

# Stories of Breast Cancer Through Art

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**Purpose/Objectives:** To describe the use of an art exhibit, created in response to breast cancer survivor stories, and additional supplementary activities to increase cancer awareness and provide support to those with cancer.

**Data Sources:** Published articles and books, personal experiences.

**Data Synthesis:** Art has been used to educate and promote the expression of emotions. Using an art exhibit as the central feature, a planning committee composed of staff members and volunteers developed a repertoire of activities to improve cancer awareness and provide support to cancer survivors. Visitor and staff reactions to the event were profound.

**Conclusions:** Art can capture the most intimate and personal aspects of the cancer experience. This event was a novel and effective way to increase awareness about the cancer experience. The event brought together patients, family members, friends, staff members, and the community and facilitated new partnerships to help people with cancer.

**Implications for Nursing:** Nurses are well equipped to direct the therapeutic use of art and support the potential reactions of viewers. Nurses can promote the benefit of art exhibits for cancer education, support, and awareness and use their knowledge and skills in planning and implementing supplementary activities.

## Key Points . . .

- ▶ Art can elicit profound emotional and intellectual reactions.
- ▶ The process of creating art has been used therapeutically to help patients with cancer express their thoughts and feelings, and poster art has been used to convey health messages to the public.
- ▶ Hosting an art exhibit and organizing supplementary supportive and educational activities are unique and powerful, albeit intensive, cancer awareness activities.
- ▶ Merging science and art can lay the groundwork for a variety of cancer educational opportunities.

mentary activities to increase cancer awareness in the general public and provide support to those with cancer. The responses from attendees and staff are described.

## Literature Review

### The Therapeutic Effect of Creating Art

The use of art as therapy has evolved from a relatively reactionary, arbitrary means of expression to an intentional and planned therapeutic endeavor. As a therapeutic intervention, for example, art has become increasingly popular in healthcare

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Digital Object Identifier: 10.1188/03.ONF.1007-1013

Finding novel ways to increase cancer awareness and provide support to people with cancer is an ongoing challenge. Most healthcare institutions and cancer advocacy organizations continuously strive to find creative ways to accomplish both of these goals. The Mayo Clinic Cancer Center in Rochester, MN, successfully implemented a unique approach to address these goals by hosting an art exhibit and organizing supplementary activities for cancer survivors and others interested in cancer issues.

Art can elicit significant attention and emotional reactions. Throughout history, artists purposefully have used their art to raise awareness, communicate their feelings, and stimulate reactions regarding politics, religion, nature, and other complex topics. Works of art such as Salvador Dali's *Geopoliticus Child Watching the Birth of the New Man*, Leonardo da Vinci's *The Last Supper*, or Norman Rockwell's *Sunset* communicate powerful messages and have the ability to elicit significant emotional responses. Harnessing and directing the emotional potential of art can raise awareness about cancer and its effects and can be powerful communication and therapeutic tools.

This article outlines the use of an art exhibit, created in response to stories from breast cancer survivors, and comple-

settings (Deane, Carman, & Fitch, 2000; Deane, Fitch, & Carman, 2000; Ridenour, 1998). In addition, many complementary therapy centers use art therapy, typically the activity of creating art, to help individuals express their thoughts and feelings, develop their consciousness, and portray their own personal experience (Ridenour). Art therapy has become a defined field of study, and at least one professional organization has been established for art therapists to generate standards for professional competence ([www.arttherapy.org](http://www.arttherapy.org)).

Although literature is limited regarding what delineates the therapeutic use of viewing art, artists and patients have begun to describe the benefits and potential usefulness of creating art during an illness experience. For example, Lynn (1994) described her use of painting during her own cancer experience to express her thoughts and feelings and to give definition and meaning to her illness. She stated that by using art she could “translate all [she] did not understand” (p. ix); her art became a way to gain a sense of control during an often uncontrollable situation. She used images and symbolism to convey emotional concepts such as hope, loneliness, solitude, and survival (Lynn, 1995).

