

Living with breast cancer in text and image: making art to make sense

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Post-modern social scientists are moving beyond text-based evidence to gain understandings of embodiment and experiences of illness. This essay explores works of art produced by two women with breast cancer: Jo Spence, a British photographer, and Martha Hall, an American who created artists' books. It shows how they construct meaning in the production and display of their art and builds an argument about the benefits of developing a visual sociological imagination. *Qualitative Research in Psychology* 2006; 3: 31–44

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A representation always operates within a field of other representations; to represent the female body in a certain way is to enter into a dialogue with other works, to assert allegiances as well as competing claims. (Grigsby, 1991: 99)

A post-modern turn in the social sciences has, in the process of contesting accepted notions of self and experience, encouraged scholars to pursue new approaches to understanding others. These approaches include bringing 'ourselves into the domain of study' (Bell, 2000), exploring how selves and identities are produced interactively through narratives in interviews (Mishler, 1999) and everyday settings (Langellier and

Peterson, 2004), and considering how categories, such as 'self', are socially and culturally produced (Brockmeier and Carbaugh, 2001). In addition to doing interviews and interpreting texts differently, social scientists in this developing turn are also moving beyond text-based evidence. In many instances, as in my own, they are drawn by the subjects of their studies and the realization that words do not seem fully capable of capturing the meaning of their experiences (Bell, 2002; 2004; Radley, 2002).

'Patients' have written and performed plays, made documentary films, and created paintings, sculpture, photographs, and

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other works of art to make visible, and to give voice to silenced or stigmatized illnesses (Breast Cancer Fund, 1998). These visual media have many intended consequences. In addition to making meaning for the artists producing them, they educate a wider public and promote the forging of ties with other patients, families and caregivers and audiences more generally. They comment on, negotiate, and transform relationships with medicine, and they connect personal experiences with place, time, and circumstances, help create support networks, and improve social life. Visual images are so thoroughly embedded in our worlds that not to take them seriously, and not to work at making them part of analysis, is to reduce our understandings of subjects' worlds (Becker, 2000). As an example of a social science approach to understanding visual material, I explore works of art produced by women with breast cancer.

During the early 1970s, an extensive and diverse body of what might be loosely called 'breast cancer narratives' began to emerge (Lerner, 2001). Today, there are hundreds of personal websites by women with breast cancer; books and collections containing 'true' and 'fictional' stories by and about women with breast cancer; plays, films, and art exhibitions. My focus is the work of two women – British photographer Jo Spence, who lived with breast cancer from 1982 until she died in 1992; and Martha Hall, an American who made artists' books after developing breast cancer in 1989 until her death in 2003. Both artists worked from within a particular social location. Each addressed the 'dilemma of visibility', which historically has been associated with women's objectification and oppression (Grigsby, 1991). Jo Spence's photographs gained critical attention in the 1970s, and she was already a recognized artist when

she developed breast cancer. Spence took photographs of herself, including her nude body and her scarred breast. She engaged in dialogue with feminist artists as well as with doctors and other breast cancer patients. Placing her nude body, especially her breasts, at the center of many photographs risked reproducing as well as resisting objectification and oppression (Bell, 2002). To make her work more widely accessible, Spence (1988) wrote extensively about her work and showed in small galleries, health centers and community centers.

Martha Hall produced artists' books that often did not make images of her body visible, but produced textual and symbolic representations of her body. She incorporated hair, shells, thread, and text, as well as appointment cards, X-ray images, and family photographs, into the handmade paper and 'pages' of her books. Hall wanted her 'work in public collections, particularly college libraries', and thus her books can be held as well as seen, calling on readers' tactile as well as intellectual and emotional engagement with her body (Hall, 2003: 12). As Hall (2003: 14) writes, 'People may not want to "touch" the topics I explore in my books; yet the books invite handling, touching, interaction.' Whether evoking their experience of breast cancer through the photograph or the book, both artists engage audiences through sight and touch, word and image, feeling and thinking. They force us to attend to our own embodiment just as they make meaning of their embodiment.

