

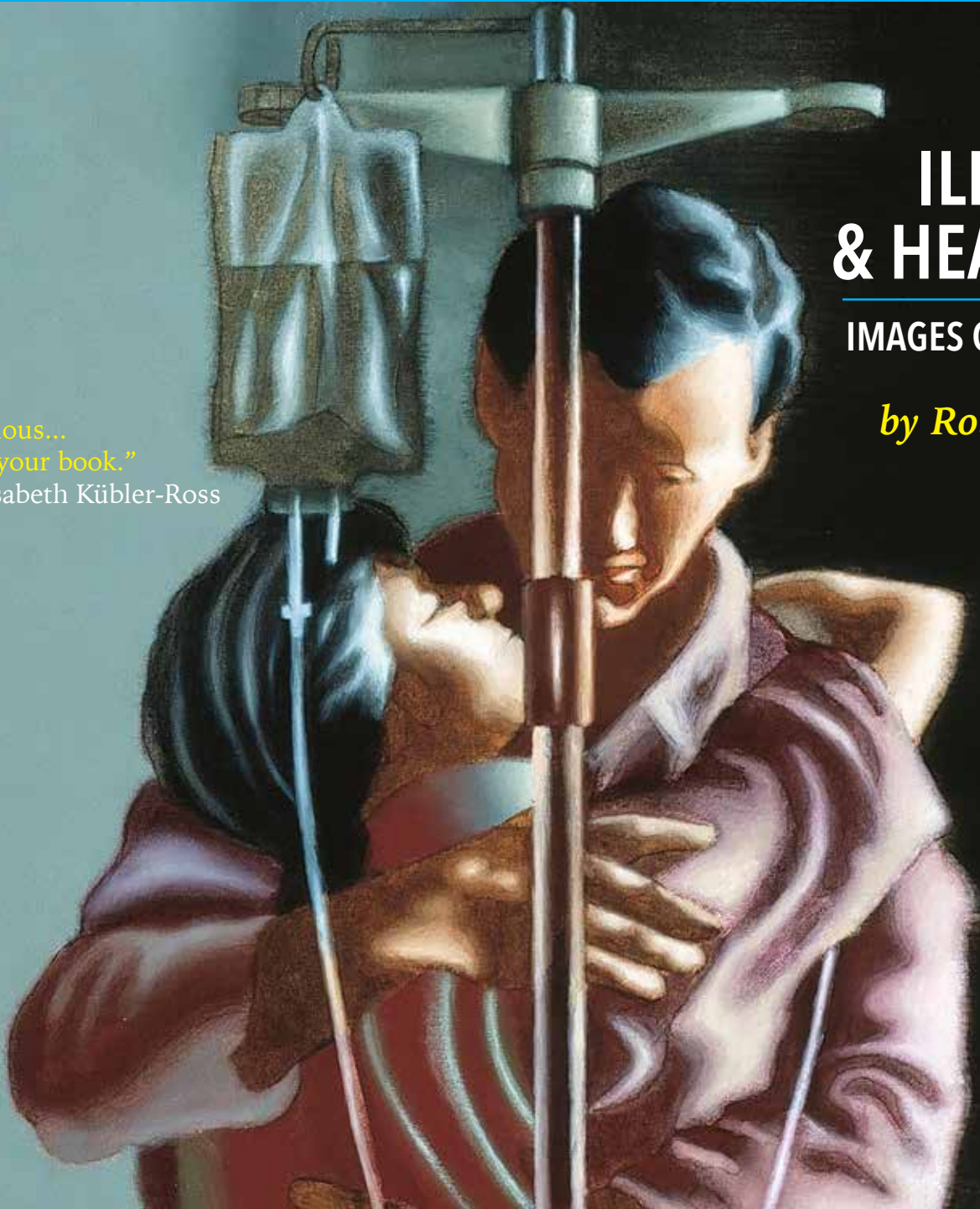
25th ANNIVERSARY EDITION

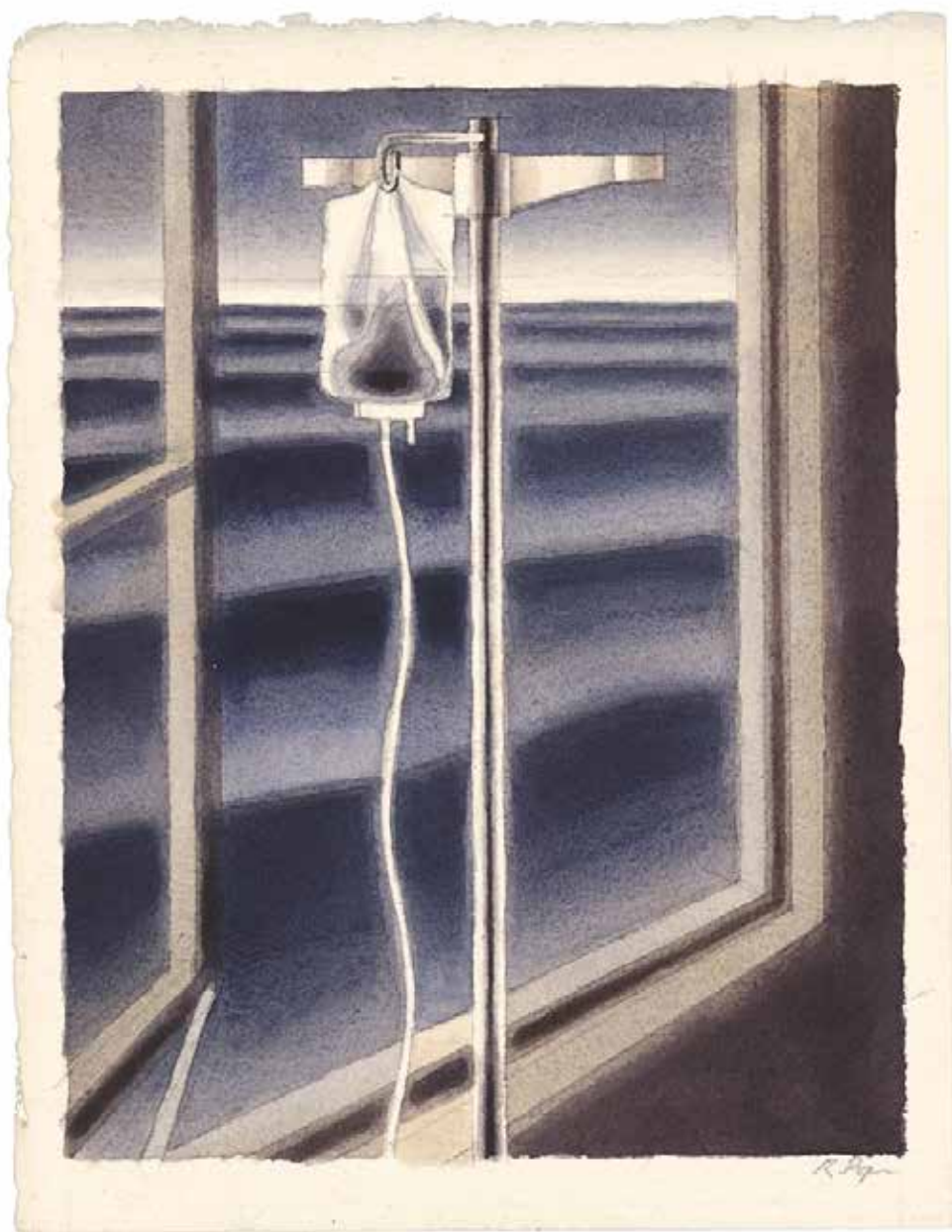
ILLNESS & HEALING

IMAGES OF CANCER

by Robert Pope

"Fabulous...
I love your book."
— Elisabeth Kübler-Ross





25th Anniversary Edition

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IMAGES OF CANCER

by ROBERT POPE

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Front cover:
Hug, 1990 (detail)
Acrylic on canvas, 182.9 x 78.7 cm

Frontispiece (page ii):
Lifelines, 1991
Acrylic on paper, 24.5 x 19.1 cm

This book is dedicated to

my family,

to Ross Langley and Wayne Diotte,
two healers instrumental in my recovery and continuing health,

to all cancer patients everywhere.

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Introduction by David Maginley

When facing a crisis, one of the greatest gifts is the company of another who simply understands. I had arrived at the hospital in Halifax for cancer treatment, and upon seeing Robert's images hanging in the foyer, I recognized that he knew, better than most, what lay ahead. He "got it". Robert would prove to be a guide through the inner labyrinth of the cancer journey, that winding path that begins at diagnosis and coils like a caduceus around hope and fear. He had walked that winding road, and through his art, he left a map for others.

The labyrinth is a spiritual tool for self-reflection and mindfulness. Unlike a maze, the labyrinth has no dead ends. Its undulations lead to the centre, to darkness and stillness. There you meet yourself, raw and unfiltered. How compassionately you deal with that material determines what is carried out of the labyrinth, and what you leave behind at the centre.

Cancer challenges us to do the same, so can be equally transformative. Priorities are realigned, character and soul reshaped. Robert would be among the few who could illustrate these inner changes, showing how the cancer journey amplifies what is most important in life: wholeness of heart, nobility of spirit, connection and belonging. It is through our relationships that we form who we are in this world, and here we find Robert's invitation to the unfinished nature of that work. One gets the sense that he accepted life's incompleteness. He found the grace to let his life, however short, be what it was. In this way, his images do not encourage one to be "strong", but to be awake.

Communicating these lessons with such nuance is profoundly difficult while living with cancer. That Robert was able to do so with such eloquence speaks to his skill in accessing the autobiographical nature of the creative process. Robert's depictions of himself as a patient are never simply pictures of one who is sick. They usually hint at conflict or healing, and convey feelings that are not easily put into words. Robert does not shrink back from the shadow aspects of the experience. The discomfort one feels looking at some of his images testifies to the accuracy of

Opposite
New Steps, 1990
Charcoal on paper, 34.7 x 30.0cm

these depictions. Each illustration becomes a window to his soul, and in their precision, mirrors to our own.

The new images in this volume give us further insight into how Robert used art intentionally as a tool of self-psychology. We see the tender vitality of a young artist wrestling with the universal themes of love and loss. He offers his unconscious self to the community, a process further revealed through his brother's analysis.