Gabriel et al. (2001) described the use of art therapy with a small group of patients undergoing bone marrow transplant. At the time of admission, patients were offered visits by an art therapist. The therapists conducted individual sessions with patients who could use the art supplies with the therapist present and then later on their own. Nine patients participated in this pilot study, and the results indicated that creating art was successful in strengthening positive feelings, alleviating distress, and clarifying existential and spiritual issues.

Heiney and Darr-Hope (1999) used art to encourage patients’ expressions of their illness experience. The goal of their program was to provide an “opportunity to use the creative process as a vehicle for self-discovery within the context of a supportive group environment” (p. 184). They conducted six weekly sessions that were facilitated by a studio artist and nurse psychotherapist. Patients with any type of cancer at any point in their illness were invited to participate. At the end of the program, participants evaluated the program and gave written feedback. Comments from these evaluation surveys indicated that patients experienced decreased feelings of isolation, gained new perspectives, and improved their ability to cope. The relationships developed during the group sessions were identified as being beneficial.

### **Educating the Public Through Art**

Poster art has been used for more than a century to communicate health-related messages to the public. Health-related poster art became increasingly prevalent during World War I when messages warning the public against the perils of infectious diseases, smoking, and substance abuse were needed. These messages were combined with artistic images to capture the attention of the public and visually create a stronger message (Helfand, 1990). Visual images and symbolism may convey a more rich and personal message than words alone and may promote memory retention (Helfand). Strong and personal health messages can raise consciousness and may affect behavioral or attitudinal change (Maibach & Holtgrave, 1995; Sharf, 1995).

### **Art in Medical and Nursing Education**

Some schools for the health sciences have begun to incorporate experiences with visual art into their education methods (Inskeep & Lisko, 2001; Kelly, 1997; Wear, 1991). Inskeep and Lisko anecdotally described a program in which they included an experience at a local art museum into the clinical activities of nursing students. The students’ assignment was to view various works of art and, from their impressions, generate potential nursing diagnoses. Students felt that the images reflected the depth of the human experience, similar to complex patient situations, and provided a creative way to view the human condition. Students agreed that the skills obtained through assessing the physical and emotional needs they identified in the paintings could be transferable to patient interactions. The students stated that the exercise “helped them look beyond what is easily seen” and “look at the total patient situation” (Inskeep & Lisko, p. 119).

Wear (1991) described the use of art observations to convey to medical students the multiplicity of individual perspectives and the uniqueness of each individual’s lived experience that can be appreciated through art. The author used art to “begin inquiry into imaginative domains” (p. 531) and to promote a better understanding of how differently people may interpret, experience, and portray reality.

In a letter to the editor, Ward (1995) described how viewing a single painting changed his life by directing his career in medicine. A medical student at the time, Ward had become disenchanted with his chosen profession. While wandering an art gallery on a Sunday afternoon, he came across the painting, *The Doctor*, by Sir Luke Fildes. Ward described how the essence of medicine was reflected in that one painting—the agonizing challenge of making a diagnosis and prescribing the proper treatment while providing support, care, and compassion to the distressed family. His perspective changed after contemplating the painting, and he was inspired to continue his medical career.

### **The Idea and the Exhibit**

If visual art is powerful enough to influence students in health care through enhanced experiential learning, it seemed reasonable that it could influence the public and convey the experience of cancer. The purpose of this exhibit was to use this unique approach to increase awareness regarding the diverse aspects of the cancer experience. By hosting such an exhibit, the contributors hoped that people would have an alternate entry into conversations about cancer. As Ziesler (1993) wrote, “Visual art is a nonverbal tool that can be used as a springboard to words” (p. 108). Recognizing that art can be a compelling method to express the experience of cancer, this potential was intended to be directed in a positive way to increase cancer awareness and illuminate the cancer experience.

While attending an international medical conference in Canada in 1995, two Mayo Clinic oncologists visited an art exhibit dedicated to survivors of breast cancer and their families. Impressed by the caliber of the art, they began discussing how to bring the exhibit to their medical center. The exhibit, *Survivors in Search of a Voice: The Art of Courage*, was conceived by Barbra Amesbury, a Canadian woman who was motivated by the astonishing number of friends around her who were dying from breast cancer. The Woodlawn Arts Foundation in Toronto, Canada, embraced the concept and connected 24 of

Canada's finest female artists, all nationally recognized for their artistic achievements, with 100 breast cancer survivors who were willing to talk about their experiences with breast cancer. These conversations and interactions resulted in the creation of a 24-piece art exhibit that reflected the survivors' stories.

