The cancer journey: Bridging art therapy and museum education

by Karen Deane, Marianne Carman, and Margaret Fitch

Abstract

This paper describes the application of art therapy in assisting cancer patients to visually express their cancer experience on several levels - physically, psychosocially, and spiritually. The art therapy/museum education program was developed in 1996 at the McMichael Canadian Art Collection in partnership with Toronto-Sunnybrook Regional Cancer Centre-Bayview Support Network. To date, the program has run for three rounds with 16 sessions in each round. The facilitator for all three rounds was a trained art therapist.

The program provided an unique opportunity for an arts institution to serve the community at large by offering an artistic outlet in a peaceful, rural setting in contrast to a sterile hospital environment. The specific goals of the program and the general therapeutic benefits of art therapy are described.

In addition, the effectiveness of an existential/phenomenological approach in not only serving the cancer population, but also bridging the two diverse disciplines - art therapy and museum education - is explored. It is suggested that an existential therapeutic approach promotes the confrontation and acceptance of death that is necessary in order to lead a more meaningful life. Moreover, a phenomenological approach promotes the act of "seeing" as an essential ingredient in gaining objectivity and bringing unconscious thoughts into consciousness.

The importance of social and emotional support in the way of art therapy in addition to medical care is emphasized. Through art therapy, cancer patients are encouraged to discover ways to face pain and misfortune and be creative in their "art of living."

A cancer experience can be a difficult and often lonely journey that poses threats to physical, psychosocial, and spiritual aspects of one's life. Patients with cancer may need support to explore their feelings about their cancer and to find meaning in their illness experience. Cancer often evokes disbelief, fear, lies, and chaos which individuals attempt to control through optimism, information, routine living, and social expectations (Cancer Relief Macmillan Fund, 1988).

Those diagnosed with cancer are likely to have sentiments ranging from informal pragmatism, fatalism, and numbness to total anguish and the feeling that an active death has been imposed. According to one cultural theorist, colloquial phrases such as "It is like a cancer spreading amongst us," convey a sense of a slow relentless invasion or battle that others should avoid (Sontag, 1979). Hence, the diagnosis of cancer can carry with it a powerful ripple effect that involves relatives and friends. In some instances, the cancer may lead to a severance of the connection to certain family, friends, work, or ideas.

Some people use their creative skills to help cope with their cancer experience (Bailey, 1997). Art therapy is one approach to assist patients in identifying and expressing their emotions about their diagnosis and treatment for cancer. The purpose of this paper is to describe an art therapy program for cancer patients which took place in a museum setting. From this description of the art therapy program, oncology nurses who are interested in the healing aspects of art therapy for cancer patients may gain valuable information to support their patients. A description of the evaluation of this new art therapy program can be found in another article by the authors (Deane, Fitch, & Carman, 2000).

Literature review

Art therapy originated in England in the 1930s, but was not established in North America until the 1960s. Although the use of art in healing is rooted in the past, it has therapeutic attributes for modern society as well (Breslow, 1993; Predeger, 1996; Radziewicz & Schneider, 1992). Art acts as a "medium" to express thoughts, feelings, and ideas in a non-threatening manner. Art provides a means of integrating physical, emotional, and spiritual care by allowing cancer patients to respond to their illness in creative ways (Bailey, 1997). By transforming highly technical health care institutions into more humanistic environments, art therapy educational programs support aspects of healing related to a patient's sensibilities.

Art therapy is often viewed as a modality used primarily with children, but its application has extended far beyond this realm. Research reveals that art therapy has been effectively used with various adult populations, such as psychiatric, disabled, chronic illness, substance abuse, physical and sexual abuse, criminal, hospice, elderly, HIV/AIDS, and eating disorders (Dalley, 1984). Recently, art therapy has been directed at cancer care, with programs designed for breast cancer patients (Predeger, 1996), bone marrow transplant patients (Rockwood & Graham-Pole, 1994), and paediatric oncology patients and their siblings (Sourkes, 1991).