In Doug's reflections we delve deeper into the inner dynamic and themes of Robert's work. We gain new appreciation of his childhood and the model his parents provided: to trust one's instincts and follow one's dreams. This would prove stressful, of course, when Robert desired a similar creative freedom, diverging from a carefully planned background in math to become an artist. We get to know a brilliant and sensitive mind, the budding of a progressive talent. We also glimpse the strangely prophetic power art has to reveal our future path. This is, in part, due to the subconscious nature of the process to tap into life currents the ego often misses. Robert's images of boundaries and crossroads whispered of what was to come.

A striking quality of this collection is the contrast between the human story of illness and suffering, and the technological fortress in which illness is treated. Despite the power of medical devices to see into the body, it is Robert's brush that tells most accurately the human story. This is what is being fought for; this is what it is all about.

And that's why Robert Pope's images speak so deeply to those facing cancer (sometimes to the point that they do not want to look at them any longer – too accurate a mirror). It was Sparrow that spoke to me, as I lay in the hospital bed, gazing out the window. It reminded me of Emily Dickinson's poem, "Hope is the thing with feathers." The bird is both life and hope: a fragile song, persistent and easily crushed. It perches on the windowsill, in the soul, where it sings, without invitation, through the storm. I realized I was part of the song, and whether I lived or died, the point was to sing. That's what makes it beautiful.

Now, working as a hospital chaplain, I've heard thousands facing cancer sing that song, and helped others who struggle to sing it. My office is just down the hall from the room Robert occupied. His spirit, through his art and his time as a patient, is imprinted here, along with the thousands more who have walked this labyrinth over the years.

On behalf of them, thank you, Robert, for the map.

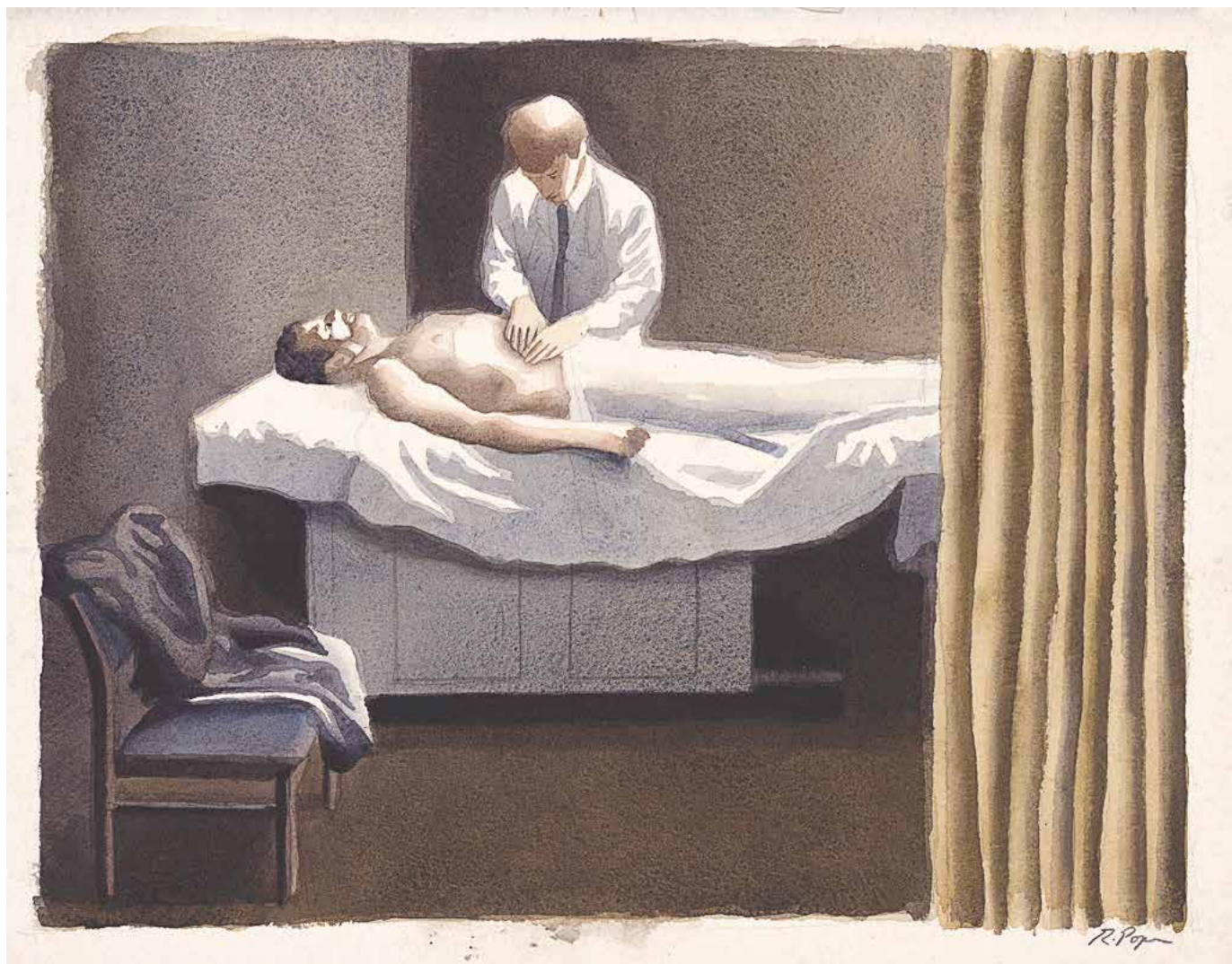


Holding Hands, 1991
Ink on paper, 11.4 x 8.8cm

Acknowledgements

I thank Dr. Ross Langley for his medical treatment and advice, and for his invaluable help in almost every aspect of this project. My appreciation goes out to the following nurses at the Victoria General Hospital: Gloria Repetto, Janet Copland, and all the nurses on 8- West; and Sandy Redden and her staff on 4-A. As well, I offer my gratitude to the following people associated with the Victoria General: Chris Hansen at public relations, Chaplain Ed Fiander, Dr. Drew Bethune, Dr. Audley Bodurtha, Dr. George Carruthers, Dr. Fred Wilms and Dr. Vanora Haldane. To Tina Cooper and Annette Penny at the Izaak Walton Killam Hospital; Dr. Emerson Moffitt and Harry Churchhill at the Cancer Treatment and Research Foundation; and Katherine Mine, Leslie Dutton and Dr. Simon Sutcliffe at the Princess Margaret Hospital, my thanks. Many people served as models for these pictures. I am indebted to all the patients, too numerous to mention, at the various hospitals I visited. Also, two great and numerous to mention individually, are the friends who posed for me, and the friends who offered useful criticism and comments. I am grateful to the Canada Council for two one year grants which funded this work. To Jean Cameron for her introduction and kind words, my thanks. Mern O'Brien and Susan Gibson-Garvey at the Dalhousie Art Gallery, and Ineke Felderhof-Graham at Studio 21 were very helpful. As well, I appreciate Horst Deppe's design advice.

Finally, I thank my family: my brother Doug for providing the spark to get this book underway, my sister Janet and my mother Isabel for their suggestions and support, and my dad Bill in his capacity as the publisher.



1

PERSONAL EXPERIENCE

It was on an unimaginably beautiful spring morning that I noticed my first sign of cancer. The sun was streaming in the bathroom window through the curtains and I was standing over the sink shaving when I noticed a lump on my neck. Amazingly, it was about one half the size of a golf ball. I knew that something was wrong.

This slowly developed into a sense that there was something terribly wrong. I remember sitting across the desk from my busy family doctor. He didn't seem too concerned as he referred me to a specialist. The specialist was much more tense as he told me I would be admitted to a hospital for tests. Although he didn't tell me, he knew I had cancer as soon as he saw me. During the next few weeks of diagnosis at the hospital I still didn't know what was wrong with me. I remember coming out of general anaesthetic. Two friends, out of focus and shimmering above me, were making jokes it hurt to laugh at. I remember standing with a bathrobe on in the hallway talking to my parents on a pay phone. My brother brought me a collection of Dostoyevsky stories. I had brief visits from distant-seeming doctors. Nurses took my blood pressure and temperature regularly, and I found myself liking and admiring them.

An endless parade of technicians came by for blood tests or to take me for x-rays or for various scans. A large portion of my day was spent lying underneath machines.

Finally, feeling frustrated, I asked my doctors if they would tell me exactly what my illness was. They told me I had an advanced stage of Hodgkin's disease, a cancer of the lymphatic system. Lymph nodes in my neck, under my armpits, in my groin and other areas, were cancerous.

Opposite
Abdominal Examination, 1989
Acrylic on paper, 24.0 x 34.0cm

The cause of it is unknown. They told me it was one of the most curable cancers and even though I was in a late stage, I had about 75% chance of being completely cured. Chemotherapy would start the next day.

The proceeding weeks had to some degree prepared me for this news and the hope for being cured softened the blow. Still the word “cancer” is so loaded that it alone has a devastating effect. The main emotion I felt was numbness. How are you to feel when a stranger tells you that you have cancer? The numbness continued as I directed most of my thoughts to the mysterious treatment which would be starting disorientingly soon. When an expert in a white coat tells you there is a 25% chance you will die, it produces a very, very uncomfortable feeling. The night before the treatment started I had 15 visitors sitting around my bed. I wasn’t sure if I was at a party or a wake. The word “chemotherapy” is short for chemical therapy. I received a combination of 4 drugs called MOPP. The “M” stands for nitrogen mustard, the main ingredient in mustard gas used in chemical warfare. Modern medicine was about to wage war inside my body. Two drugs were injected into my arm by syringe and two I took in pill form. I was on a fourteen-day cycle with pills every day and injections on day one and day eight. I would then I have fourteen days off. The complete treatment takes about six months.

It was late afternoon when a nurse brought in a tray loaded with syringes and bottles of chemicals. At 4 o’clock a doctor wearing gloves came to perform the injection. It took about ten minutes for him to push all the drugs into my arm. I felt a burning sensation in my veins and noticed a metallic taste in my mouth. Afterwards I sat with my father in the lounge. The problems of the beautiful people on the soap opera seemed very different from my own.

In chemotherapy the drugs enter the bloodstream and kill the cancer cells. Unfortunately, they also destroy some healthy cells, causing side effects, including sterility. With each treatment, the side effects became worse until they began to overshadow everything, even my illness. My whole life revolved around injection days. I would vomit continuously for five hours and then spend two or three days afterwards slightly less but still severely nauseated. Because the chemotherapy was destroying normal

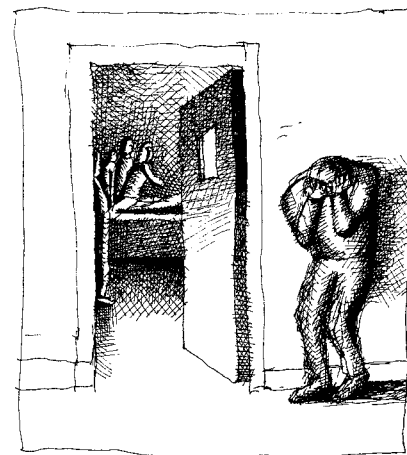
blood cells, sometimes my blood count would drop to dangerously low levels and the injections would have to be delayed for days or weeks.

