Understanding Illness: Using Drawings as a Research Method

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Visual methodologies are becoming more evident in social research. These methodologies encompass media such as film, video, still photography, electronic visual media, and material artifacts. In this article, the author examines the use of drawings as a research tool used as an adjunct to other social research methods. Using examples from two studies, she illustrates how drawings can be used to explore the ways in which people understand illness conditions. She argues that the act of drawing necessitates knowledge production, with a visual product as its outcome. Although the examples presented in this article are limited to illness conditions, she argues that drawings offer a rich and insightful research method to explore how people make sense of their world.

Keywords: drawings; social research methods; visual methods; illness understandings

Historically, the use of visual methods in research is best established in anthropology. Bateson and Mead’s 1942 study, Balinese Character, is one of the earliest and best-known ethnographic analyses using photographs of Balinese village life. In sociology, the use of visual methods is largely absent until the 1960s. Prosser (1998) and Harper (1989) have outlined the move in sociology during the 1960s and 1970s toward the use of photographic documentation of social life and social inequalities, for example portrait studies of ghetto life in the United States and photographic studies of peace activists during the Vietnam War protests. Becker (1974) was noteworthy in his discussion of visual methodologies, developing analyses of the role of theory, sampling, reliability, and validity in visual sociology. Ziller (1990), in his studies of autophotography, examined personal meaning making through the use of photographs of people’s selves and life events. Despite attempts from the International Visual Sociology Association (IVSA)1 and the journal Visual Sociology, established in the 1980s to promote the use of visual methods, the use of visual methods in sociology remains largely marginalized. As Prosser has pointed out, “The impression I gained from mainstream methodological texts was that images were a pleasant distraction to the real (i.e., word-orientated) work that constituted “proper” research” (p. 98).

Despite the continuing marginalization of visual methodologies in sociology, other disciplines have enthusiastically taken up visual methodologies. This is most

AUTHOR’S NOTE: I am grateful to the research participants for their enthusiastic involvement in the studies described. My thanks are also extended to Sarah Russell and Jan Browne for their insightful comments on an earlier draft of the article.
apparent within cultural studies where there has been a massive growth in the use of visual methods. Although the medium used within sociology and anthropology has primarily been photographs, the study of visual material culture in cultural studies encompasses various visual media, including film, video, still photography, electronic visual media, and material artifacts. Within cultural studies, sophisticated theoretical tools have been established with which to explore the visual in terms of cultural significance, power relations and sociocultural practices (Banks, 2001; Emmison & Smith, 2000; Evans & Hall, 1999; Leeuwen & Jewitt, 2001; Mirzoeff, 1999). Of particular interest has been the development of critical ways of examining the work that visual objects do and the practices in which they are embedded.

In examining illness experiences, most researchers working in this area have primarily employed the usual tools of trade of social science research: ethnographies, interviews, and textual analyses. These are principally word-based methods, using field notes, transcripts, and documents. Although these are useful techniques, I suggest that they limit the extent to which, as researchers, we can explore the multiple ways in which illness is understood and enacted. In an attempt to broaden this methodological base, I turned to the use of visual methods, with a particular interest in drawings. My interest in using drawings to understand illness was triggered by Martin’s (1994) Flexible Bodies. In this study, Martin carried out extended conversations with different community groups about how they understood their immune system. As part of these conversations, participants were asked to comment on media images of the immune system, after which some participants offered to draw how they perceived their own immune system. This remains one of the few studies to have used drawings to examine how adults understand and experience health and illness.

In this article, I explore the use of drawings as a research method, which, I argue, is best suited as an adjunct to other social research methods. The use of an integrated approach that involves the use of both visual and word-based research methods offers a way of exploring both the multiplicity and complexity that is the base of much social research interested in human experience. Although my use of drawings has been in the exploration of illness, the method could potentially be used in many other areas of social research.

Before I discuss drawings as a research method in more detail, it is useful to examine first the use of drawings in the study of health and illness. I then present examples from my previous research on menopause and on heart disease to illustrate the use of drawings as a research method. In doing so, I emphasize drawings as both a visual product and a process in the ways in which people come to understand illness conditions. Finally, I point to both the benefits and the limitations of using drawings as a research method.