One challenge for social scientists is how to translate particular works of art by individual artists into broader, social science understandings of living with illness. In this paper, I consider how Jo Spence and Martha Hall constructed meaning through producing and showing their work. I also explore how I make sense of their lives with

breast cancer through their visual productions of experience. I consider how the works ‘work’: what is communicated, how it is communicated and to whom, and how it produces knowledge about ‘breast cancer patients’ in the late twentieth century.

Making sense by making art: the work of Martha Hall

Martha Hall, a professional white woman, living in Maine on the northeastern coast of the US, was 39 years old when, in 1989, she discovered a lump in her breast. The lump was malignant, ‘Stage 1 breast cancer’ – that is, early invasive breast cancer, in which the cancer was confined to her breast (National Cancer Institute, cancer.gov). She had a mastectomy followed by six months of chemotherapy. At the time she began her life with breast cancer, she had been married for 18 years and her daughters were in primary school. In 1993, Hall was diagnosed with a recurrence of breast cancer, which by this time had spread to lymph nodes in her neck, making it ‘Stage 4 (metastatic) breast cancer’. She was hospitalized for three months and treated with high-dose chemotherapy, followed by a bone marrow transplant and radiation. In 1998, a recurrence of cancer in her neck was treated with radiation, but in 1999 she was diagnosed with metastatic breast cancer in her ribs, spine, skull and liver, for which she was treated with chemotherapy. She died in December 2003. Although Hall had written poetry and taught weaving for many years, it was after the recurrence of her breast cancer in 1993 that she began to make artists’ books, completing her first book in 1996. Making the books brought to light emotions Hall had not previously acknowl-

edged and became a powerful part of the healing strategy she developed.

The genre of artists’ books emerged particularly in the context of the anti-establishment, democratic social movements of the 1960s. One impetus behind the genre is ‘the desire to make a voice heard, or a vision available’ (Drucker, 1995: para 11). Whereas works of art are unique, revered, and often accessible only in museum or gallery collections, books are mass-produced, comparatively inexpensive, and widely available for purchase (Rossman, 2003: para 4). Artists’ books are created as original works of art, not just retrospective collections or catalogues of an artist’s work. According to Johanna Drucker (1995: para 16): ‘[a]rtists’ books take every possible form, participate in every possible convention of book making, every possible “ism” of mainstream art and literature, every possible mode of production, every shape, every degree of ephemerality or archival durability.’ Some artists’ books are produced as unique copies, while others are produced in limited editions. Martha Hall made more than 100 artists’ books, of which two are discussed in detail here: *Tattoo* (1998), which is a limited edition (20 copies), and *The Rest of My Life* (2000), which exists only in the original.

Hall’s artists’ books engage with themes often explored in breast cancer narratives. A running theme in such narratives is the importance of creating support networks with others. By ‘sharing stories, women with breast cancer offer mutual support, a forum for exploring the body, psyche, relationships and community that are relevant to them as well as a sense that their knowledge and experience are resources for others’ (Pitts, 2004: 47). Making the private agony of suffering into something social and

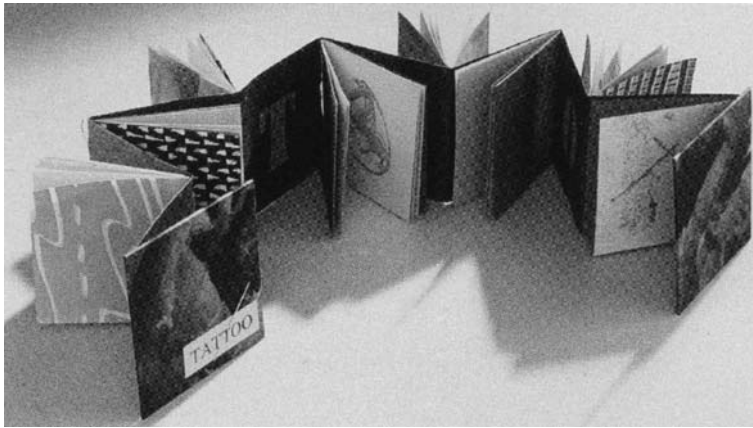


Figure 1 *Tattoo* by Marta A. Hall, 1998. (Photograph by Ed Wald. Courtesy of Alan Hall. From the collections of the Mortimer Rare Book Room, Smith College.)

shareable also makes possible a ‘collective outcome’ (Radley, 2002: 12).