The most comprehensive program described in the literature was the University of California at Los Angeles (UCLA) experiment, **Art That Heals**. It consisted of five components: *Art-as-Therapy*; *Strolling Musicians*; *The UCLA Art Cart*; *Changing Exhibitions by Artists with Cancer*; and *Confronting Cancer Through Art 1987* (Breslow, 1993). The **UCLA Art That Heals** program was based on three principles: restoration of a sense of self-control, reduction of stress to facilitate coping, and tapping into life-affirming inner sensitivities (Breslow).

The *Art-as-Therapy* component allowed patients to explore feelings about their cancer journey, both verbally and through drawing. This exploration helped patients enhance their self-esteem, improve their sense of control, increase the number of coping mechanisms they used, and produce concrete examples of art work which demonstrated emotional growth (Breslow, 1993). The program revealed that art therapists needed initial preparation and ongoing support to ensure therapeutic interactions with the cancer patients. Because the therapists' work was perceived as intense and stressful, multiple strategies were suggested to provide support and direction to the art therapists, such as an introductory program on cancer, involvement in psychosocial rounds, group debriefing sessions, and periodic evaluation throughout the program.

Other types of art programs have developed in health care institutions. For example, an artist-in-residence program was initiated in a bone marrow transplant unit (Rockwood & Graham-Pole, 1994). The program consisted of creative arts workshops and artistic consultation as a therapeutic intervention for patients, families, and caregivers during the

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cancer patients' prolonged hospitalization. Three benefits of this program included a sense of accomplishment, mastery, and self-validation for patients who often felt lonely and anxious during their hospitalization (Rockwood & Graham-Pole). The art work, which represents a subjective expression of the feelings and experiences during the cancer journey, served to reveal insights about the patient's health and illness. The program provided additional benefits, such as cooperation among staff, patients, families, and artists, by diminishing barriers and improving morale on the bone marrow transplant unit (Rockwood & Graham-Pole).

Children with cancer have also benefited from art therapy programs. Art therapy can be adapted for children by using various techniques such as the *mandala* (colour-feeling wheel), the *change-in-family drawing*, and the *scariest drawing* (Sourkes, 1991). These art therapy techniques allow therapists to concentrate on children's hidden or difficult feelings relatively early on in the cancer experience. Although the techniques appear simple, the responses can be powerful, necessitating appropriately trained and skilled therapists and practitioners to manage the interventions.

Art therapy programs are generally funded by a combination of grants, donations, and hospital budgets. Participants do not usually assume any of the costs (Breslow, 1993). Support for this type of endeavour requires that health professionals and administrative personnel have an understanding of the educational component of the program and an appreciation of the positive health outcomes.

Art therapy program description

Beginning in 1995, members of the board of the McMichael Canadian Art Collection recognized the need to serve the community at large, to develop partnerships, and to increase sponsorship opportunities. Therefore, the gallery director approached the staff art therapist to develop an art therapy program for cancer patients that would also comply with the gallery's educational mandate.

The art therapist, Marianne Carman, received her Masters degree in art therapy from the Art Institute of Chicago, as well as a graduate degree in art therapy from Concordia University. She has practised art therapy for the past 10 years. In the last five years, while working at the McMichael Canadian Art Collection as the art therapy program coordinator, she has developed programs for individuals living with HIV/AIDS, troubled youth, alcoholics, drug addicts, and corporate employees.

Setting

In 1996, the McMichael Canadian Art Collection developed an art therapy/museum education program, in conjunction with the Bayview Cancer Support Network, to help support cancer patients' psychosocial needs. The program has been offered three times during the past two years on the museum site in picturesque Kleinburg, southwestern Ontario. The gallery is situated on 100 acres of wilderness land and the building itself is fabricated from old farmhouse barn boards.