**THE USE OF DRAWINGS IN THE STUDY OF HEALTH AND ILLNESS**

The use of drawings in the study of health and illness is limited, confined mostly to children. Drawings with children are most predominantly used for diagnostic or therapeutic purposes in psychology and psychoanalysis (Champion, Noettes,
The use of drawings for research is again primarily confined to children, with whom researchers have used drawings in health promotion studies (Oakley, Bendelow, Barnes, Buchanan, & Husain, 1995) or have sought to study children’s representation of themselves and their social world (Herth, 1998). Noteworthy is the U.K. Health Education Authority’s study by D. Williams, Wetton, and Moon (1989), who used the “draw-and-write” technique to study the health beliefs of primary school children. Subsequent studies by Bendelow, Oakley, and Williams (1996), Bendelow and Pridmore (1998), and S. Williams and Bendelow (2000) have involved the use of the draw-and-write technique to examine children’s beliefs of health, illness, and cancer. In contrast, there is a relative paucity of studies using drawings with adult participants. Two notable exceptions to this are the work of Martin (1994), cited previously, and the anthropological research of Victora and Knauth (2001), who examined graphic and verbal images of the reproductive system of men and women living in four shantytowns in Brazil.

In summary, the use of drawings as therapeutic tools and in social science research has largely been limited to children. The reasons for this restricted use of drawings are not immediately obvious. Possibly, there is a perception that drawings are most appropriate and suited for those who are not able to articulate fully their beliefs and emotions using spoken or written words, such as might be the case with young children. Furthermore, the use of drawings as a therapeutic approach in disciplines such as psychology might have contributed to its limited use in research. Despite its narrow use to date, I suggest that the use of drawings as research methodology offers a potentially valuable resource for social researchers.

**DRAWING AS A RESEARCH METHODOLOGY**

The recent work on visual methodologies in cultural studies offers a useful and rich theoretical source with which to think about drawings as methodology. Employing Harding’s (1987) categories, I distinguish in particular between method and methodology in my discussion on drawings. Harding defined method as techniques for gathering evidence and methodology as the theory and analysis that informs the process of the research. Harding argued that method and methodology, together with epistemology, are interrelated in social research.

My research stems from an epistemological base in which knowledge (about health and illness) is not preexisting or fixed, or necessarily stable. Rather, I work from a theoretical tradition that espouses that knowledge is produced through practices, interactions, and experiences. From this perspective, I argue that methodologically, drawings are visual products and, at the same time, produce meanings; my interest is in both the process of meaning making through the act of drawing and the drawing itself as a product. I suggest that through the process of producing a drawing, the drawer is simultaneously constructing knowledge about the drawing. The word drawing is both a noun and a verb; it is both a product and a process. The symbolic interactionist Dewey (1934) highlighted this “linguistic accident”:

It is no linguistic accident that “building,” “construction,” “work,” designate both a process and its finished product. Without the meaning of the verb that of the noun remains blank. (p. 51)
In considering drawing as both noun and verb, I am interested not only in the product but also the process of production. Rose (2001) reminded us that “visual imagery is never innocent; it is always constructed through various practices, technologies and knowledges” (p. 32). Drawings, like other forms of visual imagery, are about how people see the world in both its simplicities and its complexities. Drawings are intricately bound up with power relations, social experiences, and technological interactions. The process of drawing, and therefore the process of meaning making, is thus informed by the sociotechnical world of the drawer.

Moreover, drawings are not fixed or stable entities. Drawings are produced in a particular space and time. A woman asked to draw how she perceives her menopause today is unlikely to draw the same thing a year, a month, or even a week later. Drawings are as much about the drawer’s history as it is about their present (and, possibly, their future). The drawing as a visual product is a visual record of how the drawer understands his or her condition at that particular place and time. In this way, drawings, like other representations, can be used as ways of understanding how people see their world.