Tattoo (Figure 1) represents a turning point for Hall. Up to this point, she had shared her artists’ books only with her family. In *Tattoo*, she connects with others who have breast cancer, drawing ‘outsiders’ into her world by making her experience something social and sharable.

Tattoo (November 1998) is a small square book ($4\frac{3}{4}'' \times 4\frac{3}{4}'' \times 1''$) that opens like a double-sided accordion, to 32". It contains eight short stories written by Hall, each printed and illustrated with a simple rubber stamp or stencil. The cover is printed with colored paper, in blue, black, and some white.

The title, *Tattoo*, signals something, perhaps unfamiliar to outsiders, about the medical world of breast cancer. Tattoos are routine for people who have external radiation therapy. They mark a person’s body so that radiation can be beamed to exactly the same place during radiation therapy, which occurs over a period of days, weeks, or months. The tattoos are permanent, lasting after the therapy is complete. Should someone need radiation treatment at a later point in time, the tattoos mark the exact site of the first radiation therapy (National Cancer

Institute, *cancer facts*). Tattoos also carry a message about the social and feminist world of breast cancer. Some women have chosen to mark themselves with tattoos after surgery for breast cancer. These tattoos become part of ‘the palimpsest of breast cancer’ that is written on their bodies (Langellier, 2001: 145). *Tattoo* demonstrates how Hall’s work is connected to, and participates in, the creation of breast cancer support networks, by evoking and playing on medical and feminist practices of tattooing in text and images.

A sewing needle is stuck into the cover of *Tattoo*, much as a needle might be temporarily stored when a sewing project is underway. This is not a needle that would be used in a tattoo parlor. But as a sewing needle it connects the art of book-making to the activities of sewing and cloth-making. Hall was a weaver before she made books. Perhaps the needle connects her past art to her present art, or her past self to her present self, integrating her ‘before’ and ‘after’ identities. Appearing on the cover of a book titled *Tattoo*, the needle appears to ‘domesticate’ the activity of tattooing, detaching it from the world of medicine and hospitals to carry it into the world of homes

and crafts. The sewing needle also echoes the tattoo's 'stereotypic and stigmatizing associations', in its suggestion of a make-shift tool for marking the body (Langellier, 2001: 147). Indeed, the first two of the eight stories in *Tattoo* explore the cultural fascination with tattooing that co-exists with distaste, even repugnance (Langellier, 2001). In the stories, Hall associates tattoos with white-haired sailors (story I) and motorcycle gangs (story II), both existing long ago and both seen to be 'not like us':

Years ago we took our small daughters to the lake and found it changed. The crowd was rough, loud – like the motorcycles they had arrived on. They were 'not like us'. Even the women had tattoos. We called the beach 'Tattoo Beach' and never went back. (story II)

However, two other stories (stories III and VII) subvert such negative images of tattooing. They celebrate tattoos as marks of recovery after breast cancer and as visible symbols of connection between women who have had breast cancer. In these stories, Hall indicates this sense of connection by bringing into the narrative communities of breast cancer survivors (although she did not herself like the word 'survivor' nor did she use it with reference to herself). She speaks to these communities by referring to an image (the warrior in story III) and a symbol (the prayer flag in story VII).

The image at the center of the third story is that of 'The Warrior' (1978), an iconic photograph which has been reproduced widely, and is available on the world wide web, in postcards, and posters. Although Hall does not name the woman in the photograph on the postcard she describes in this story, it is Deena Metzger. The photograph is taken from below, looking up at Metzger, whose arms are outstretched. Her chest is bare and her right breast is missing. She appears to open herself up to

the sky, which is all that can be seen behind her. Hall's engagement with this image is introduced in the story in the following passage:

A few years ago my daughter Danielle gave me a postcard. It is a black and white photo of a nude woman with her arms outstretched. She has a vine with flowers tattooed on the scar across her missing breast. I hung the card up on my studio door. I admire the woman's courage, her joy, her beauty, her defiance. (story III)

Metzger's nude body bears the marks of disease and medicine, overlaid with another text of life and healing (Van Schaick, 1998). It invites the world to look at and see a one-breasted woman, while simultaneously inviting other one-breasted women to see 'The Warrior'. In her story about the image, Hall connects her own experiences with those of Metzger and makes links with breast cancer activism.