Selections from the exhibit are shown in Figures 1, 2, and 3. The artists used photography, paint, ceramics, sculpture, video, textiles, and tapestry to depict the cancer stories that the cancer survivors had told. Written statements from the survivors accompanied many of the pieces and gave viewers an indication of the issues represented in the art.

The staff at the Mayo Clinic found the art and accompanying stories to be poignant, strong, and insightful representations of the cancer experience. In addition, the art pieces were beautiful creations in and of themselves. Staff members believed that this exhibit could engage a diverse audience, including individuals who appreciate art, patients with cancer, and people interested in learning more about individual experiences with cancer.

### Anticipated Benefits

The goals of hosting the art exhibit were to (a) provide a forum for breast cancer survivors and their families or supporters to discuss their experiences with breast cancer, (b) enhance the visibility of the physical and psychological aspects of the cancer experience, especially relating to breast cancer, and (c) provide a unique opportunity to merge art and science. The intended audience included cancer survivors and their family members, healthcare staff, and the general public.

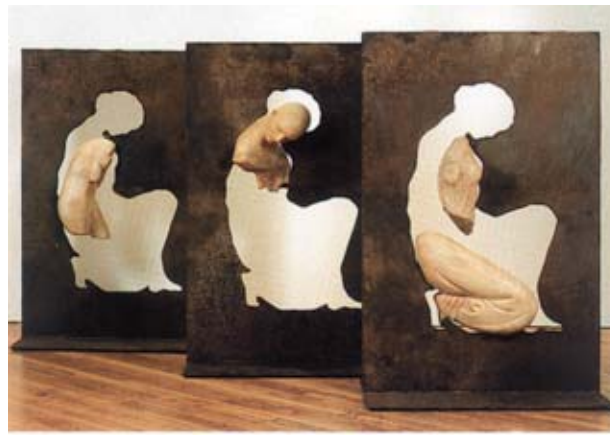
### Organizing the Exhibit

Bringing such an exhibit to a major medical center required intensive planning efforts. The appropriate physical environment was needed, and security issues, marketing needs, and staffing concerns had to be resolved. A planning committee, including representatives from the Mayo Clinic's Cancer Cen-



**Figure 1. Annie (1994)**

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**Figure 2. Short Light, Long Dark (1994)**

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ter Education Program, Women's Cancer Program, and divisions of communications and medical oncology, was formed to oversee the entire project. Additional groups (e.g., marketing, development) were consulted regularly and included in aspects of planning pertaining to their areas of expertise. Subcommittees were formed to address more specific issues such as marketing, public education, and patient education.

Eliciting support and input from community members and volunteers were critical to the event's success. An advisory group was formed, comprised of local and regional cancer advocates, art enthusiasts, and community volunteers. This group was instrumental in generating enthusiasm and support for the exhibit through its ideas and connections with the community. For example, the group suggested hosting private and public receptions to publicize the exhibit to key contacts within the community.

One of the initial issues in planning for the exhibit was finding a fitting display space. The exhibit required special lighting and a large amount of display space. The square footage required was accommodated easily in one of the clinic's principal conference halls, and appropriate lighting for each exhibit piece was arranged. However, displaying an art exhibit that contained a variety of media, some of which required 360° viewing, was more complicated. Each piece warranted sufficient space, free of distracting visual images; however, the conference hall contained large hanging murals more than 10 feet high that competed visually with the pieces of art. Removing and storing these large murals was a particular challenge, but once they were removed, unhindered exhibit viewing was possible.

The monetary value of the exhibit created an additional concern with respect to security throughout the exhibition period. Shipping and insuring the exhibit were provided by the Woodlawn Arts Foundation, and after the exhibit was installed, the Mayo Clinic supplied security personnel to monitor the exhibit space.