When I first began to use drawings as part of my research, there was little literature available to aid my analysis of them. Since then, scholars, mostly within cultural studies, have provided useful and sophisticated ways of thinking about the analysis of visual imagery. I am indebted to scholars such as Rose (2001) for providing exemplary texts on the interpretation of visual materials. Rose has proposed a “critical visual methodology.” Although Rose’s work is not specifically on drawings, the methodologies that she proposes are equally applicable to drawings as to the paintings, photographs, televised soap operas, and advertisements that she discusses in detail. Rose’s critical visual methodology framework has three sites at which interpretations of images are made: first, the site of production of the image; second, the image itself; and, third, the site(s) where the image is seen by various audiences. This framework has an additional dimension in the form of modalities, which intersect these three sites. The three modalities that contribute to the analysis of images are, first, the technological, for example, in photography, the kind of camera, film, or developing process used; second, the compositional, which includes the content, color, and spatial organization of the image; and, third, the social, which refers to the social, economic, and political relations and practices that are embedded in an image and through which it is produced and viewed.

Rose’s (2001) critical visual methodology is a useful guide to the analysis of visual imagery. Before I discuss a proposed adaptation of this framework for the use of drawings, I first detail the method or technique of drawing as a research tool. To position this research method, I present two studies in which drawings have been implemented successfully.

**DRAWING AS A RESEARCH METHOD**

It is useful to provide briefly some context for the menopause and heart disease projects in which research participants were asked to draw. The menopause research concerned how menopause is understood by women attending Australian menopause clinics. Menopause clinics in Australia function as specialized medical sites, often within or associated with large tertiary hospitals. Given that menopause is widely considered to be a normal passage in a woman’s life, I was specifically inter-
ested in exploring how the notion of menopause as hormone deficiency came to be established and how it came to be managed in these largely medical sites. Fifty-three women aged between 34 and 68 years participated in the study, and at the time of the study, all were attending menopause clinics. The women participated in individual interviews, following which I asked them to draw how they understood their menopause. Ethics approval for this research was granted by each of the participating menopause clinics and the University of Melbourne Human Research Ethics Committee.

The heart disease research that incorporated the use of drawings involved 32 Australian women aged 49 to 54 years who had been told by their doctor that they had heart disease. In this research, I explored the ways in which these women with reported heart disease understood and experienced their condition. The study methods were threefold: completion of a survey questionnaire, participation in an individual interview, and a request to draw how they visualized their heart disease. Ethics approval for this research was granted by the University of Newcastle Human Research Ethics Committee.

**Techniques**

For others who might wish to use this method, I detail the technique that I employed in these two research projects. I offer my experience in the use of drawing as a research method in exploring illness conditions but point to its flexibility and adaptability to other research situations. In both studies, I asked women to draw after the completion of individual interviews. Prior to the interview, all participants had been provided with an information sheet and consent form in which they were informed that they might be asked to draw. All the women had consented to this prior to the interview. As the interview drew to a close, I handed the participant a blank, unlined A5 card (148 × 210 mm) and a packet of 12 colored felt pens and asked them to draw how they visualized their condition. This was preceded by a restatement of the particular study aim to explore how they understood their illness condition. My request was usually met with nervous laughter. “I can’t draw,” was the usual reply. This request (despite the information sheet) seemed to come as a surprise, and the participants often needed a few minutes to reflect and consider the ways in which they saw their condition. Invariably, most participants drew an image, sometimes hesitatingly and at times with such intent and force that I and they were taken aback. What emerged were powerful and vivid embodiments of each person’s illness.