In the seventh story, Hall continues these themes by invoking the idea of tattoo as 'prayer flag':

Now I think I want a real tattoo – a symbol used long ago by courageous female warriors. It could be my symbol of the courage, power, and strength I need to fight my cancer. It could be my prayer flag. (story VII)

The stamped image that accompanies this story is a symbol chosen by Breast Cancer Action and the Breast Cancer Fund for use on prayer flags 'to call the world's attention to the epidemic of breast cancer' (Breast Cancer Action, 1996). The symbol, stamped in black ink, is of side-by-side spirals, attached together at the outside top edge of each spiral. The image appears 'breast-like' even to those unaware of its connection to women warriors or prayer flags. The symbol was found in a temple in Malta 'from a period when matriarchal societies worshipped goddesses' and was worn by wo-

men warriors for moral strength during battles (Bellen, 1998).

According to the Breast Cancer Fund, prayer flag tributes build on a Tibetan tradition in which flags ‘fly from the housetops, trees and in mountain passes – wherever the wind can catch and carry their message of hope throughout the world’ (Breast Cancer Fund). Breast cancer activists inscribe names of women onto flags, creating hope for women ‘who have traveled the odyssey of the disease and a memorial for those who have died’ (Breast Cancer Action, 1996). On a Breast Cancer Fund sponsored climb to the summit of Mount Aconcagua in Argentina in 1995, 170 prayer flags were taken by 17 breast cancer survivors, who then flew the flags and read the names inscribed on them aloud. Prayer flags have also been taken on climbs to Mount McKinley in Alaska and Mount Fuji in Japan (Breast Cancer Fund). Through the image of the prayer flag, Hall draws together ancient women warriors with breast cancer action groups. She invokes, too, the courageous, joyous, beautiful, defiant act of tattooing oneself after having been tattooed for breast cancer treatment.

The sixth story in *Tattoo* tells how Hall and two other artists compared their tattoos at an art show opening:

One of the women pulled down the neckline of her dress to show us a blue dot centered between her breasts, now gone. We compared our tattoos, standing there in the art gallery among the guests, as if this were an ordinary thing to do. Then we laughed, ‘Maybe we should connect the dots’. (story VI)

Three ink dots lined up in the center of one page, that is otherwise blank, are the only visual images accompanying this story. For the three women, the transgressive act of revealing their potentially stigmatizing

blue dots in this public setting becomes a mark of sisterhood, the tiny signs intelligible only to insiders. Artists’ books are Hall’s way of connecting the dots for women who have had breast cancer, while placing them in libraries is her way of making the books accessible to more people – and of enabling people to hold them as well as to look at them.

As we hold Hall’s artists’ books, turn their pages and read, we move between text and image, through time and space. As we shift from ‘Tattoo Beach’ to a prayer flag, from studio and family to art gallery and artists with radiation tattoos, we seek to make sense of her shifting identities. These acts of interpretation situate us as knowers. We become nodes in a field of women living with breast cancer, moving from one story in *Tattoo* to the next, from this book to the world outside of it.

A sociological interpretation of Hall’s experiences using her artist’s books as evidence entails understanding the genre in which she is making art as well as the world of breast cancer in which she is living. In addition, it entails the identification of conventions and themes connecting her individual life experiences with the social, cultural, and political contexts in which she is situated. My involvement in the production of knowledge about Hall’s experiences reflects choices I have made in the course of engaging with her work. Just as Hall invests *Tattoo* with special meaning (it represents a turning point in her identity as an artist), I have put it at the center of this sociological study. My interpretation of her work is, in part, a dialogue with her about how she tells stories of her breast cancer and what is in and beyond her artists’ books. In part it is a dialogue with readers about the ways in which *Tattoo* and the other works of art I have put together

represent Hall's (and Spence's) experiences of breast cancer. It gives a partial and situated interpretation of *Tattoo* and begins to build an argument about the benefits of a visual sociological imagination (Becker, 2000).

