Teaching Breast Self-Examination Through Pantomime: A Unique Approach to Community Outreach

Michelle Nickerson, AD, and Patricia Potter, RN, PhD, FAAN

Cancer educators should pursue strategies to improve African American women’s adherence to breast cancer screening. Successful educational approaches consider the cultural context and belief systems of African Americans. Storytelling provides a forum in which women teach one another through personal testimony. The Witness Project of St. Louis created an innovative approach to storytelling, pantomime, which is visually effective in conveying the story of how to perform breast self-examination (BSE). Pantomime offers a powerful message of the importance of regular BSE.

Research has shown that African American women have a higher breast cancer mortality rate than their Caucasian counterparts, which is largely attributed to disproportionate rates of late-stage disease at diagnosis because of inadequate screening (Clegg, Li, Hankey, Chu, & Edwards, 2002; Li, Malone, & Darling, 2003). Although the incidence rate for breast cancer is about 12% lower in African American women than in Caucasian women, during 2000–2003, the mortality rate was 36% higher (American Cancer Society [ACS], 2007). The reported percentages of Caucasian and African American women aged 40 years and older who received mammograms from 2003–2005 were both 70%; however, only 54% of African American women reported having had a mammogram in accordance with ACS (2006) screening guidelines. African American women are no more likely to have large, advanced stage tumors than Caucasian women with the same screening history (Smith-Bindman et al., 2006). The disparity in stage and progression of disease declines when women pursue regular breast screening. Clinicians and researchers clearly should continue to pursue strategies to improve African American women’s adherence to breast cancer screening.

Numerous factors influence why African American women do not adhere to regular breast screening guidelines. Historically, barriers to participation in breast cancer screening have included limited finances, problems with transportation and other access-related factors, inconvenience, lack of time, lack of physician recommendation, lack of social support, low health literacy, lack of knowledge about breast cancer, and psychological factors such as fear and fatalism (Farmer, Reddick, D’Agostino, & Jackson, 2007; Lukwago et al., 2003). As for fear and fatalism, African American women often are afraid mammograms are painful and doubt the benefits of screening (Russel, Champion, & Skinner, 2006). The women worry about what will happen if cancer indeed is diagnosed and believe that death is an inevitable consequence of breast cancer (Phillips, Cohen, & Moses, 1999; Sensiba & Stewart, 1995).

In a study by Sadler et al. (2007) involving more than 1,000 African American women with breast cancer, knowledge of breast cancer was associated with improved adherence to breast cancer screening guidelines; however, although women recognized the serious health threat posed by breast cancer, only 30% reported feeling well informed about the disease. Many of the women in the study demonstrated a lack of basic knowledge about breast cancer. Researchers have attempted to improve African American women’s adherence to breast screening through

At a Glance
- Research has shown that knowledge of breast cancer is associated with improved adherence to breast cancer screening guidelines.
- Storytelling is a rich cultural tradition that provides a forum for African American women to share important health messages.
- A mime presentation on how to perform breast self-examination (BSE) is a powerful means for simplifying how to perform BSE correctly.

Michelle Nickerson, AD, is a project coordinator for the Witness Project and Patricia Potter, RN, PhD, FAAN, is a research scientist, both at Siteman Cancer Center at Barnes-Jewish Hospital and the School of Medicine at Washington University in St. Louis, MO. (Submitted July 2008. Accepted for publication October 22, 2008.)

Digital Object Identifier:10.1188/09.CJON.301-304