness (they) may have a future. The findings support that women’s perspectives affect how they cope with their illnesses.

This process of creating a drama that is believable is worthy of applause. Although the audience cannot walk in the women’s shoes, they can become more understanding of what it is like to live with breast cancer and metastasis. The method has tremendous clinical possibilities for clients and for students, but the possibilities can be risky. Before suggesting the uses of the creative drama, it is important to emphasise the importance of creating a caring environment. All 4 women were able to live through the drama because of the supportive and caring environment that surrounded them as part of the production process. The process of revealing may place clients in vulnerable positions; the environment must feel safe for them to do this. For clients, the process of revealing their illness experience could be potentially therapeutic, giving them opportunities to acknowledge true feelings and reframe meaning. This reframing could result in feelings of improved or resolved health related quality of life. The process of creating drama in the classroom for students in health professions can help them learn the affective or aesthetic way of knowing. It is through experience and sharing of clinical stories that the aesthetic aspect of health care can be acknowledged. Using scripted drama in the classroom could help prepare students for the lived experience. This area of research is “young science,” and therefore it is important for clinicians and educators to study drama as a therapeutic intervention and a learning tool for aesthetic knowing.

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