The participants’ use of color was important. Most participants chose colors after much deliberation, thoughtfully selecting the one that best represented how they felt about the image they were drawing. Usually, the women drew one or a number of images; sometimes, the participants felt unable to actually draw their image and would either describe the image verbally or write it in words on the card. Very occasionally, a participant felt unable to draw or to visualize an image at all, which itself was subject to analysis. After the completion of the drawing, I asked the participants to describe their image, asking them to describe not just the content but also the reasons for their choice of color, spatial organization, and composition of the drawing. This description was audiotaped, continuing from the audiotaping of the interview.
Before presenting some of the drawings of these two studies, I want to highlight three points. First, I asked the participants to draw on completion of the interview. This enabled a sense of rapport to be established with the participant over the period of the interview before the request to draw. Second, I stress the importance of asking the participants to describe their drawings. This is an essential part of the method, as it elicits from the participant the nature of the drawing, why she chose to draw that particular image, and the reasons for choice of color and spatial organization of the images. Moreover, for participants to describe their drawing necessitates reflection not only on the drawing but also on the relationship of what they have drawn to their particular illness condition and the significance of what they have drawn to their previous statements made during the interview. Third, I suggest that the method works best as an adjunct to other research methods for reasons of validity that I discuss later. I have found the use of drawings to be most fruitful when combined with interviews in which the drawing flows smoothly as a continuation of the narrative.

**Drawing Heart Disease**

As described previously, the aim of the heart disease project was to explore the ways in which mid-age women understood and experienced their condition. In analyzing the drawings from this study, three themes emerged: first, the heart as the center; second, the heart in the lived body; and, finally, heart disease as a social illness. I argue that these drawings are visual products of the women’s representations of heart disease while simultaneously working to produce meanings about heart disease.

**The Heart as the Center**

Heart disease is somewhat of a misnomer. In its various manifestations, it is as much a condition of the lungs, kidneys, brain, arteries, and major blood vessels as it is of the heart. From the symptoms the women in this study described, it was clear that more than the heart was affected. Nonetheless, the majority of the drawings depicted only the heart. Heart disease was reduced to the heart itself. Although the hearts drawn do show some variation, they were all only of the heart; these hearts were not within bodies. Moreover, they were removed from the effects of the women’s lived bodies. The other point of significance was that the majority of these drawings were symmetrical and diptychal in shape—the classical love heart of valentines and playing cards.

One of the participants, Pat, was found on a routine check-up to have an irregular heartbeat. Attempts to rectify the problem surgically resulted in long-standing complications. Pat emphasized the intense use of black in her drawing of her heart. She said of her drawing,

I just went to black because it’s the strongest color. I know it’s the strongest thing in your body that you need. You can have limbs taken, you can lose a liver, uterus, breasts, bowel, but you can’t do without that heart; no second chance. Black was just strength. That’s my strength, my heart, that’s the favorite part of my body, the strongest part. I love my heart, but before I never even thought about it. (Pat)
Clearly, for Pat, her heart had important emotional symbolic significance. Her heart was her strength. The complications she had suffered had forced her to reflect and consider the significance of her heart (Figure 1).

Stella had rheumatic fever as a child and now suffers from chest pain and palpitations due to probable damaged heart valves. Stella drew two hearts. The heart on the left was her heart as a child, with an arrow piercing it, damaging it; this heart was red and, for her, represented anger. The heart on the right was a fuller heart and was drawn in purple, which Stella described as a healing color. A faint scar remained from her childhood damage, but she considered it to be a very light, not a deep, scar. For Stella, her drawing was a record of her personal history as well as a record of her emotional history: her anger at being “wrapped up in cotton wool” as a child and, now, her ability to deal with the childhood damage (Figure 2).

**The Heart in the Lived Body**

Unlike the preceding images of hearts devoid of bodies, the drawings in this group showed hearts within women’s lived bodies. These images conveyed the emotional and physical impact on women’s bodies of being diagnosed and living with heart disease.

Helen’s medical record stated that she had experienced an acute myocardial infarct, or heart attack. However, behind this neat classification lay a complex and
messy story. Helen, like many women who suffer heart attacks, had noncharacteristic symptoms. She had some chest pain, but her presentations to her local hospital emergency department were characterized by pain in her jaw and her ear, blurred vision, and pain in her arm. On a number of occasions, she was sent home after being told by the emergency medical staff that she probably had indigestion. It was not until she had a particularly severe bout of pain that she was found to have had a heart attack.