Representing experience: the work of Jo Spence

Works of art can be ways of seeing bodies and ways of 'seeing – as the sick person sees' (Radley, 2002: 19). Jo Spence sought to portray suffering and the world of the sick person, to convey and exemplify something about her life and the experience of living it. Like Martha Hall, she was interested in making connections with audiences: in finding ways to help audiences incorporate artistic images into their own experiences, and to link their personal experiences to those revealed through text or images.

Spence's strategy was to put herself into photographs.

'I Framed My Breast for Posterity' (Figure 2) is the title Jo Spence gave to a color photograph she took of herself (in collaboration with her lover Terry Dennett) the night before going into the hospital for surgery in 1982. In the words Dennett later gave to Spence: 'I frame my breast the night before going into hospital – will the surgeon get his way and "take it off" or will I get my wish for a "Lumpectomy"?'¹

This photograph is one of Spence's many attempts to make her suffering visible and to engage audiences in the experience. Taken in her home, it places her experience of breast cancer in her lifeworld. Spence is at the center of the photo. She is naked from the waist up, except for a string of wooden beads. On the underside of her left breast is a bandage. She holds a picture frame in front of her left breast. The top of the frame almost covers her mouth; it is not clear whether her mouth is open or shut and



Figure 2 'I Framed My Breast for Posterity', by Jo Spence, 1982. Gelatin silver print on paper. (Bowdoin College Museum of Art, Brunswick, Maine. Gift of Jo Spence Memorial Archive.)

whether she is biting the frame or simply resting it against her mouth. Her eyes are shut, covered by glasses. Her hair is dishevelled. The beads are marks of gender and the bandage a mark of medicine. The beads and bandage mark (colonize) her body and connect this photograph to a pair of photographs titled 'Colonization' that she and Dennett had made earlier that year, before her diagnosis of breast cancer.

To the left of her head is a black and white poster of men in laborers' clothes. At the top of the poster is a quotation from Karl Marx ('... of the Workers Must Be an Act of The Working Class Itself') about collective action in/of the working class. This identifies the men as productive laborers (members of the proletariat or working class) and suggests they are engaged in collective action (a strike or demonstration against the bourgeoisie or capitalist class). The man closest to Spence on the right side of the poster appears to be looking directly at her. Below the poster is a fireplace, with a fire burning in the grate. On the mantelpiece are an alarm clock, a tin mug, and a greeting card. To the right of Spence and partially covering the wall is a brown-colored fabric screen, printed with large, bright red flowers.

In the photograph, Spence is framing her breast. Besides posing the question as to who will get his/her way in the struggle over a mastectomy versus a lumpectomy, the photograph also demands that we consider what is inside and outside the frame. The frame divides Spence's identity before and after the cancer. The frame cuts through her body but it does not cut off her breast, seemingly integrating the selves before and after. In addition to the question posed by Spence, the photograph poses for me the question 'to whom does this breast belong?'

The frame sets her breast (and her cancer) off from Spence's previous life. It suggests that there is nothing important outside of this frame, especially on the night before she is about to have surgery for breast cancer. Yet even inside the frame, the beads she is wearing provide a connection to her previous life, when she was a photographer who did not have cancer, and when she took a photograph of herself wearing these same beads. The photograph searches for ways to integrate her experiences of patienthood with her experiences as a worker. Outside the frame, the poster provides a connection to her working-class politics. The photograph thus seeks to integrate Spence's experiences of breast cancer with the politics of medicine in the context of alienated labor and industrial capitalism.