### Providing Emotional Support and Cancer Information to Attendees

Concerned that a dramatic exhibit might elicit emotional reactions from attendees, the planning committee wanted to



**Figure 3. Transcendence (1994)**

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ensure that staff members were available to address any support needs during the exhibit. The committee determined that a combination of approaches would be most beneficial. These approaches would facilitate the recognition of and response to acute needs within the exhibit area and provide opportunities for attendees to receive more information or share their reactions to the exhibit.

The prompt recognition and response to emotional reactions within the exhibit were addressed by assigning allied health staff, such as nurses, social workers, and chaplains, to the exhibit area at all times. These staff members surveyed the exhibit hall and surrounding area with the express purpose of observing reactions and providing support. They offered support by acknowledging emotional reactions and talking with attendees about their responses. The staff used the opportunity to inform attendees about cancer and refer individuals to internal and external services for further information and support.

The planning committee designed several activities to provide emotional support and cancer information to complement and augment the exhibit. These activities included small group discussions, a daily remembrance event, multimedia and dramatic presentations, and various educational opportunities (see Table 1).

Informal gatherings, titled Reflections: Sharing the Experience of Cancer, were held each day. Professional staff members from the medical center, who were experienced in talking with people with cancer, facilitated these small group discussions. The intent was to allow exhibit attendees, particularly cancer survivors and their family members, an opportunity to discuss the emotions and thoughts that were provoked by the exhibit. These sessions were available to all interested individuals.

A remembrance event, Time for Remembering, was conducted each day during the exhibit to allow staff, visitors, and

exhibit attendees an opportunity to gather and recognize individuals who had died from cancer. Each of these nonreligious services was designed by a chaplain, was led by a cancer care provider, and typically included visible and symbolic gestures that acknowledged loved ones. These acts of symbolic gestures included creating a ribbon braid, lighting a candle, publicly naming the deceased, reading poetry, and singing.

A multimedia theatrical production, titled *For Our Daughters*, was presented in conjunction with the exhibit. The Illusion Theatre in Minneapolis, MN, produced this play in response to a request from two women who wanted to create an informative and entertaining presentation about breast cancer. The play included live scenes performed by professional actors, a musical presentation containing inspirational songs, and videotaped interviews with women with breast cancer. This production was part of the performance calendar of a local theatre and was promoted at the art exhibit and other activities held at the medical center.

Another dramatic presentation held in conjunction with the art exhibit was titled *Hearing the Silent Voices*. A cancer center employee wrote this two-person play based on conversations with breast cancer survivors. The play depicted a typical medical encounter between a physician and patient and addressed emotions that often accompany a cancer diagnosis, including anger, vulnerability, hopelessness, and despair. Two staff physicians, who had acting experience, portrayed the individuals in the play and drew on their personal experiences with patients with cancer. The program explored the value of empathy in the patient-physician relationship and was offered at no charge.

Educational posters were displayed during the art exhibit to provide information about cancer and coping with cancer. These educational posters were displayed in a large atrium adjacent to the art exhibit and were available for self-led viewing during the exhibit. Topics covered in the displays included spirituality, hope, women's health, intimacy, coping with cancer, familial cancer syndromes, support programs available in the medical center, community resources, and medical information about breast cancer. Each poster display included written handouts for attendees. Refreshments were offered in the poster display area to encourage browsing and conversation.

Breast self-examination classes were offered in conjunction with the exhibit to provide women with an opportunity to actively participate in their own health, provide a sense of control, and promote a specific action they could perform in response to their concern about cancer.

The Rochester Art Center hosted a reception to honor the staff and guests who made the exhibit possible and to increase attention to the exhibit. The art center contributed to the theme of honoring women by hosting a traveling exhibit by various female artists simultaneously with the *Survivors* exhibit.