It was difficult to struggle through this period. The two things that helped me the most was family support and the hope for a cure. Finally, after seven months, the MOPP treatment was completed and all the tests were repeated. I felt like a student waiting for an exam result or a defendant about to hear the verdict from the jury.

The tests showed that the cancer was gone and I was considered to be in complete remission. This condition was short-lived, however, and four months later the cancer reappeared in my neck. The doctors immediately suggested repeating another six months of chemotherapy with four different and “better” drugs. Chances of a cure were lessened, but still good. I reluctantly agreed. Just before injecting the first of the new drugs the doctor assured me that I wouldn’t be sick this time. I wanted to believe him but I knew he was lying.

This was the worst period of my life. Any conception of hell I had paled next to what I was living through. I was weakened from the first course of chemotherapy and the side effects were even more severe. There were times I was in so much pain from the treatments that I felt like dying. My family had to literally force me to go to the hospital for injections. My blood counts dropped lower again and I had treatment delays. I had fewer visits from friends and came to realize that one of the consequences of cancer is feeling alone.

With great difficulty the second course of chemotherapy was eventually completed. Again I was considered in remission, and again the cancer returned a few months later. Six months after the end of chemotherapy I waited in the doctor’s office for the latest test results. I was beyond nervousness as I looked down over the beautiful, tree-covered city. The doctor didn’t waste any words or give me much hope. There was cancer in my neck and abdomen. The only option remaining was to give radiation treatments to the areas where the cancer could be seen. Things were extremely serious. I was now given a 20% chance of living.



A Friend's Story, 1990
Ink on paper, 11 x 9.5cm

Self-portrait, 2016
Pen and ink on paper, 34 x 22 cm



I sat in my apartment looking at a white wall. I had reached a turning point. The doctor's frankness stripped away what was left of any protective numbness I may still have felt. I was facing death and I felt afraid. I looked at my white wall some more and decided on two courses of action. First, I would go through the radiation treatments and, second, I would try to assume some responsibility for my own healing and look into alternate therapies. I would do all I could while I still had the strength.

Whereas chemotherapy enters the bloodstream and goes throughout the body, radiation therapy consists of x-rays directed to specific parts. Because cancer cells do not exist totally independent of normal cells, the beams of radiation that kill cancer cells also kill nearby healthy tissues. Every day in the treatment room I would be positioned on a table which reminded me of an altar. Above me was a large machine which produced the rays of radiation. I received three or four minutes of exposure on the

front and the same on the back. I felt like I was in an apocalyptic tanning salon.

I received forty radiation treatments in total: twenty to my neck and chest and twenty to my abdomen. The side effects were nausea, loss of appetite, tiredness, and lowered blood counts. These treatments permanently destroyed two thirds of my bone marrow. The main concern of the doctors was missing any cancer cells with the radiation. If only one cancer cell remained in the body, the treatments would fail. I could not have made it through those months of radiation without the presence and support of my family and friends.

After all the sincere, best offers of modern medicine, my doctor gave me a 20% chance of living, a disquietingly small percentage that forced me to begin looking for alternatives to supplement the conventional therapy. I wanted something that didn't have bad side effects, was inexpensive, and that I could do myself.

Just at this moment, a friend lent me a book, *Recalled By Life*, by Anthony Sattilaro, MD. In gripping, almost novelistic fashion, Dr. Sattilaro describes how he cured his terminal prostate cancer by adopting something called a macrobiotic diet. The idea of treating illness with food seemed to be both radical and good common sense. Within days of reading this book I was on a plane bound for a macrobiotic centre in Boston. During a week of intensive cooking lessons, I realized that macrobiotics is more than a diet. Based on oriental philosophy and traditional wisdom, it is a holistic approach that recognizes that every aspect of lifestyle is related to health.¹

1. In this section, Robert attempts to reconcile an approach to wellness through nutrition and lifestyle with the drug-oriented approach of conventional medicine. The Macrobiotic diet is no longer considered helpful for cancer patients. Conventional medicine is also deeply flawed. Robert's search for answers is an ongoing issue for patients and families seeking unbiased, reliable information.



Chestnut Tree, 1986
Ink on paper, 27.8 x 35.6 cm

This led me to practice a number of natural treatments for both mind and body, and I still follow most of this program. My diet consists of natural whole foods: mostly vegetables, beans and sea vegetables, soup and a few additional foods such as fruits, seeds, and fish. I eat no red meat, dairy products, sugar or chemicals. Basically my diet includes foods that promote health and are known to prevent cancer and excludes foods that don't promote health and are known to increase chances of cancer.²

I exercise daily: fifteen minutes of stretching and self massage every morning and evening, and an hour of walking each day. I have learned that how you breathe can effect your health, and began to breathe more deeply. I began to use visualization and relaxation techniques to utilize the power of my mind against my disease. I changed my lifestyle to reduce stress. I concentrated on resolving unsatisfactory relationships. I made friends with others who were interested in natural approaches to healing. I was building a healthy life and this gave me a great feeling of empowerment. I began to feel much better.

More than five years have passed since my last radiation treatment, with no sign of cancer. My blood counts are still low but I'm leading a healthy active life. I live with the knowledge that my cancer may recur or the treatments I took may themselves cause new cancers. It is not easy to think about this, yet paradoxically, it helps me to go on. As doctor Samuel Sanes, who died of cancer, has noted, the cancer patient observes two birthdays: the most important being the anniversary of his or her diagnosis, marking the years of survival. Living in the shadow of cancer makes every daily action an affirmation of life. I see the importance of accepting death in a non-fearful way and the importance of finding joy in life. For the present I live in a complex world with an uncertain future, the same as everyone else.

2. Robert did not have access to the considerable data available to patients today. For instance, he makes no mention of the crucial role of Vitamin D. (See www1.grassrootshealth.net) The latest research also recommends occasional fasting and a low carb, healthy fat diet. See "The benefits of a ketogenic diet and its role in cancer treatment" by Dr. Mercola at articles.mercola.com



R. Popa

New Field, 1991
Ink on illustration board, 14.5 x 18.0 cm



2

HISTORY, TREATMENT, PREVENTION

A fellow cancer patient once described to me his first visit to the cancer treatment center: “When I walked through the doorway with the word ‘cancer’ above it, my heart sank as the full reality of my situation hit me.” Although not always the case, the common initial feeling recalls Dante’s words written above the gate of hell, “Abandon hope all ye who enter here.”

Cancer can occur in almost any part of the body. Often it develops in places such as the rectum, breasts, prostate or cervix: areas that we feel embarrassed to talk about. It is usually silent and invisible in the early stages, but at the final stages it can become brutally apparent. Much money has been spent on cancer research and a great deal of information accumulated. Yet the facts remain grim. The overall cure rate for all cancers is distressingly low and this has not changed much in the last fifty years.³

Cancer is not a new disease. The earliest descriptions of what would be later recognized as cancer are found in Egyptian medical tracts known as the *Ebers Papyrus* written about 3,500 years ago. Ancient mummies and skeletons also show evidence of cancer. In the fourth century B.C., 2,500 years ago, the disease was first named. By then the Greek physicians were familiar with such cancers as those found in the breast, stomach, and uterus. Using the Greek word *karkinos* which means *crab*, Hippocrates choose this image because certain cancers resemble a crab with claw-like tentacles buried deep within the flesh. The word also describes pain similar to a crab’s bite. Others suggest that the image conveys the disease’s crab-like spread within the body. Five hundred years later in

3. Increasingly, cancer research is divided into camps of competing theories. For a discussion of how these theories impact patients, see Dr. Gary Fettke, “Nutrition and Cancer: Time to Rethink,” <https://youtu.be/qa5Bcm8T9nU>

Rome in 164 A.D., the physician Galen worked on the classification of cancer. The word “tumour” was introduced in this period. It comes from the Greek *tymbos* (a sepulchral mound) and the Latin *tummere* (to swell).

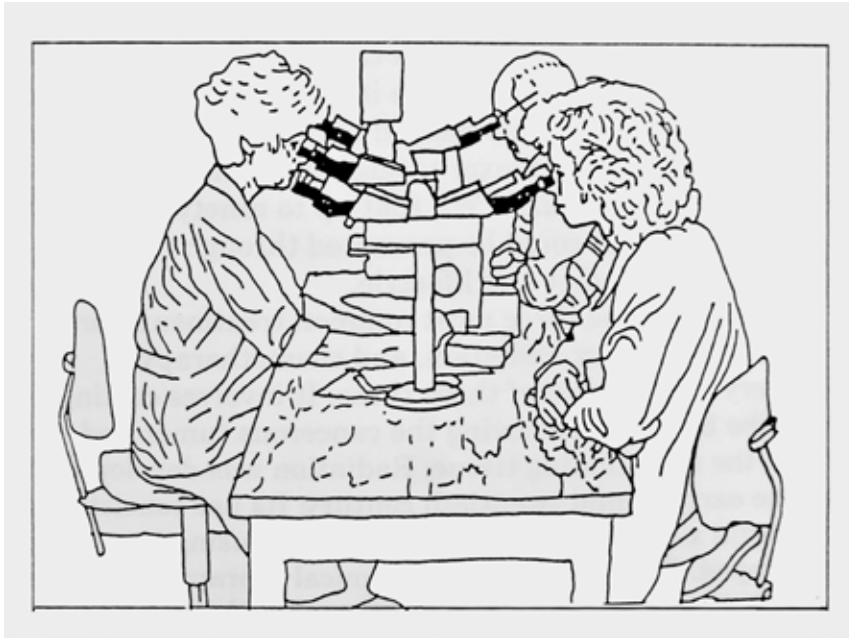
The first documentation on an occupational cancer due to environmental causes were done by Percival Pott in 1775. He noticed the English chimney sweeps had developed a high incidence of cancer of the scrotum and correlated this to prolonged exposure of their skin to coal soot. Around the turn of the nineteenth century, the French scientist Marie Francois Bichat described cancer as a tissue. Although abnormal, it still developed somewhat like other tissues of the body. The idea that the cells are the basic unit of structure evolved in the 1830's; in 1838, after observing cancerous tumours under a microscope, the German Johannes Muller stated that cancer is cellular. Even today the cellular approach remains the basis of all cancer research. It is a widely held scientific theory that cancer begins when individual cells of the body undergo certain genetic changes called mutations.