Participants in the program found that the tranquil setting of the art gallery with its surrounding property promoted a sense of peace and unity with nature. The setting provided a stark contrast to the sterility of a hospital environment, whereby participants felt calm enough to reflect and share deep feelings about their cancer experience. The spacious country setting provided an oasis away from the reminders and indicators of cancer. One participant remarked about the importance of the setting:

Well when I came in the setting was so serene, you know, and away from everything (that) you're so used to in cancer... Away from the hospital smell... and they (participants) had wigs on or hats, and that truly looking at us you couldn't distinguish that we are just, you know, not an average gallery (visitor) attending there.

Some of the participants chose to arrive early before the session or remain after the session finished to immerse themselves in the solitude

of the ambiance and the beautiful country surroundings. Another participant commented on the value of the setting, *"Or sometimes when I found specifically something touched me or annoyed me or... you know I stayed longer, you know. Not just to hit the road and come home and think about it. I somehow dissolved the problem there."*

Objectives

The first round of the art therapy/museum education program was sponsored by the Toronto-Sunnybrook Regional Cancer Centre; the second, by the Morrow Foundation; and the third, by McMichael patrons. The art therapy/museum education program was developed to provide support for cancer patients and to help them meet five objectives:

1. Express inner life through non-verbal means,
2. Positively engage in "play" and creativity as an adult,
3. Produce tangible art objects that increase self-esteem through a sense of accomplishment,
4. Reflect upon their individual development through the experience of art appreciation, and
5. Acquire the ability to confront and express physical pain and body imagery.

Philosophical underpinnings

Art therapists approach art therapy from different perspectives, depending on their theoretical orientation. For instance, a Jungian-based art therapist may focus on the mythological aspects of the art, whereas a Freudian-based art therapist may focus on the participants' first five years of their lives. The art therapist involved in this art therapy/museum education program operated from an existential/phenomenological perspective.

One of the underlying premises of existentialism is that through a confrontation of death, one can lead a more meaningful life. An existential approach stresses the value of taking a painful life event and transcending it (Lerner, 1994). It prompts the participant to pose various questions including "What is the meaning of life after death? What is a disease? What is an illness? What is real about my illness and what is unreal?" Such an approach was deemed clinically relevant for this new program because an acceptance of death, as part of the healing process, was facilitated when a cure was not forthcoming.

In art therapy, the image (drawing) produced operates on two levels known as the *manifest* and the *latent* vision. The manifest vision is the image as it appears. The latent vision represents the image as the viewer understands it, either unwillingly or willingly, at an unconscious level. Unconscious material is evoked through careful thought and associations given to the structural/formal aspects in the art. The work of a phenomenological art therapist is to facilitate the "seeing" of the structural/formal qualities in the art produced.

The word phenomenon is derived from the Greek language meaning "to appear." Viewing art from a phenomenological perspective is a three-step process. The first step is characterized by the art therapist's observation of the participant's produced art. Both the art therapist and the participant gain actual physical distance from the art (e.g.; hang it on the wall) to enable greater objectivity in the viewing process. The art therapist then regards the art work genuinely, patiently, and with suspended inquiry and intent (Betensky, 1976). The art therapist focuses on the qualities of the art work, not in an attempt to analyze the art, but instead to allow the meaning of the art to reveal itself.

If the therapist interferes with the unfolding of the participant's world, then the participant will fail to be understood. The old cliché that, "It is not what you do, but how you do it that counts" may bear repeating when it comes to assessing an art therapist's success as a practitioner. Indeed, a therapist's approach can establish the ongoing trust and determine the ultimate success of any group's collective effort, regardless of its mandate. The therapist must exude an open-minded presence and listen receptively, so that the meaning of a participant's experience will reveal itself without the filter of the

therapist's own biases. This is the difference between interpretation and phenomenological elucidation (Hora, 1977).

The second step incorporates an exploration of the synchronic formal/structural elements in the art (e.g. space, colour, line, and shape). In this process, the art therapist facilitates the participant's perception and appreciation of his/her own art. The third and final step involves the participant bestowing meaning onto the art and, in doing so, revealing his/her subjective experience.