Helen’s drawing depicted not her heart or her heart disease per se but, rather, the effects of her heart attack and its misdiagnosis on her body. For Helen, heart disease is enacted through her feeling of frustration when she could not “get through” to her doctors. To the casual observer, Helen’s drawing of frustration and her hair standing on end has no obvious connection to heart disease. However, the link becomes apparent when we consider the drawing in light of Helen’s description (Figure 3):

That’s what it means to me, frustration. First thing that comes into my mind is my hair standing up on end and then I started doing that [drumming her fingers on the table], and I didn’t even know why I was doing that until frustration was going through my mind. I think that’s what it means to me. That I couldn’t get through to them, that’s what I think it all boils down to. That I knew and I don’t think they believed [me]. (Helen)

Heart Disease as a Social Illness

The third theme identified in the analysis shifts the focus to heart disease as a social illness. Heart disease is situated not as an individualized notion but first in terms of its impact on society and second in relation to the social impact on the life of the woman and her family.

For the past 7 years, Rae had suffered from chest pain and a feeling of tightness in her chest. As indicated in the left side of her drawing, Rae did not consider her heart disease to be a “big deal.” She managed it successfully with medication and
stress management strategies. For Rae, heart disease is primarily a social illness. The right side of her drawing conveyed the impact of heart disease on society. She described it as a cloth not quite covering a table. There are inroads being made to counteract this social problem, for example, through education and medicine. Rae monochromatically used brown for her drawing; brown, for Rae, is a dull, unpleasant color (Figure 4).

Drawing Menopause

In asking women to draw menopause, I was interested in how they understood menopause, particularly in relation to their management practices. What the drawings revealed were the many, diverse ways women understand and experience menopause. Three themes emerged from the analysis of the women’s drawings: first, menopause as a life transition; second, menopause as lived experience; and third, menopause as loss and grief.

Menopause as a Life Transition

Almost half the women’s drawings represented menopause as a life transition. Predominant in this group of drawings were sketches of trees, symbolic of seasonal change and ecological harmony. Helen, whose menopause was initiated early following a total hysterectomy, explained her drawing of a full and healthy tree, growing on a bed of grass and surrounded by soaring birds (Figure 5):

It’s like a tree of life—family and branches. Also, menopause is something you expect to get to when you’re older and retired and sitting down under a tree and
relaxing and living life at a quieter pace. When you’re younger you’re busy and running around; when you’re older you can sit under a tree and relax. I love landscape photography so I love trees anyhow. It’s an image I had before I had the hysterectomy that one day I would be old and retired and relax under a tree and enjoy it. I thought menopause would be like that. (Helen)

Images of seasonal change and positive growth were dominant in many of the drawings in this group. Although some women, like Vera, chose not to draw, they described potent images of how they thought of menopause.

I can’t draw but I can describe to you what I would draw. It would be a sun setting and the moon coming up. Something finishing but something marvelous is happening. One thing is ending but another is beginning. New sets of relationships opening up. It is a transition—a rite of passage. It’s a new life. It’s different in that now I can’t have children but that’s not a concern—I had my children before I was 28, in another time. (Vera)

Women used phrases such as “autumn of my life” and “three-quarter point of my life” to describe their drawings, conjuring up representations of life transitions. Marion drew her life as a series of steps starting with birth and ending with death, with menopause as just one of these many steps (Figure 6).

For most women, menopause was a transition toward older age, a period of life they looked forward to with positive anticipation.

**Menopause as Lived Experience**

For a smaller group of women, their drawings reflected their current lived experience of menopause. Often, women wrote, rather than drew, written statements such as “no more periods,” and “end of monthly periods—great!” Such statements clearly reflected women’s anticipation of the end of a monthly routine they had experienced since menarche. Other women systematically listed their problems in
the learned language of symptoms. These symptoms included pain, headaches, fluid retention, mood swings, embarrassment, discomfort, tiredness, fatigue, and, notably, hot flushes. Many women drew images of black clouds that reflected their problems of depression, confusion, loss of confidence, and anxiety.

Kathy’s feeling of vulnerability and confusion was characterized by the forceful, black scribbles that filled the page (Figure 7).