## Educating Staff

Realizing that staff members likely would attend the art exhibit and that the exhibit might provide unique opportunities for education, two professional education activities were offered in conjunction with the art exhibit. The first was a medical grand rounds presentation titled the Art of Communicating With Patients. This special session focused on the intense emotions that a diagnosis of breast cancer could generate and

**Table 1. Activities Supplementing the Art Exhibit**

Activity	Primary Audience	Description
Reflections: Sharing the Experience of Cancer	Cancer survivors and family members	Small group discussions providing an opportunity to talk about emotions and thoughts provoked by the exhibit
Time for Remembering	All exhibit attendees and staff members	Remembrance event to gather and recognize individuals who have died from cancer
<i>For Our Daughters</i>	All exhibit attendees, staff members, and the public	Theatrical production including live scenes performed by professional actors, a musical presentation containing inspirational songs, and videotaped interviews of women with breast cancer
<i>Hearing the Silent Voices</i>	Staff members and the public	Dramatic presentation addressing emotions that may accompany a cancer diagnosis, including anger, helplessness, hopelessness, and despair
Educational posters	All exhibit attendees and staff members	Displays providing information about cancer and coping with cancer
Breast self-examination classes	All exhibit attendees	Small group didactic and demonstration class
Rochester Art Center reception	Staff members and exhibit organizers	Reception to honor staff and increase attention to the exhibit
The Art of Communicating With Patients	Staff members	Medical grand rounds session focusing on emotional reactions to a breast cancer diagnosis and dealing with challenging reactions
Sustaining the Patient-Physician Relationship: The Challenge of Cancer	Staff members	Continuing medical education program exploring key issues involved in caring for people with cancer

the potential methods for dealing with challenging patient reactions. A breast cancer survivor and physician portrayed key moments along the continuum of cancer, such as the time of an initial suspicious finding, hearing a cancer diagnosis, starting cancer treatment, and experiencing a cancer recurrence. Following each scene, a panel comprised of an oncologist, a surgeon, a chaplain, a cancer survivor, and an oncology nurse discussed the unique challenges during that point in the cancer continuum. This grand rounds session was conducted twice, and all medical, nursing, and allied health staff were invited to attend.

Sustaining the Patient-Physician Relationship: The Challenge of Cancer was a full-day continuing medical education (CME) conference held during the art exhibit. The purpose of the conference was to identify and understand the key issues involved in caring for patients with cancer and outline ways to foster strong partnerships between patients and physicians. The conference explored many dimensions of the physician-patient relationship using drama, art, and didactic presentations. This program offered topics on breaking bad news, caring for oneself, and creating high-functioning teams and was open to all professional healthcare staff.

## Marketing the Event

Effective marketing is a critical element in hosting an event of this magnitude. Therefore, a communications consultant from the Mayo Clinic developed a plan to guide the marketing and communications efforts. The goals of the marketing efforts were to reach the target audiences and recruit their attendance at the event, enhance the visibility of cancer issues, and provide a forum for cancer survivors and their families and supporters to gather and discuss their experiences with cancer. The marketing materials were designed to be aesthetically appealing and contain enough information about the exhibit and the supplementary activities to convey their unique message and purpose, as well as draw people to the exhibit.

The target audiences for this event were cancer survivors and their loved ones, healthcare providers, and the general public. Prioritizing the target audiences helped to focus the marketing strategies and budget time and effort accordingly.

The marketing efforts began approximately nine months prior to the exhibit and included the development of brochures, posters, newspaper advertisements, newsletter articles, and news releases. The Woodlawn Arts Foundation created an appealing logo that was used as a common thread in all of the marketing pieces. The primary communications piece was a brochure describing the art exhibit and its ancillary activities (see Figure 4). Approximately 45,000 brochures were printed and distributed to patients, staff members, and key organizations with an interest in women's health, cancers, and issues.



**Figure 4. *Survivors in Search of a Voice: The Art of Courage* Brochure (1996)**

Note. Copyright 1996 by the Mayo Clinic Cancer Center, Women's Cancer Program. Reprinted with permission. Logo by the Woodlawn Arts Foundation.

Brochures were sent to civic groups and organizations, and announcements were placed in organization and church newsletters to make the general public aware of the exhibit. News releases were distributed to television and radio stations, newspapers, and magazines to gain coverage of the event through local, regional, and national media. A private media tour of the exhibit was hosted for reporters and photographers the day before the exhibit opened to the public. Cancer survivors who were willing to share their reactions to the exhibit with reporters were present during the private tour, as were members of the planning committee.

Although the primary audience was patients and the public, healthcare providers also were informed of the event in the hopes that they would attend and encourage their patients to do so. Brochures were mailed directly to providers, and announcements were placed in institution publications. Regional professional women's societies were given communications materials to distribute to their membership.