Cancer has been recognized since ancient times. It remained a rare illness until the beginning of the Industrial Revolution in the seventeenth century when the incidence of cancer slowly began to increase. In the early nineteenth century, Stanislas Tanchou, a French statistician, found that cancer accounted for two percent of the deaths around Paris. By the beginning of the twentieth century, the cancer rate in America had reached four percent; subsequently the situation began to change drastically. A century ago, in Canada, infectious diseases such as tuberculosis, influenza and pneumonia were the major causes of death. These infectious diseases have given way to degenerative diseases, like heart disease and cancer. Although people are living longer and thus increasing the opportunity of getting cancer, the evidence shows that even accounting for this, the cancer rate is increasing. According to the Canadian Cancer Society, one in three people will develop cancer. All ages are affected. Half of the people who die of cancer are over 65, but, alarmingly, cancer is now the most common death by disease among children.



Child with Cancer, 1990
Ink on paper, 7.3 x 8.5 cm

Rates of cancer can change dramatically in different regions of the world and also within regions. For example, the incidence of colon cancer in the

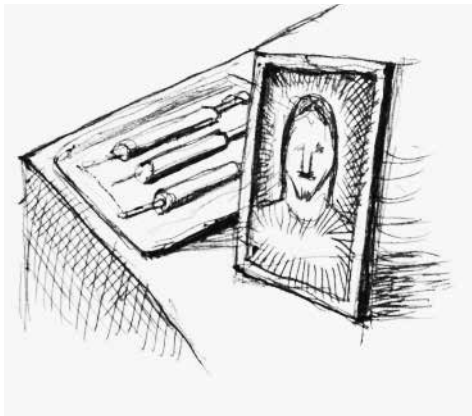


United States is ten times higher than it is in Nigeria. Information such as this has led Dr. David M. Prescott and Dr. Abraham S. Flexer to suggest in their book, *Cancer: The Misguided Cell*, that up to ninety percent of all human cancer could be prevented through changes in environment, diet and lifestyle.

Presently, the three most common treatments for cancer are surgery, radiation, and chemotherapy. Surgery is the oldest of these three. It involves cutting into the body and removing the cancerous tumour and often the surrounding tissue. Radiation was developed in the early-to-mid twentieth century. Its use consists of powerful x-rays directed at the cancer, causing it to be destroyed. Chemotherapy, or chemical therapy (treatment with drugs), was first used in the 1950s. Drugs are injected into the bloodstream and thus come in contact with the cancer cells. It has been discovered that drugs given in a combination can enhance the cancer-killing effect. Over the last few decades, methods for applying this drugs have become increasingly sophisticated and subtle.

While progress has been made in treating cancers such as childhood leukemias, skin cancers, and Hodgkin's disease, the fact remains that over two-thirds of those who get cancer die within five years. However, new ideas beyond the three traditional treatments are now being explored. One new approach is immunotherapy which attempts to enhance the ability of the body's own immune system to destroy cancer cells. It involves injecting vaccines prepared from bacteria, and uses interferon, a protein produced from white blood cells. So far, results have been inconclusive and there have been no cures.

Prevention shows great promise in reducing cancer. Two methods of prevention are avoiding carcinogens and improving diet. Carcinogens are agents in our environment that cause cancer: viruses, radiation, and chemicals. In the case of the English chimney sweeps with cancer of the scrotum, coal soot was identified as the carcinogen. Their scrotal cancer was almost completely prevented simply by bathing more frequently and making sure that the chimney soot was thoroughly washed off their skin. While not all carcinogenic substances have been identified and some are in dispute or unavoidable, other agents, that can be avoided, have been clearly proven to trigger cancer. One such substance in cigarette smoke, undeniably linked to lung and other cancers. Some doctors suggest that perhaps twenty-five to thirty percent of all cancer deaths derive from tobacco.



Chemotherapy and Christ, 1990
Ink on paper, 5.5 x 6.5 cm

The uncertainty of identifying carcinogens and the fact that not all people exposed to them develop cancer suggest that possibly diet may be a more fundamental means of prevention. Our diet has changed radically in the last century, mirroring the massive increase in degenerative diseases. There has been a shift away from natural substances toward more genetically modified and bio-engineered foods. Our food is also more refined (simple sugars instead of complex ones), processed, and chemicalized. Some foods protect us. One study suggested that eating cabbage, Brussels sprouts, and broccoli reduced the incidence of colon and rectal cancers.

Other factors, many of which are related to lifestyle, may be connected to cancer. These include mental attitude, exercise, and personal stress. Sciences have not yet been able to prove that attention to these areas can help

prevent cancer, but it is plainly true that having a positive frame of mind, getting regular exercise, and managing stress will make us healthier.

Many of the issues discussed in this chapter suggest cancer has its economic, political, and social consequences. Cancer has put an enormous burden on the health care system and the situation is sure to get worse as the population ages. The circumstances are so serious in my own province, Nova Scotia, that the government recently formed a commission to study this economic question. Another socio-economic aspect of cancer is its division along class lines. Those who have access to better education tend to follow healthier lifestyles, thus they are less likely to develop cancers. Even though the vast majority of cancers are preventable, most of the enormous funds spent on fighting cancer are put into treatment rather than prevention.

Industrialization, technology, and other changes in the twentieth century have dramatically altered our environment, diet, lifestyle, even our family structure. It is necessary to be aware of the consequences of these developments. Infectious diseases such as tuberculosis have declined while degenerative diseases such as heart disease and cancer have increased. As we approach the end of the twentieth century cancer is a major public health problem, affecting us both personally and socially. We need to strip away all the fantasies associated with cancer and recognize that it is a disease that can be overcome, or avoided, just as other major diseases have been. While the scientists search for a magic bullet that will cure cancer, there is still life and hope among the millions of people with cancer. Some will die, but others will continue to live fulfilling lives despite the disease, and there are others perhaps more fortunate, who will survive the cancer completely.



Family Waiting, 1989
Acrylic on canvas, 61.0 x 76.2 cm

3

PSYCHOLOGICAL ASPECTS

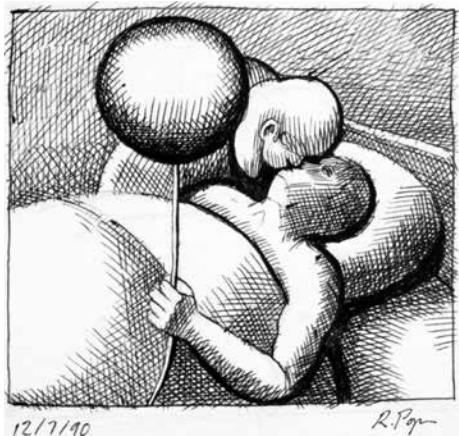
As I met more and more people with cancer in the hospital and in support groups I noticed that while not many are cured, not many were dying either. Some people think of cancer as a dark night they must pass through. For me, however, cancer is like an ambiguous twilight.

This element of ambiguity is heightened by our society's taboo about discussing cancer. Even today there is a language of cancer not far removed from the verbal disguises of George Orwell, a vocabulary of euphemisms such as cyst, tumour, inflammation, polyps, or shadow.

Like AIDS, cancer is the leprosy of our age. Oddly, other major public health problems, such as heart disease, which kills more people than cancer, are not thought about in the same way. A booklet published by the Canadian Cancer Society gives an example of a woman who noticed this. While she was in the hospital for heart disease, she received amusing "Get Well" cards from her friends. But when she went in for a cancer operation, she received only sympathy cards.

The three main treatments of surgery, chemotherapy and radiation are usually effective in reducing the size of the tumour, and this relieves pain and prolongs life. Still, there is always the uncertainty that microscopic cancer cells will resist the treatment. Doctors are like the technological odds makers, giving this woman a 30% chance of curing her ovarian cancer or that man 65% on his Hodgkin's disease.

The shifting, shadow-filled, uncertain situation of the cancer patient is contrary to a basic human need for meaning. Many people ask, "Why me?" a question that is perhaps unanswerable. Agonizing over such an issue can often lead to negative feelings of guilt and blame. Some attach moralistic overtones to certain illnesses, including cancer, seeing the sickness as a form of punishment. Others see cancer as a disease of



Balloon, 1990
Ink on paper, 9.5 x 10.6 cm

technology, affluence, and overconsumption, with uncontrolled economic growth paralleling uncontrolled tumour growth. Susan Sontag has written, “Nothing is more punitive than to give a disease a meaning, that meaning being invariably a moralistic one.” She argues that the healthiest way of being ill is one that resists such thinking.

While it was wrong to attach morality to a health problem, we must also recognize that such factors as unhealthy diet and lifestyle, and a polluted environment are responsible for many of our cancers. It is important to be careful when assigning such responsibility. A physician may blame smokers for causing their lung cancers. But if that doctor, or the medical association or society, have not spoken out against the dangers of tobacco or tried to prevent its advertising and glamourization, they are equally to blame.

How we have responded to cancer is extremely revealing of our cultural values. Present treatments reflect the anger and violence of our age. The disease is enveloped in military metaphors. We talk about the war on cancer. The illness is viewed as an enemy to be fought aggressively. Cancer cells are thought of as “invading” and “colonizing” parts of the body. The three main treatments can be related to human warfare. Surgery can be compared to hand combat with knives and swords, while chemotherapy, like the nitrogen mustard I received as part of my therapy, is synonymous with chemical weapons. Radiation could be associated with the technology of nuclear bombs. With the lack of real improvement in the five-year survival rate for most cancers, the results of the war on cancer bear disturbing similarities to futile colonial wars or our intervention in countries we do not understand.

In contrast to the medical model of war on symptoms, there is an alternate, more holistic approach. From this viewpoint, symptoms are seen as friendly signs that warn of an imbalance in health, rather than enemies to be dominated. Healing is brought about by strengthening and building up the patient, and restoring health. When this happens, the symptoms will disappear. The first model emphasizes treatment and intervention; the second focuses on prevention and non-intervention.