I see it as being chaotic and messy. It’s not been an easy stage of my life. It’s been fraught with being put off by doctors and being dismissed and causing me to go
around and around looking and seeking information and treatment for myself. So I see it as being something which has been quite chaotic and messy instead of being a natural process. (Kathy)

The drawings of this group of women were indicative of the often overwhelming problems they were experiencing. Unlike the first group of women, who were able to reflect on menopause as the seasonal passing from one life phase to the next, these women were consumed by their current problems. In reflecting on menopause, they were not able to look beyond their immediate physiological and emotional problems. For these women, the drawings captured particularly difficult experiences.

**Menopause as Loss and Grief**

Only a few women represented menopause in terms of loss and grief. Women described images of a “wrinkly, old lady”; “a matron gone fat; an old grandma”; “finish of life. The end of it all. Beginning of the end. Getting ready for the scrap heap—that’s how I feel.” When asked to draw menopause, Nancy drew a copy of Greer’s book *The Change* (1991) and added beside her drawing the words “negative” and “old” (Figure 8).

The book, that’s the first thing I think about; that’s very negative to me. The discussion in Australia about it was very negative. The other thing is menopause is getting old and that’s quite negative. That’s probably why I don’t want to make too much of it. It’s not a positive thing for me at all. I can’t imagine anyone thinking it’s a positive thing. (Nancy)

The representation of menopause as loss and grief is complex. It is not a simple and straightforward reading of menopause as lost youth and beauty, or as loss of

**FIGURE 8: Nancy’s Drawing of Her Menopause**

Nancy was 54 years of age at the time of the interview. She had been experiencing menopausal-related symptoms for the previous 6 years.
reproductive ability. Although these notions existed for some women, for others, menopause was associated with a fear of aging influenced by the devaluing of older women in our society. For other women, menopause represented a different kind of loss and grief, grief about lost years consumed by emotional pain and despair. These multiple representations were indicative of the richness of the visual images produced.

ANALYSIS OF DRAWINGS

In analyzing the drawings from these two studies, my data comprised both the visual images and the participants' verbal descriptions of the images. As a means of eliciting common themes from the images produced, thematic analysis was applied (Strauss, 1987; Strauss & Corbin, 1990). In addition to thematic analysis, I employed a modification of Rose's (2001) critical visual methodology framework, which focuses more specifically on the drawing itself. As discussed previously, Rose proposed three sites where meanings are made: production of the image, the image itself, and the site(s) where it is seen by various audiences. These overlap with the three modalities she has suggested: the technological, compositional, and social. Rose suggested a workable way of approaching this overlap by posing a series of questions to guide the analysis of the images (pp. 188-190). I have modified these questions for use in the analysis of drawings to take into account the participant (drawer), the researcher(s), and the image itself.

Following is a list of some questions about the production of the image.

- The context in which the image is produced
- When was it made?
- What events preceded the drawing, both in terms of the participant’s condition and the relationship established between participant and researcher?
- Where was the image made?
- Who drew the image? Was the participant able to draw the image her- or himself, or was assistance required?
- What was the response of the drawer to the request to produce the image?
- What are the relations between the drawer and the subject of the image?

Some questions about the image are

- What is being shown? What are the components of the image? How are they arranged?
- What relationships are established between the components of the image?
- What use is made of color? What colors are used? What is the significance to the drawer of the colors used?
- What do the different components of the image signify? What is being represented?
- What knowledges are being deployed?
- Whose knowledges are excluded from this representation? and
- Is this a contradictory image? (to other data collected, for example, in interviews)

Some questions about the relationship between the image and the audience include

- Who was the original audience(s) for this image?
- Where is the viewer positioned in relation to the components of the image?
- What relation does this produce between the image and its viewers?
I have argued that the process of drawing works to produce women’s understanding of menopause and heart disease; at the same time, the drawings act as visual representations of these different ways of understanding. To reiterate, the drawings are both products and processes. Taking this into consideration, it is important to consider the context of the production of the image. The image drawn is a record of the way in which the participant understands her illness condition at a particular place and time. Events, experiences, and interactions that precede the drawing all work to produce the understandings that are embedded in the drawing. Stella’s drawing of her two hearts illustrated the changes in the way she viewed her heart disease, from that of anger at being “wrapped up in cotton wool” as a child with rheumatic fever to the healing heart that she now harbors. On its own, Helen’s drawing of herself with her hair standing up on end is difficult to interpret; it was not until Helen described the frustration of her experiences seeking help for her heart disease that it became clear that her drawing was, in fact, both a record of her past and the way in which she has since made sense of her experiences.