The frame covers Spence's mouth, inviting reflection on silence and speech. Spence was struggling to be heard by her surgeon, in order to get the treatment she believed she needed. She was also struggling to be heard by other women, so that her experiences could be useful to them. She wanted them to know that they, like she, could think and act differently about breast cancer (Spence, 1995). As was the case with her earlier political work, she wanted to help create a community, this time a community of 'dissident cancer patients' (Spence, 1995: 214).

Spence struggled to find a language through which to represent her experiences with breast cancer and to engage in dialogues. Ironically, whereas her surgeon heard and responded to her (she had a lumpectomy), audiences who saw the photographs about her diagnosis and surgery did not know what to do or how to react. They were silenced. Looking back at this time of her life 9 years later, she told an interviewer that the more silence there was from audiences, the more determined she was to be heard.

She worked on developing different languages to speak to different audiences in the worlds of art, photography, and health (Spence, 1995: 216).

The title of the photograph begins a story: 'I Framed My Breast For Posterity'. The use of the past tense positions Spence and the audience in the present, looking back at a sequence of events whose outcome was known at the time she titled the image (she did not lose her breast). The words and images in this photograph also suggest that Spence might not only lose her breast, but also that as a person with breast cancer, she might die. The question is how will she live the rest of her life? The word 'posterity', too, raises questions. We, the audience, are confronted not only by Spence's gaze, but also by the look from the worker standing behind her, who seems to be asking 'What will be her legacy?'

Jo Spence was born in 1934 to working-class parents and brought up in London. A photographer, educator and writer, she usually worked collaboratively. With male photo historian Terry Dennett she co-founded the Photography Workshop in 1974; the two of them developed 'Photo-theater', photography which is constructed and staged as a tableau to provide a social and political critique.

Spence was diagnosed with breast cancer in 1982 during a routine check-up. Although her surgeon wanted to treat her with a mastectomy followed by radiation, she chose to have a lumpectomy followed by traditional Chinese medicine, 'in defiance of the medical orthodoxy' (Spence, 1988: 152). After the lumpectomy, her regimen included changing her diet, taking vitamins, herbs and mineral supplements, having twice-weekly sessions of acupuncture, and monitoring her stress levels (Spence, 1988: 154). She had a recurrence

of breast cancer 18 months after the lumpectomy, but was able to stabilize it naturally until 1990 when her breast cancer recurred and she developed leukaemia (Spence, 1995: 26, 222). By 1992 she had become increasingly ill and unable to work. She married David Roberts before being admitted to a hospice, where she died in June 1992.

In her 'Editor's Preface' to the posthumously published anthology, *Cultural snipping*, Annette Kuhn (1995: 23) writes that above all, 'Jo Spence's work is driven by anger at injustice, by abundant compassion, and by a relentless yearning for personal, political, and social change.' Like other feminist artists of the 1970s, Spence used her experiences and her body to unmask the everyday, normalized, institutionalized practices and codes of photography that represent gender, family, and the female body. She believed that photographs (like identities) are never finished, but should always provoke debate, encourage action, and direct viewers toward situations that exist outside the photographic frame.

Spence took hundreds of photographs to document the diagnosis of her illness, her hospitalization for surgery to remove the malignant lump in her breast, and the western and alternative healing systems from which she received care for her breast cancer. Her photographs question and contest the power of western science and physicians: their power to fragment lived experience, to reduce people to bodies, and to create passive patients.

Multilayered interpretations

Similar to Spence's experience of illness, my interpretive stance is multilayered. As I seek to interpret the photograph, 'I Framed My

Breast for Posterity', I am positioned as a woman who knows other women who have been in Spence's position, the night before their surgery for breast cancer. I think about them as I look at Spence, moving back and forth between the images in the photograph and the images in my memory. Some of those women are still living, some are now dead. I am also positioned as a middle-aged woman, aware of my mortality. As such, I ask myself 'what will my legacy be?' I draw, as well, from my knowledge of photography, especially the tradition in which Spence worked, and the conventions of modern photography that she sharply contested (Bell, 2002). These positions – nodes in a network – form part of the context in which I read and make sense of Spence's meaning making.