Confronting death

Death, whether cancer-related or not, is one of the most difficult subjects to talk about in our contemporary, westernized society. Art therapy has developed, in part, as a result of the need to find alternatives to verbal forms of communication. This enables people who have difficulty with words to express themselves and fosters verbalization of that which cannot easily be said.

After being diagnosed with cancer, patients often contemplate questions such as, "Will I die? What if I die? When am I going to die?" Art therapy promotes confrontation of these difficult questions, and other death-related anxieties, through the expression of art. Moreover, visual images seem capable of working on many levels and of expressing seemingly contradictory ideas and feelings simultaneously. For instance, patients with cancer who may have ambivalent feelings about their condition and need to simultaneously express anger and depression, or acceptance and fear, can do so in the art.

The program

The aim of this new art therapy/museum education program was to provide two visually-based art encounters through a combined studio and gallery education program. The program was designed to nurture self-actualization, self-transcendence, and social involvement for patients with cancer. Participants were encouraged to express their inner feelings through non-verbal means and to engage in adult play and creativity. Art skills were neither required nor taught during the sessions. Various benefits were anticipated for participants as they reflected on personal feelings and thoughts throughout the art therapy/museum education program. These benefits, as perceived by the participants, are described in a subsequent article by the authors on the evaluation of the art therapy/museum education program (Deane et al., 2000).

Participants' art work was intended to increase their self-esteem and to express cancer-related issues such as physical pain and body image concerns. Making an art work out of an idea gives a sense of empowerment to the person who may feel fragile and unworthy (Regelski, 1993). When physical pain is transformed into an objectified state (as happens in the art), at least part if not all of the pain is eliminated (Scarry, 1985). In addition, the art therapy process presents a challenge for the participant to discover true inner representations and give them form through art while developing richer and more congruent realities (Robbins, 1987). To create something, and ultimately the creation even if it represents traumatic material, allows one to reabsorb the event in a restructured form (Franklin, 1992).

The art therapy program director at the McMichael Canadian Art Collection facilitated all three rounds of the art therapy program. The art therapy sessions were two hours in duration and occurred once a week for a 16-week period. The ideal number of participants in each session was 10 persons, which provided enough room for an occasional absenteeism without changing the overall dynamics of the group.

Each session began with a museum/gallery component that was followed by a studio component. The goal of the museum/gallery component was to promote meaningful viewing experiences that resulted in reflection of personal feelings and thoughts. The McMichael Canadian Art Collection art therapy/museum education program provided participants with opportunities to learn about art work during the gallery experience. The museum/gallery education focused on aspects of artists' work including landscapes, body image related to illness, self-portraits, medical treatment, reflections,

shamanistic elements of Inuit and First Nations Art, spirituality, loss, and social/political issues. This provided a basis for expression of personal feelings through drawing in the studio component of the art therapy program.

In the studio, the facilitator assisted participants to visually discern the aesthetic and formal aspects of the art image, thereby fostering emotional and intellectual insights and understandings. The facilitator supported participants' free expression of feelings about their cancer journey through discussion of their art work. Both the gallery and studio components viewed the art from a phenomenological perspective, allowing participants to examine art from both an objective and a subjective interpretation.

This art therapy program is unique in its ability to bridge the two disciplines: museum/gallery education and art therapy. Our society has identified a need for health care for cancer patients which includes social and emotional support in addition to medical care. In ancient times, the arts were a natural and regular component of daily life. Today, we have little time for incorporating this aspect of humanity into our everyday world.

Conclusion

When the diagnosis of cancer realigns an individual's life and daily routine, there is a need to reflect and perhaps refocus the future. The art therapy program at McMichael allowed this process to happen for its participants. The setting helped to provide an ideal resting spot for the strong flow of human emotions. Initially, the common thread bringing the group together was their cancer diagnosis. However, as time elapsed, the commonality was the ability to look to the art for transcendence. ♦

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