Some participants felt unable to draw; others could not draw how they visualized their illness condition but were able to either describe the image verbally or write it. I would suggest that this inability or unwillingness to draw is similarly governed by previous experiences of the ways in which the participants have come to make sense of events in their lives. Meaning making at an individual level is often word based. We primarily explain the way we feel and think by using words rather than images, and it is therefore not surprising that some participants had difficulty expressing themselves using images. Moreover, many participants were experiencing difficulties related to their illness conditions, difficulties that they were still coming to terms with and making sense of. Asking these participants to draw forced them not only to reflect on their illness condition but also to make sense of their experiences in a way that could be conveyed in pictorial form.

In many instances, the drawings acted as metaphors. The theme of the Heart in the Center in the heart disease study was dominated by drawings of symmetrical, diptych hearts. This image has become a powerful symbolic marker of love and emotions in our social world. The women’s equating of the diptych heart with heart disease reproduced this notion of the heart as a source of emotions. The diptych heart worked to symbolize women’s feelings of strength, anger, and frustration associated with their heart disease. Similarly, in the menopause study, images of trees worked as powerful metaphors of life phases. For the women, the trees were potent symbols of menopause as a transition from middle to older age, a period poignantly described by one woman as the “autumn of her life.”

It was not just the image that was important but also its arrangement on the page, its relationship to other images produced, its size, and the force or faintness with which the image is drawn. A tiny, lightly drawn diptych heart in the corner of the page says as much as the menopausal image of blackness, chaos, and confusion drawn with such intensity that both the participant and I were taken aback. Rae’s drawing of her heart disease contrasted with a more general understanding of heart disease. A few nondescript brown spots signified Rae’s heart disease, whereas her image of heart disease as a social illness was both complex and insightful, taking up half the page.
The use of color in the drawings was particularly significant. The participants’ choice of color was noteworthy, as was their reasoning for the color of choice. The women’s visual representations of menopause were particularly marked by their use of color. Red was a significant marker for these women, symbolic of their lived experiences of menopause. Those women depicting depression or confusion in their lived experience of menopause characteristically used black, opting for thick, dense strokes. However, for Pat, her drawing of a black heart symbolized strength. For her, black was the strongest color available and best depicted the strength of her heart. After earlier describing menopause disparagingly as a time when women start wearing beige, one woman exclaimed with some concern her initial choice of color for her drawing: “That’s beige, menopausal beige.” Nancy deliberated carefully over her choice of color for her drawing of Greer’s *The Change* (1991). “I can’t use mauve,” she cried, “that’s an old woman’s color.”

In the thematic analysis, I focused on generating common themes from the images produced. In each of the studies outlined, three themes emerged. I am suggesting that these themes are not definitive but, rather, one possible set of interpretations. In analyzing the drawings and their descriptions, it is equally important to consider the knowledges being deployed in the images and the knowledges that are excluded. Furthermore, it is important to consider any inconsistencies or contradictions of the images with other data collected through the other research methods carried out. This is best exemplified in the menopause study. Although all the participants were being managed medically in menopause clinics, and the majority of women were taking hormone replacement therapy for their menopausal complaints, there was a notable lack of images portraying a medical understanding of menopause as hormone deficiency. The drawings depicted the multiple ways in which the women understood and experienced menopause, with the notable exception of menopause framed within a context of hormone deficiency; it was significant that there were no drawings of doctors, hormones, or hormone replacement therapy.