Other social scientists, with different interests or located in different contexts and relationships, might well interpret this photograph differently. In other words, meaning is produced collaboratively. There is no fixed world existing independently of

any knower. Nor is there one 'truly' objective position from which knowers can interpret the social world. There is a plurality of truths: 'At any point in time there is a plurality of truthful narratives that differently positioned members of a culture can reasonably claim' (Bell, 2000: 185). This post-modern epistemological stance, following Seidman (1992: 74–75), appeals 'to cultural traditions or social conventions and ideals to gain credibility for our cognitive claims and our claims to moral validity', but does not surrender to nihilism, even though 'it may imply a degree of social flux and conflict'. These multilayered positionings are germane, as well, to the artist's book and interpretation that follows.

The Rest of My Life (Figure 3) is a small artist's book by Martha Hall, the same size as medical appointment cards, $2\frac{1}{4}'' \times 4\frac{1}{2}'' \times 3''$. It is made of medical appointment cards, most filled in by the same hand, for chemotherapy for a year (October 1999 to October 2000) in Martha Hall's life. Medi-

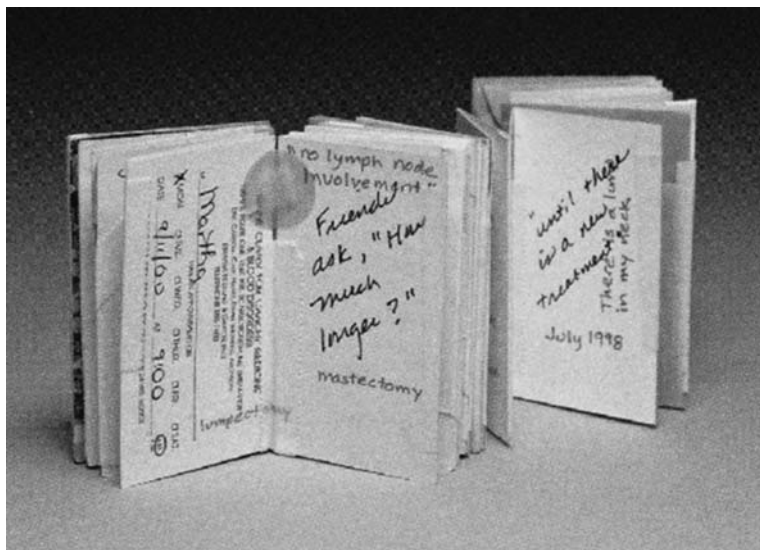


Figure 3 *The Rest of My Life*, by Martha A. Hall, 2000. (Photography by Stephen Petegorsky. Courtesy of Alan Hall. From the collections of the Mortimer Rare Book Room, Smith College.).

cine provides the main plot line. The cards are put together with surgical tape and bandages, and at intervals a yellow manila pill package of the same size is substituted for an appointment card. Some of the prescribed medications are still in the packages.

The book opens like a long two-sided accordion. On one side, the appointment cards are pink, printed with the words 'Maine Center for Cancer Medicine and Blood Disorder'. Turn the cards over and there is a white background, printed with the Cancer Center's address and telephone number, and spaces to be filled in with a patient's (given) name, day of the week, date, and time of the appointment. These appointment cards document Hall's repeated treatments and themselves signify what the words say. All have been 'used'. The book is contained in a small box, itself covered with Hall's appointment calendar for October 1999.

On the back of the cards are several layers of handwritten text by Hall in different colors of ink and different styles of handwriting. In brown ink there is a timeline covering the period from 1989, when Hall discovered a lump in her left breast, to the time of writing, 2000. This layer of text is neatly printed. Another layer of text, cursive and written in black ink, records an internal dialogue, beginning, 'It has been more than a year since I was diagnosed with a recurrence', as well as questions and answers between Hall and other patients and friends. In the following extract, Hall sets out a range of alternative answers to a question posed by another patient:

When will you be through? 'Never'. 'Until I die'. Or 'as long as I live' 'until there is a new treatment' or 'until this treatment stops working.' There is no answer. I don't have an answer. The doctors don't have an answer. Yes I do. 'I am living with cancer'. 'I am buying time'. 'I have a

chronic disease'. 'I'll be back for more treatment on Monday'.