Our society's morbid fear of death makes cancer different from other diseases. Normal relationships break down in an atmosphere of fear. A close friend has a sister-in-law with brain cancer. She confided to me, "When I go to the hospital to visit her, I just don't know what to say." People with cancer face many fears: they are frightened by lack of knowledge, they face an uncertain future, they have to deal with fear in others, but most of all, I believe, they fear being alone. It was a great help to me to be able to meet and talk with other cancer patients in the hospital. Suddenly, I was no longer isolated; the experience with others somehow diminished cancer's fear-making power.

Often, however, the patients undergo a "social death" long before their actual death. Healthy people should not let their own fears about death prevent them from talking about it, thus leaving dying patients alone. Elisabeth Kübler-Ross, who has written extensively on death and dying, notes, "Dying does not have to be a nightmare unless we make one out of it."

An illness such as cancer can change us in profound ways. When I was told that my cancer had left me with a 20% chance of living, I began to evaluate my life seriously for the first time. It became much easier to put away worries about trivialities and be more objective. I came to see that I had placed too much importance on work and discovered that the real value in my life came from relationships with family and friends. Our lives can easily become rote; we can often act like somnambulists rather than being fully alive. A disease can wake us up and make us want to enrich our lives.

I have made many friends among the cancer patients I have met, and I am continually impressed with their power to change and continue developing. One friend, of retirement age, adopted a natural foods diet, and began to feel much better. She has started to serve a healthy, vegetarian meal at her restaurant, and soon she had a sizeable daily clientele, thus making a great contribution to community health. Another friend, with liver cancer, did not have long enough to live. I watched her complaining turn to a peaceful acceptance of death. In a touching coincidence, her daughter had a child during this time. My dying friend was able to find meaning, and happiness, in the birth of her first grandchild.



The ambiguous landscape of cancer makes for a difficult journey. The psychology is sometimes as intimidating as the actual disease. A cancer prognosis can be bleak, but as long as we are not alone there is hope. Jean Cameron, a social worker who was diagnosed ten years ago as terminally ill with cancer, writes, “When a person looks at you and loves, you are no longer ugly and unclean with disease, and each day seems a precious gift to be cherished and savoured to the full.” Humans have a great capacity to adapt and to grow. In this ability rests our future in dealing with cancer, and indeed, all of life.

Man with Amputated Leg, 1990
Ink on paper, 15.0 x 5.5 cm

Images

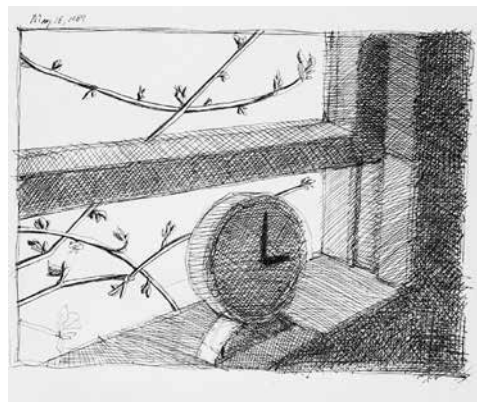


Sparrow, 1989
Acrylic on canvas, 61.0 x 76.2 cm

SPARROW

One haunting memory of my illness is spring in Toronto. I had gone to the Princess Margret Hospital to receive radiation treatments. From my window in the lodge all I could see were the tops of horse-chestnut trees, covered with beautiful white blossoms. These blossoms seemed to say everything to me that I was feeling. They became for me encouragement to persevere, a symbol of recovery.

This image was painted three years later, with the sparrow replacing the blossoms. I have tried to contrast a number of opposites: outside and inside, the horizontal man with the vertical bird and trees, passiveness and activity, illness and health. I see the man and sparrow as equivalents. The sparrow of the title applies as much to the man as to the bird. To me, they share the same vulnerability and strength.



Clock in Window, 1989
Ink on paper, 5.0 x 6.5 cm

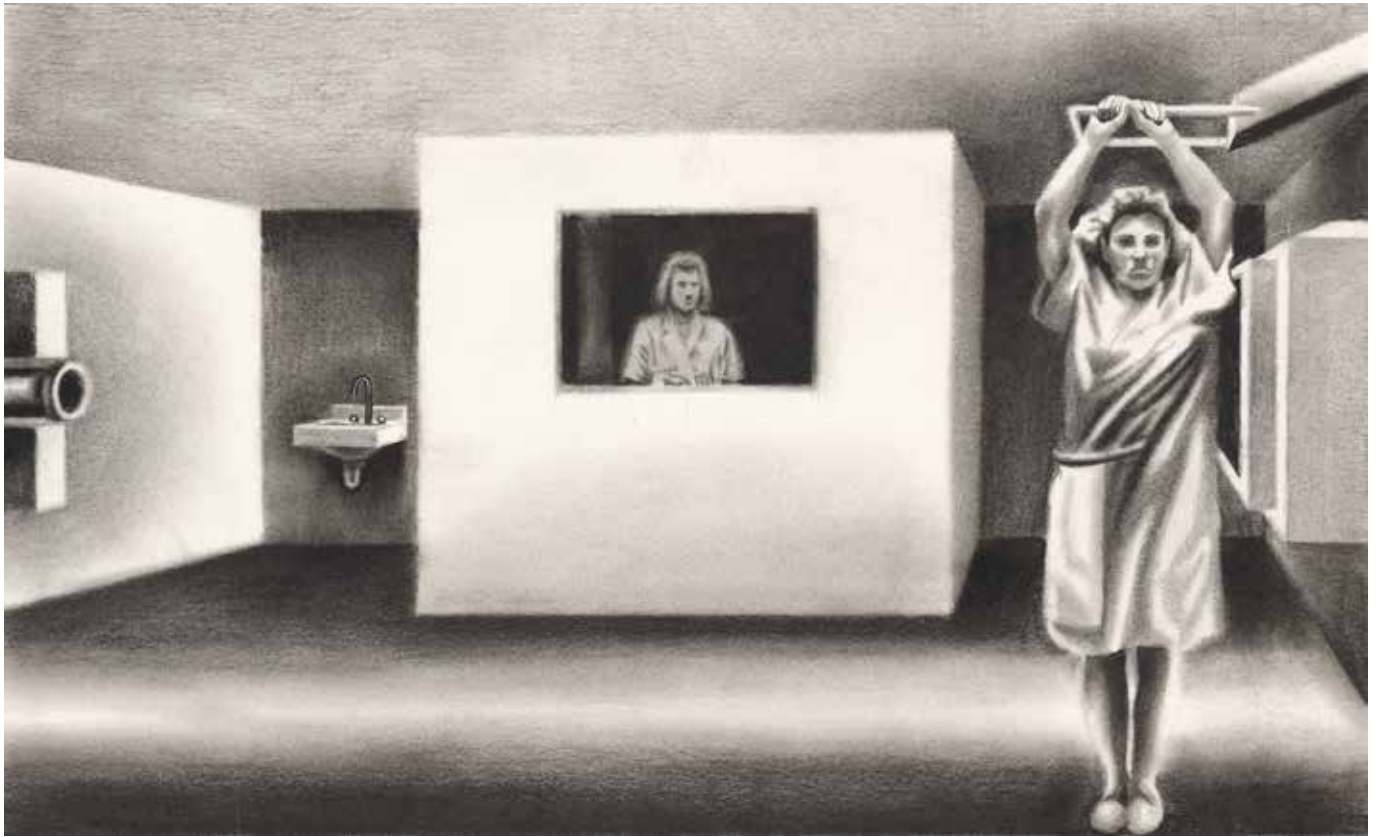
CHEST X-RAY

For most patients in the hospital, getting a chest x-ray is a common experience. In my case, the doctors could see and feel the cancer in my neck, and the purpose of the x-ray was to determine if the disease had spread to my chest.

On the left of the drawing is the barrel of the machine which, like a gun, directs the x-ray beam at the patient. The box on the right, touching the patient's side, contains the film to be exposed to the x-ray. The woman grips a bar above her head so her arms will not be a part of the image. In the centre of the drawing the technician is isolated in a protected booth.

The details of this rather minimal drawing have been filtered through my memory, leaving only the strongest impressions. I recall a long wait. The room was slightly cool, and dimly lit, with a feeling of technological sterility about it. For some reason I remember a sink in the corner.

It is a strange paradox of modern medicine that the useful diagnostic tool is also harmful, and the operator is shielded while the patient is not. There is an alien, bloodless, faintly eerie quality to this and other tests. It seems an absurd anomaly to be spending time alone in darkened rooms filled with machines.



Chest X-ray, 1990
Charcoal on paper, 24.7 x 40.4 cm



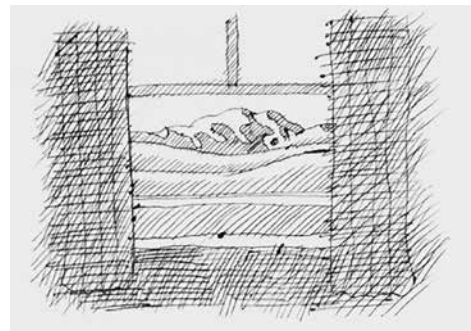
Mountain, 1990
Acrylic on canvas, 91.4 x 137.2 cm

MOUNTAIN

The starting point for this painting was a song by Elvis Presley, “Lord you gave me a mountain this time.” I had already done a series of drawings using mountains as a metaphor for a heavy burden and as a parallel to a growing tumour. This bedroom scene, however, is primarily a relationship picture exploring human feelings under the pressure of cancer. It is a moody, atmospheric work, perhaps evoking the sense of soulfulness of country music.

Despite its central placement, the mountain is a minor element of this image. As I worked on this painting, the gesture of the two figures holding hands became much more important. The woman in the picture is under great strain, her face full of mixed emotions. While there is a monumentalizing and heroic quality here, the cracks are beginning to show. There is an undercurrent of dark sexuality. I imagine the room being very hot and both people being covered by sweat.

Most of the people in my images are friends who agree to pose, almost like actors. Although the pictures are not portraits in the strict sense of the word, I feel because I know the person being depicted, they have a sense of authenticity that would be missing if I were to use professional models. The woman in this painting is a very close friend and, in this case at least, there are elements of portraiture here.