**CONCLUSION**

The use of visual methodologies in research has faced much criticism in the past (Silverman, 1993). Much of this critique has been directed toward the use and interpretation of film and photographs. Although this critique has not focused specifically on drawings, it is nonetheless useful to consider these in relation to drawings as a way of addressing the limitations of this research method. The issue of validity is a common charge aimed at visual methodologies (and qualitative research more generally). It is claimed that interpretation of images is subjective and riddled with ambiguity. As we know, two people can look at the same image and produce very different interpretations; furthermore, I can look at an image today and see one thing, and view it 10 years from now and see something quite different. Is one interpretation more valid than the other? Is there ever one true interpretation? Working from a theoretical approach that questions singular truths and preexisting meanings, I do not view this ambiguity as necessarily problematic. Rather, the use of drawings as a research method expands our interpretations as researchers of the many, diverse ways in which illness can be understood and experienced.
Having made this point, I nonetheless claim that the use of drawings as I have described is a valid research method. First, it is not the drawing alone that is analyzed but also the participants’ interpretation of their drawing. Both the drawing and the description comprise the data. The researcher is able to draw on the participants’ interpretation of their drawing in the analysis. Second, I argue that this method is best used in conjunction with other research methods. This enables data collected using one method to be compared to and analyzed against that collected using other methods. Analysis is therefore not based on the image alone but is carried out together with data from other methods. This allows participants who are more visual than word oriented the opportunity to express their understanding in a way that best suits them.

A related point concerns the reproduction of images under study. Rose (2001, p. 31) has alerted us to the importance of showing the viewer the primary data. Rose warned against cropping or tampering with the image; if intervention is necessary, then it should be made clear to the viewer the form of intervention that has taken place. This allows viewers to form their own interpretation and at the same time permits a verification of the analysis presented.

Although I am arguing for a greater recognition of visual methodologies and drawings for research, I am cognizant of an obvious limitation. Although focusing on the visual, paradoxically, we still seem to be limited to spoken or written words in our interpretations. Analyses of the visual are still primarily word based. As Chaplin (1994) perceptively noted, people in art galleries initially head straight toward the labels of art works. Chaplin suggested that we are more confident with words than we are with the visual. This might go some way toward explaining the reliance on words for analyses of visual research methodologies.

Despite potential critiques and limitations of the use of drawings as a research tool, I argue that drawings offer a means of gaining further insight into the ways in which participants interpret and understand their world. As researchers, we take for granted word-based research methods without due consideration given to visual methodologies. The use of drawings as a research tool has enabled a broader and more in-depth exploration of the multiplicity of illness conditions. It offers not only potent visual products that offer insight into how people understand illness but is also simultaneously a process of knowledge production about the illness itself. The process of drawing necessitates reflection and meaning making on the part of the participant, the outcome of which is an image that depicts the way that the illness in question is understood at that point in time. This image is neither fixed nor necessarily stable but is a product of the set of social and technological relations within that particular place and time. In this way, I suggest that drawings as a research method can potentially explore not just illness conditions but also other aspects of social research that are equally complex and multifaceted.

NOTES

1. The International Visual Sociology Association (IVSA, n.d.) states its purpose as being “to promote the study, production, and use of visual images, data, and materials in teaching, research, and applied activities, and to foster the development and use of still photographs, film, video, and electronically transmitted images in sociology and other social sciences and related disciplines and applications.”
2. For a detailed description of the menopause clinic study, see Guillemin (1996).
3. For a detailed description of the heart disease study, see Guillemin (2004).
4. I note the use of unlined cards. I once mistakenly handed a participant a lined A5 (148 × 210 mm) card; she responded by writing a description of her image, assuming that is what I wanted when I handed her a card with lines.
5. It is clearly not possible to reproduce all the drawings in this article; the drawings depicted were chosen as being representative of the themes identified.
6. All names of the research participants have been replaced with pseudonyms.
7. Recent studies have pointed to important gender differences in the diagnosis, treatment, and management of heart disease. With regard to diagnosis of heart attacks, studies have shown that women can present with noncharacteristic symptoms, including shortness of breath, nausea, light-headedness, jaw pain, and fatigue. Furthermore, women are twice as likely as men to have their cardiac symptoms attributed to noncardiac causes (Hochman et al., 1999; Johns, 1998; Steingart et al., 1991).
8. See Guillemin (1999) for a detailed discussion of the drawings from the menopause study.

REFERENCES


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