A third layer of text, in pencil, haphazardly records episodes of pain, life events, such as 'Chemo vacation for Haystack' (an international crafts school located on the Maine coast), and other cryptic notations.

The book also tells us something about Hall's decision to stick with western medical tests and treatments (CT scan, X-ray, mammogram, mastectomy, chemotherapy, radiation therapy, bone marrow transplant) rather than turn to acupuncture, macrobiotics, or other therapies. This is documented by the sequence of appointment cards, and the pill packages with the name of the drug stamped on each cover.

The strung-together appointment cards and pill packets overlaid with the other text make it possible for us to witness Hall's suffering and see it *as she* sees it. The repeated medical events dominate but do not efface her lifeworld and her coming to terms with living with cancer, and cancer treatments, for the rest of her life. She has transformed her daily life, inside and outside of medicine, into an artist's book, taking her readers along with her. Over and over again, they see the same loopy handwriting filling in the cards, each time for 'Martha' and each time for a different date. They can hold the same cards and the same pill packages that Martha held, first as a breast cancer patient and then as an artist.

To this artist's book I bring my own experiences of having appointments, sitting in waiting rooms, taking medications, navigating between the worlds of home and medicine. But not of having breast cancer. In *The Rest of My Life*, Hall, using appointment cards, pill packages, pen and pencil, and surgical tape, fashioned a metaphoric world of breast cancer out of the mundane

world occupied by a cancer patient undergoing chemotherapy. The details invite reflection (Radley, 2002). I wonder why some of the pills are still in their packages, and what they signal to Hall about the meaning of medications (Conrad, 2005). I see how she continually renegotiates the disruptions to her biography brought by the trajectory of her breast cancer (Charmaz, 1991; Williams, 1984).

Similar to Jo Spence, Martha Hall uses elements of her daily life to fabricate a metaphoric one. While Spence does this the night before her surgery, Hall does so after a year of chemotherapy. These fabrications – works of art – produce meanings about suffering, questioning, resisting, and becoming a woman with breast cancer for the rest of their lives. These meanings are worked out in the course of their daily lives as they struggle to make art, preserve their health, seek medical care, and make connections with other women with breast cancer.

Conclusion

Elsewhere, I have argued in favor of incorporating the analysis of visual narratives into sociological work (Bell, 2002; 2004). In this essay I have taken a different approach, emphasizing ‘visual’ and de-emphasizing ‘narrative’. My interpretations of works of art by two women living with breast cancer illustrate how post-modern strategies in social science can enhance understanding and enrich research.

First, resources such as artists’ books and photographs reduce the distance between knowers and subjects. As ‘data’ for interpretation, they do more than show, or tell about, the lives of Jo Spence and Martha Hall. They also produce sensuous experi-

ences for viewers, including knowers. Just as they represent embodied subjects, so they produce embodied knowers. In addition to thickening social science understandings (Radley, 2002), this process plays out a post-modernist tenet that knowers are situated (Haraway, 1988). In the interpretation offered in this article, I have drawn attention to examples of my own locations, my own reactions, as I engaged with Hall’s artists’ books and Spence’s photograph. I regard such engagements not as unwelcome intrusions, but as integral to systematic research.

These works of art also demonstrate another tenet of post-modern social science: that ‘selves’ are multiple and shifting. In Hall’s *The Rest of My Life*, for example, dialogues about selves are encouraged by the overlapping texts and appointment cards, in which Hall’s identity moves back and forth from breast cancer patient to artist. In *Tattoo*, these shifts in identity take shape differently. Hall poses herself against the working-class ‘other’ who is tattooed, effectively producing a self that is not deviant against other selves that are. She becomes one of ‘them’ when she compares her dots with two other artists, claiming the identity of an artist with breast cancer through her tattoo. She is yet another ‘self’ when she considers having a ‘real tattoo’, like a courageous female warrior.

Turning to the analysis of visual materials – specifically works of art produced by women living with breast cancer – thickens the field and enriches the production of sociological knowledge.

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Note

1. The discussion of this photograph draws extensively on Bell (2002).

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