Other communication efforts included the development of two additional brochures, one for the play, *For Our Daughters*, and the other for the CME event. A small summary pamphlet and a one-sided card containing the exhibit description were developed to distribute to individuals who were interested in select information about the event but not a full content description. Program bulletins were developed to outline the content of the Time for Remembering sessions and for an inaugural dinner program held on opening night.

Although the marketing and communications related to this event were extensive and time consuming, the energy was well spent. Through the communication and marketing efforts surrounding the event, more than two million people were made aware of the exhibit and ultimately made more aware of the issue of cancer.

## The Exhibit Premiers

The opening of the exhibit created an atmosphere of excitement and anticipation. As a whole, the exhibit was dramatic, and the individual pieces of art were breathtaking. The enthusiasm for the event and the positive comments from attendees invigorated the staff and were reassuring. Nearly 4,800 people attended the exhibit during its nine-day showing. An average of 547 people attended each weekday, and an average of 264 people attended each weekend day. Some people visited the exhibit multiple times.

The attendees represented the diverse audiences that had been targeted, indicating that the planning and marketing efforts were successful. The effort, with all of the additional activities, created a weeklong series of activities that stimulated participants to engage in more than just the exhibit.

## Reactions to the Exhibit

Attendees had an opportunity to write their reactions to the exhibit in a notebook positioned near the exit. Reactions were varied and strong. Content analysis was performed on the more than 26 pages of comments that contained more than 320 individual entries. One major theme that emerged was a feeling of thankfulness. Many wrote their thanks to the staff who were involved in hosting the exhibit, to healthcare providers for effective treatments, and to the artists and survivors who were able to convey profound lessons about life through their artistic expression.

Another theme in the attendees' comments was that the exhibit was stirring and powerful. One person wrote that it was the "most moving and emotional art [I have] ever seen." Several attendees wrote that the exhibit generated a wide range of emotions and that different pieces brought out different emotions. Attendees commented on feeling distraught, grateful, angry, helpless, fearful, and moved by the courage of the women represented. Some described how grateful they were that women's voices finally were being heard and that the exhibit would help others to understand the experience of cancer.

Several attendees wrote that the exhibit provided a sense of hope. Some felt that they had hope for the future, hope for themselves and their ability to cope with their cancer, and hope that their daughters would be free from fear of cancer. As one attendee wrote, "[The exhibit] gave me more courage to continue to fight."

Many attendees used the opportunity to write in the notebook as a way of memorializing a loved one who had died from cancer. Several comments related to a desire that the deceased could have seen the exhibit and that the deceased had given meaning to the attendee's life.

## Unanticipated Challenges

The impact of the event on healthcare staff was more profound than anticipated. The interface among patients, their families, and healthcare professionals touched the human side of the cancer experience for everyone. Observing patient and family member responses to the exhibit emphasized the very personal and intimate nature of cancer and the sometimes raw emotions experienced by those affected by the disease.

In addition, this event provided staff members with an outlet for their own emotions. During the Time of Remembering sessions in particular, healthcare professionals openly grieved the loss of patients. In their appraisal, this event provided a much-needed opportunity to acknowledge the losses experienced in their work. As a result, Time of Remembering events now are held regularly to allow staff members to acknowledge patients who have died.

Although this exhibit was anticipated to be emotionally moving for many individuals, it was unexpected that a viewing would be particularly difficult for women with recent cancer diagnoses. Women who recently were diagnosed felt uncomfortable with the exhibit; the more graphic components of the exhibit may have been too shocking for them at that time. Each piece in the exhibit told a powerful and personal story of breast cancer, and the total exhibit, at times, was overwhelming. These comments prompted a follow-up survey to evaluate reactions to the exhibit and ancillary activities, which will be reported in a future article.

The significance of this exhibit for some individuals who came in remembrance of a deceased family member was not anticipated. Some traveled great distances to attend the exhibit, and for others, it was almost a memorial pilgrimage. One such individual was a young father who knelt in front of one of the exhibit pieces and talked to his daughter and son about the way their mother had experienced breast cancer and how it had affected their family. The impact of this conversation, heard by many, was tremendous. In another particularly profound encounter, a husband expressed his re-

alization that his wife endured her cancer experience largely without his support. He recognized that he had been too caught up in his own grief to provide insight or support to his wife.