Mountain, 1990
Ink on paper, 7.0 x 8.0 cm

SOLARIUM

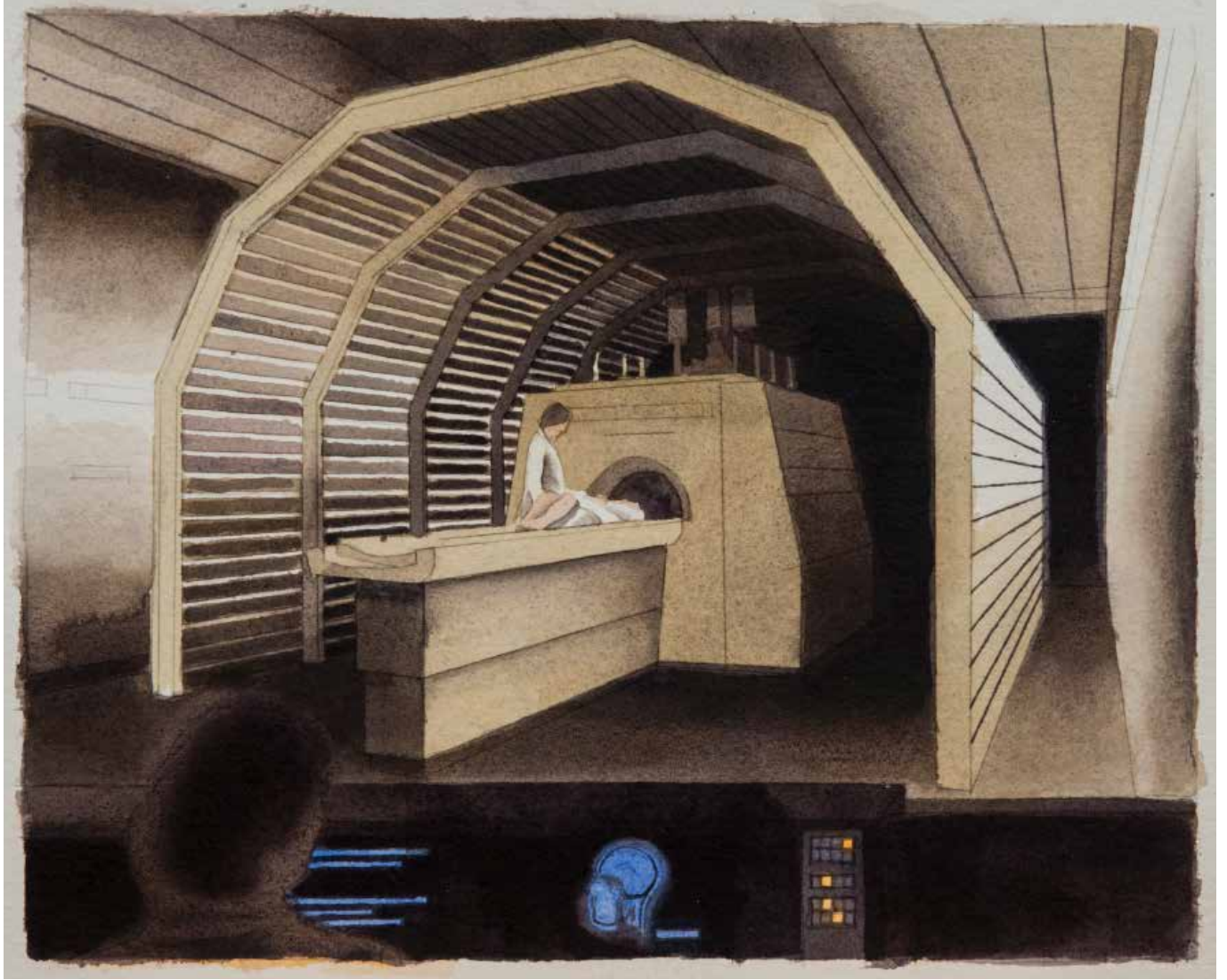
Being sick in the hospital seems to entail much waiting. Humanity is on display and, with nothing to do, we become voyeurs, looking into the intimate lives of our fellow patients. While ill, I occupied some of my time by sketching some of the other patients. Later, after I received grant money to work on this project, I again returned to hospital waiting rooms and lounges with my sketchbook.

This painting is a combination and summation of those drawings and ideas. A group of five people are shown in a hospital solarium. One man looks forward with his nose buried in a newspaper. Another man stands by a window looking outward. The woman on the right has a third kind of look: a myopic, catatonic gaze. In the center of the image a visiting wife embraces and kisses her husband. Above this couple a ceiling light is like a halo.

All types of people are thrown together in these types of situations. There is a humiliation about being sick in public, about having life or death matters acted out in the company of strangers. As well, we are embarrassed as we are forced to confront illness in front of others. On the other hand, a healthy camaraderie often develops among patients. Although I did see pathetic, disturbing sights in the waiting rooms, I also saw examples of dignity and caring, which I have attempted to record in this picture.



Solarium, 1989
Acrylic on canvas, 61.0 x 76.2 cm



Magnetic Resonance Imager, 1989
Acrylic on paper, 25.0 x 34.0 cm

MAGNETIC RESONANCE IMAGER

The magnetic resonance imager, or MRI, costing two million dollars, is a high tech machine that can see inside the human body. It uses magnetism to create its images. The watercolour shows the patient lying on the table which is being placed inside the machine by a technician. In an arc around them is a giant magnet, so powerful that a separate building had to be constructed to house it. The magnet is so strong it would destroy any watch being worn near it.

The MRI eliminates the need for certain types of diagnostic surgery. Because it uses magnetism, it avoids the potentially dangerous radiation from an x-ray. Also, unlike an x-ray, it can see through bone, making it especially useful for looking at the brain.

Technology such as this, particularly on the scale of the chapel-like MRI, evokes a sense of awe. One wonders where the end game of modern medicine will lead us. It is interesting to me, as an artist, to take note of the imagery and contemporary science. As I worked on this picture, I began to compare the magnetic resonance imager to cave paintings made in the Dordogne region of France over 30,000 years ago and noticed many similarities. Both images are viewed in cave-like structures and create an atmosphere of wonder. They perform helpful functions to their respective societies and embody some of our deepest beliefs.

CHEMOTHERAPY

The story of cancer, like the story of any modern disease, is largely also the story of drugs. Society's attitude towards drugs is curiously ambiguous. On a physical level they can help us, but at the same time can hurt us. On a social level the same drug that is acceptable in a hospital would not be acceptable on the street, even though the drug is being used in both cases to relieve pain.

When my chemotherapy first started, I would come into the cancer clinic as an outpatient, get an injection of drugs in my arm and then go home. Eventually, the side effects became so severe that I would be checked into a bed in the hospital to get my injection, and remain there for a few days afterward. The nurse would prepare the syringes, bring them into my room and set them on my bedside table. The moments waiting for the doctor to perform the injections were even more difficult psychologically than the taxing physical reactions to follow. The brutality of chemotherapy made me feel cowardly as the nurse held my hand and told me how much it would help me.

Chemotherapy is a psychological painting about drugs. The chemical in the syringe is Adriamycin, which I received in combination with three other drugs. A woman in her eighties, with lymphatic cancer, who was getting chemotherapy, posed for this picture. She is wearing a turban because the chemotherapy caused her hair to fall out. I have attempted to evoke the mixture of good and bad feelings triggered by the patient's thoughts about the drug. The chemical lies in the syringe, red like the colour of life or like the color of alarm. The encounter by the human and the drug, an all-too-telling twentieth century relationship, is played out here.



Chemotherapy, 1989
Acrylic on canvas, 61.0 x 91.4 cm

FAMILY ILLNESS

This painting was done quite early on in the project, and it is a picture about family relationships. The woman who posed for this is a friend who actually had cancer. The others are her daughter and friend, who were both involved in acting.

A disease such as cancer cannot help but affect members of a patient's family. This image focuses on the relationship between two young people, who could be brother and sister, or husband and wife. The symmetrical composition places the cancer patient, symbolically and physically, at the centre of the family, dividing it in two.

The look between the man and woman is highly charged with psychological and emotional tension, communicating volumes, and nothing at all. On the patient's left is one form of maintenance, an intravenous (IV) bag. On her right is another means of sustenance, a can of pop, placed beside a clock. The cancer patient lies in bed like a ghost with the mental fireworks of the others imploding in silence around her.



Family Illness, 1989
Acrylic on paper, 25.8 x 34.0 cm



Lung Operation, 1991
Charcoal on paper, 29.6 x 40.4 cm

LUNG OPERATION

My memories of my two biopsies are rather indistinct, as I was given preparatory drugs before each operation. I vaguely remember an early morning, a lot of bustle around me, feeling cold under the sheet, then the anaesthetist above me, then nothing: then feeling fuzzy, and finally feeling sore.

Surgery is perhaps the most mechanical form of medicine. Patients are wheeled in to have their parts removed, replaced or repaired. One of the anaesthetists felt that there was a different atmosphere here in comparison to other medical areas. Because the patient is not conscious, there is a more relaxed, casual feeling, almost like in a garage. I noticed a radio softly played in the corner of the operating room.

One surgeon discussed with me the nature of his work. He deals primarily with lung cancer, and most of the patients he gets are cases without much hope. In fact he is only able to cure about 10% of the patients he operates on. With the others it is a matter of temporarily relieving discomfort, and prolonging life for a year or two.

This drawing shows a typical surgical team. On the left, by a respirator, amid a jumble of tubes going in and out of the patient, is the anaesthetist. In the center are three physicians: senior surgeon, resident and intern. On the right is the head nurse and a scrub nurse. The patient lies under a sheet. The doctors have cut into his side and are removing a part of his lung. They stand under bright lights, skilled human mechanics, at work in the city.