Staff members have discussed ways that additional information or support could have been provided with the exhibit. Providing a disclaimer describing the graphic and emotional nature of pieces of the exhibit may have helped to better prepare some attendees for their emotional response. In addition, providing staff members as guides through the exhibit may have been helpful for some attendees.

## Conclusion

This event was a novel and effective way to increase awareness about cancer and the variety of issues involved in the experience of cancer. The pieces of art and accompanying stories were able to convey unique aspects of the cancer experience and put words to feelings that many had never spoken. The exhibit and the supporting activities elicited a wide variety of reactions and provoked numerous conversations about the experience of cancer. The complementary activities provided additional venues for providing support and education about cancer.

Although hosting this activity took a great deal of time and energy, it laid the groundwork for future activities that merge art and science. The exhibit brought patients, family members, friends, staff members, and the community together and was useful in creating new partnerships in the Mayo Clinic's efforts to assist people with cancer. Planning and hosting the exhibit helped to establish a patient advocacy work group to assist with future educational program planning. Hosting this exhibit and providing additional supplemental activities were truly effective in communicating the experience of cancer.

*The authors wish to thank Barbra Amesbury, M. Joan Chalmers, and the Woodlawn Arts Foundation for creating the exhibit and including the Mayo Clinic in Rochester, MN, in its tour.*

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## References

- Deane, K., Carman, M., & Fitch, M. (2000). The cancer journey: Bridging art therapy and museum education. *Canadian Oncology Nursing Journal, 10*, 140–142.
- Deane, K., Fitch, M., & Carman, M. (2000). An innovative art therapy program for cancer patients. *Canadian Oncology Nursing Journal, 10*, 147–151.
- Gabriel, B., Bromberg, E., VanDenbovenkamp, J., Walka, P., Kornblith, A.B., & Luzzatto, P. (2001). Art therapy with adult bone marrow transplant patients in isolation: A pilot study. *Psycho-Oncology, 10*, 114–123.
- Heiney, S.P., & Darr-Hope, H. (1999). Healing icons: Art support program for patients with cancer. *Cancer Practice, 7*, 183–189.
- Helfand, W.H. (1990). Art in the service of public health: The illustrated poster. *Caduceus, 6*(2), 1–37.
- Inskeep, S.J., & Lisko, S.A. (2001). Teaching strategies: Alternative clinical nursing experience in an art gallery. *Nurse Educator, 26*, 117–119.
- Kelly, J. (1997). Revealing and healing illness with art therapy. *Alternative and Complementary Therapies, 3*, 107–114.
- Lynn, D. (1994). *Myself resolved: An artist's experience with lymphoma*. Philadelphia: Meniscus Healthcare Communications.
- Lynn, D. (1995). Healing through art. *Art Therapy: Journal of the American Art Therapy Association, 12*, 70–71.
- Maibach, E., & Holtgrave, D.R. (1995). Advances in public health communication. *Annual Review of Public Health, 16*, 219–238.
- Ridenour, A. (1998). Creativity and the arts in healthcare settings. *JAMA, 279*, 399–400.
- Sharf, B.F. (1995). Poster art as women's rhetoric: Raising awareness about breast cancer. *Literature and Medicine, 14*, 72–86.
- Ward, S.J. (1995). A painting that changed my life [Letter to the editor]. *British Journal of Hospital Medicine, 54*, 354.
- Wear, D. (1991). Painters and patients: How art informs medicine. *Family Medicine, 23*, 531–533.
- Ziesler, A.A. (1993). Art therapy—A meaningful part of cancer care. *Journal of Cancer Care, 2*, 107–111.

## For more information . . .

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- ▶ Surviving! A Journal of Stories, Poems, and Art by Cancer Survivors  
[www-radonc.stanford.edu/surviving/04-2000sum-Copland.htm](http://www-radonc.stanford.edu/surviving/04-2000sum-Copland.htm)

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