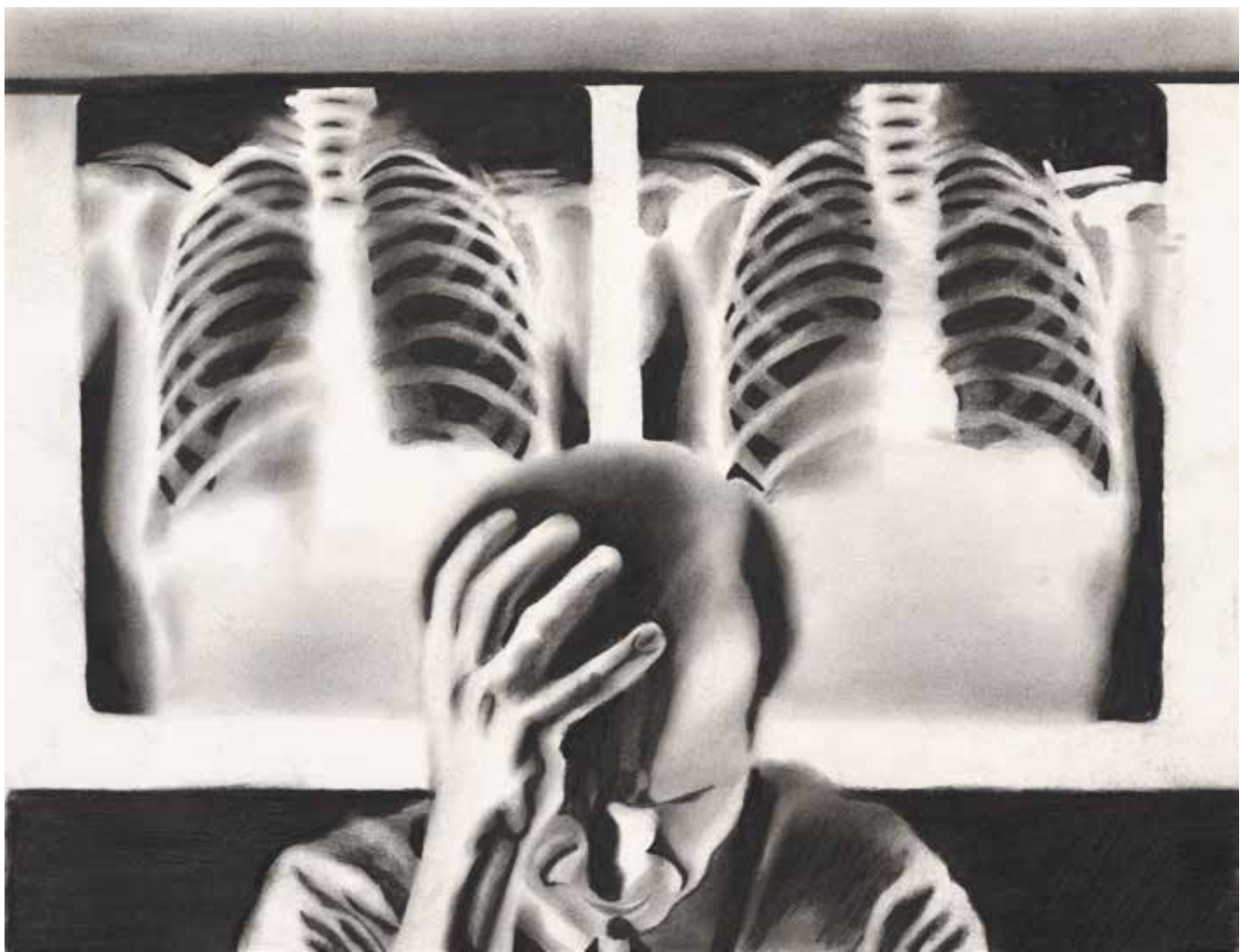
Radiation, 1989
Acrylic on canvas, 76.2 x 101.6 cm

RADIATION

Of the three main treatments of cancer, radiation is the “cleanest”. In surgery the body is cut into with a knife. In chemotherapy, the body is pierced with a needle or a pill is taken. Radiation, in contrast, is invisible. Like an x-ray, it renders the body transparent.

This image depicts a man lying underneath a radiation machine. The rays of radiation are directed at his abdomen. There are allusions to religious rituals in this picture: the red lasers, which are used for positioning suggest a Christian cross; the table the man lies on is like an altar; he is covered with a white shroud; the machine hovers above him like an idol or a faceless god that must be propitiated with bodily sacrifices.

I underwent about a month of treatments very similar to those shown here. It is a strange feeling to be alone in a room lying underneath one of those machines, a bit like a 1950s science fiction movie. However clinical and unreal it may seem, the effects of radiation are real enough. It is equally effective in killing healthy cells as cancerous ones.



Doctor and X-rays, 1990
Charcoal on paper, 30.5 x 40.0 cm

DOCTORS AND X-RAYS

Many cancers are not apparent to the human eye. Cancerous tumours may develop near organs deep within the body. The x-ray is an extremely effective way to look into the body in order to study what's going on. A doctor can examine x-rays taken of the same patient at different times and know exactly how much the tumour has increased. The paradox with cancer is that this amazing ability to see through flesh is offset by our failure to find the cause or cure in most cases.

In this drawing, mind and body come together. The two chest x-rays glow iconically on the viewing screen like crucified skeletons. The doctor holds his head in frustration. He can see, god-like, into the patient's chest but he cannot understand, human like, what is happening.

MOTHER AND SON

Family support is one of the main factors in healing, just as family conflict can often be a contributing factor in becoming ill. I know very few cancer patients who do well without family support. From this perspective, when the individual has cancer, the family has cancer.

My mother, Isabel, lent me particularly strong support during an especially difficult series of radiation treatments at the Princess Margret Hospital in Toronto. This watercolour is based on a sketch I made while lying in bed at the hospital. I was in bad shape at this time. I could hardly hold a pencil, I felt nauseous, and I could barely see.

I have since done a number of versions of this image, but I like this watercolour best. It is crude and cartoon-like, but also a direct and heartfelt tribute.

Mother and Son, 1989
Ink on paper, 34.0 x 42.0 cm





Mother and Son, 1989
Acrylic on paper, 25.0 x 34.0 cm

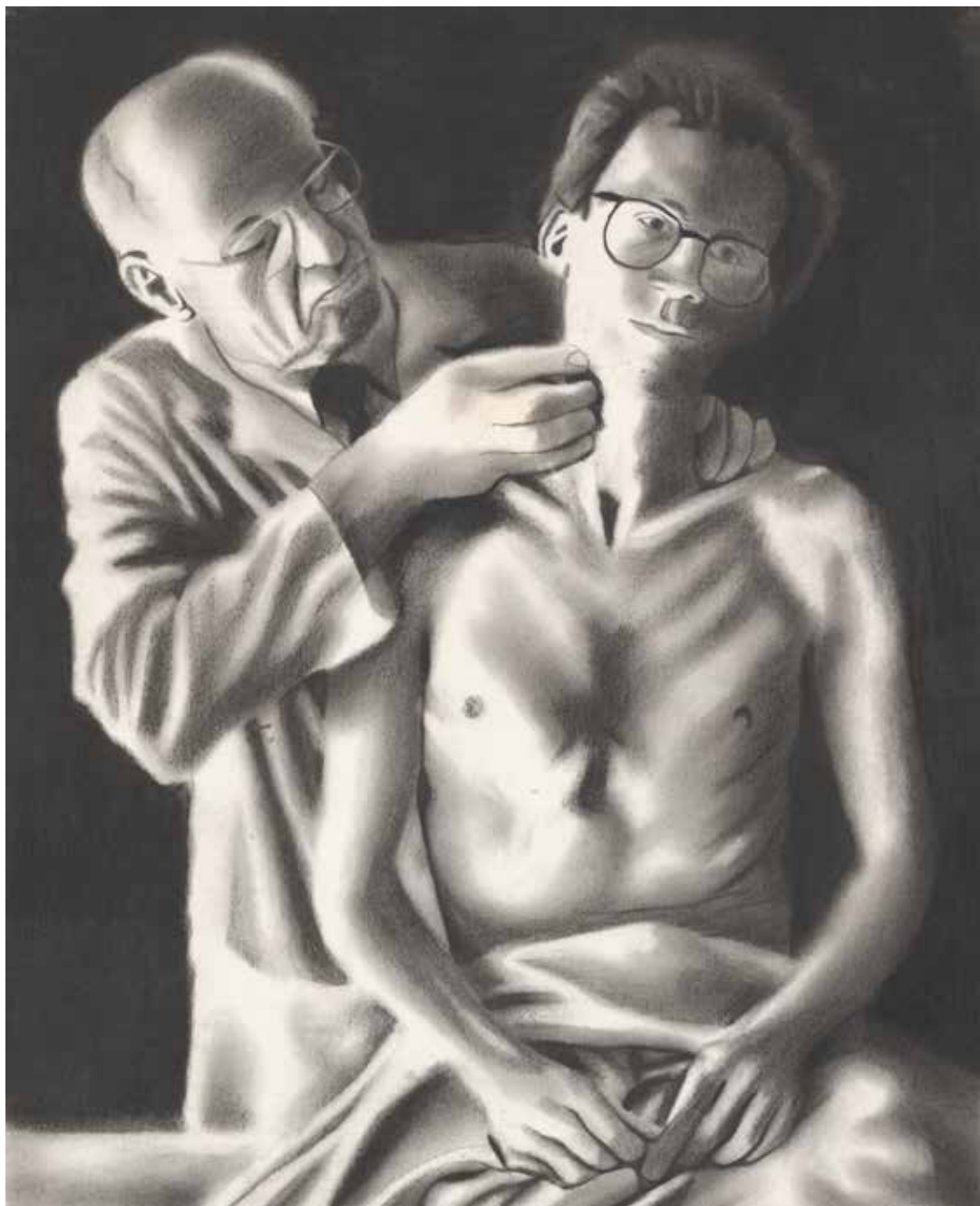
SELF PORTRAIT WITH DOCTOR LANGLEY

One of my approaches to this project has been the employment of my own memories as a source of imagery. The initial symptom of my cancer, Hodgkin's Disease, was enlargement of the lymph nodes in my neck. In all medical examinations I get, this is the first thing that is checked, and that is what his picture shows. Dr. Ross Langley has been overseeing treatment of my cancer since 1982. This picture examines my relationship with him, and issues in doctor/patient relationships in general.

The relationship between a doctor and a patient is a special one. It recalls that between parent and child or priest and layperson; in two ways: first, the doctor, like parent or priest, has more power, more knowledge; second, there is the one intimacy one would have with a family member. This is contrasted with the professional, scientific neutrality of most medical settings. It is further emphasized as the patient takes off their clothing while the doctor is fully dressed. In my case our ages are such that Dr. Langley could have been my father.

One patient, with terminal lung cancer, compared going to get a C-T scan to facing judgement. He recalled, "I knew the verdict would be bad, it was just a question of how bad." I have tried to show on my face here the psychological tension caused by the question, "has the cancer recurred?"

Self-portrait with Dr. Langley, 1990
Charcoal on paper, 40.6 x 33.4 cm



FOOD

I spent over a month working everyday on this large painting in which the overriding theme is food. The slice of pie, at the bottom centre, sets the tone for the interrelationships that occur within the picture, all of which can be seen in the context of nurturing. While the sick woman is physically fed by her husband, she also receives nourishment from her relationship to her family, from the man on the television screen, from the IV solution, and even from the city outside her window.

Each of these things affect this patient, though they may not be healthy, and may even work at cross-purposes to each other. This is a familiar scene to those who spend a lot of time in hospitals. Here, under the high-key colors and the pie-in-the-sky hopes of the contemporary world, I have tried to create a picture of family survival.



Food, 1990
Acrylic on canvas, 97.8 x 121.9 cm



CHEMOTHERAPY INJECTION

Chemotherapy is given in many different ways: administered by pills, injected by syringe as shown here, or dripped from an IV bag. The most usual method today is to implant surgically a device called a port-a-cath, connected to a main artery in the patient's chest, through which the chemotherapy is mechanically pumped from an IV bag. Chemotherapy can be received at home, in an outpatient clinic, or in the hospital. It is very expensive; the drugs for the average treatment cost about \$450.

The chemotherapy I received twice a month was very similar to that being given to the woman in this drawing. Side effects vary widely, depending on the patient. Injection days were the worst days of my life. Like me the woman pictured here winces as the treatment is administered. The mindlessness of the TV playing in the background was a welcome, if unsuccessful, relief. The gap between the fantasy images on television and the reality of cancer treatment became cruelly apparent.

Chemotherapy Injection, 1990
Charcoal on paper, 35.6 x 35.6 cm

VISITORS

As I began to heal, my art began to change. The fragmented views of isolated individuals and couples began to shift to a more holistic social vision. I began to include more people within the frame of the picture.

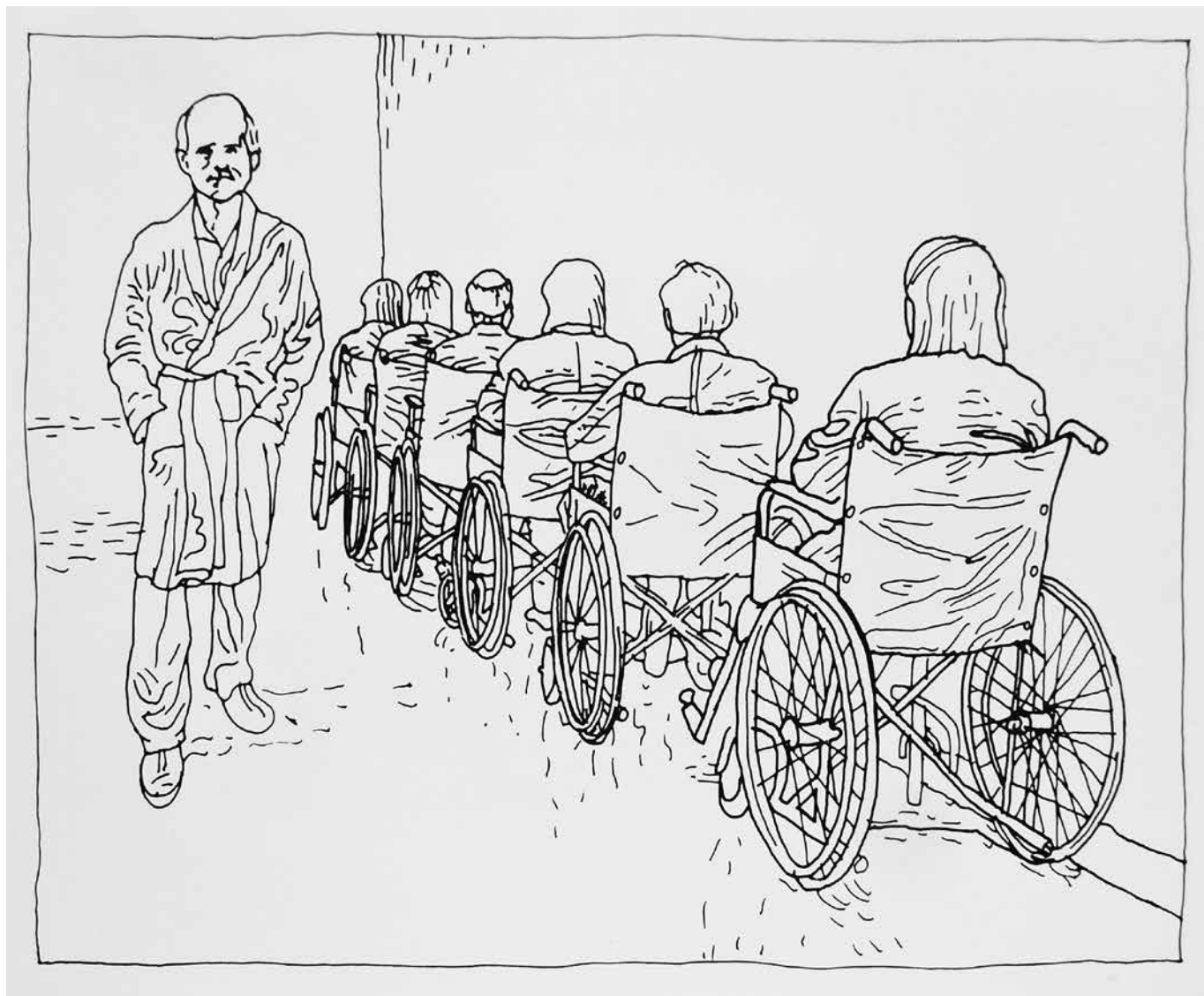
This painting is like a psychological ecosystem, where the worlds of healthy and sick meet. The patient is seen in the context of his community. The focus is on the response of the patient's community which is both positive and negative. The emotions are varied, ranging from concern to indifference, from pessimism to support. Many of the people are brightly painted, like flowers.

The image is framed by two opposing forces. On the right, the man aggressively gesturing downward can be interpreted as having a negative meaning. The gift of a book from the woman on the left can be seen as a positive gesture and, ultimately, a symbol of hope.

There are autobiographical aspects to this painting, as most of the models were drawn from my own family and friends. The mood may be sombre, but I feel this is an optimistic work, expressing faith in the continuity of our human community.



Visitors, 1989
Acrylic on canvas, 81.3 x 121.9 cm



Wheelchairs, 1989
Ink on paper, 19.3 x 24.0 cm

WHEELCHAIRS

Life in the hospital represents life on the outside. The development of the public hospital is a part of the processes of industrialization. Hospitals are “healing factories”. The human body is a machine that has broken down and needs to be serviced by trained health mechanics.

Patients experience the same bureaucracy and line ups as healthy people. I had to wait in line for everything: to be admitted into the hospital, for tests, for treatment, even to see the doctor after I was released.

This drawing is based on actual observation. Patients who are to have x-rays are brought from various areas of the hospital in wheelchairs and wait in the corridor for their turn. As I sat in this line up I felt as though I were on an assembly line. On the left of the picture a man walks in the opposite direction. He has been “cured” and he rolls off the assembly line as good as new.

VIEW FROM ABOVE

In my art I like to work in series. This gives the opportunity to explore one subject in depth, to examine it from many angles. A visual parallel to this search for depth in content is to portray the motif from several points of view.

Numerous images in this book depict a sick person in bed with various figures gathered around. I have chosen viewpoints from the foot, the sides, and the head of the bed. In this charcoal drawing, done of a real patient in Toronto's Princess Margaret Hospital, I have chosen a vantage point above the bed. The viewer's eye is close to the IV bag, the cord of which spirals down into the bedridden woman's chest. At the foot of the bed is a doll, smiling obliviously, and at the side are a man and woman.

When we see something often enough, we develop a category of blindness. Here, perhaps the unusual angle of depiction can be a means to think about what is shown, in a new way.

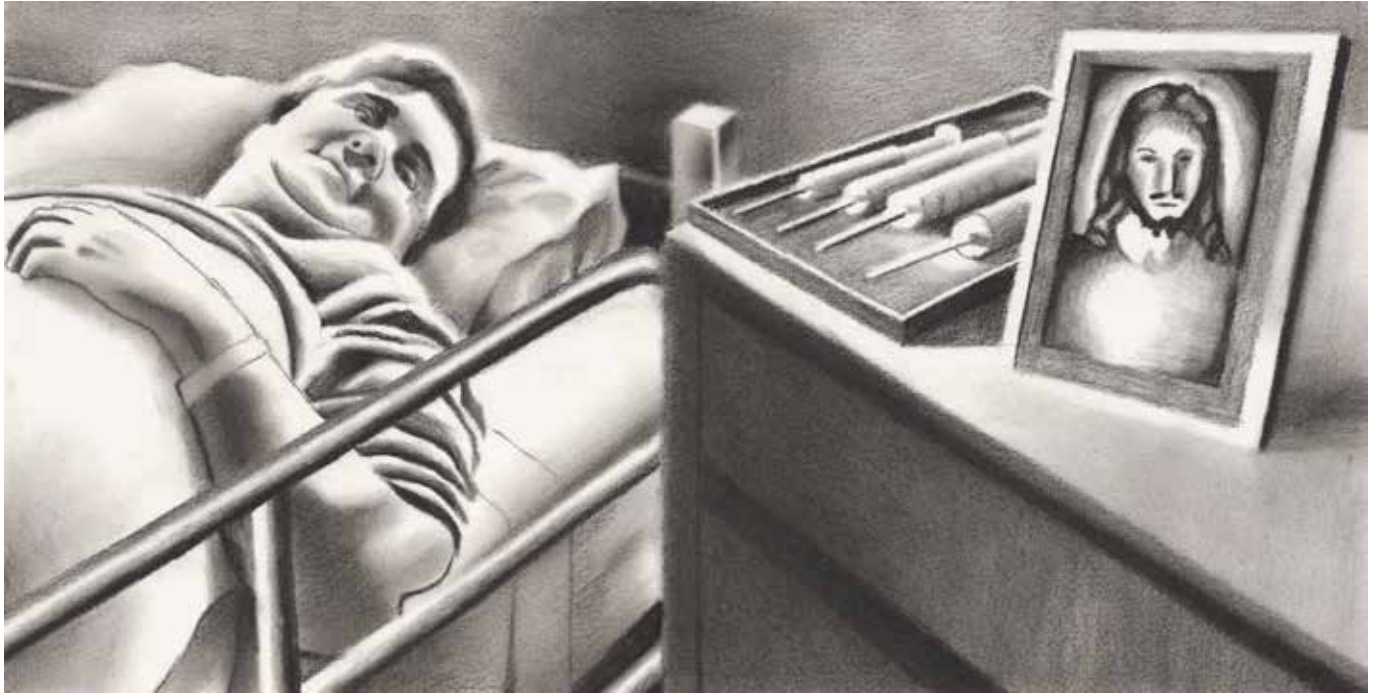
Opposite:
View from Above, 1990
Charcoal on paper, 33.6 x 33.6 cm



CHEMOTHERAPY AND CHRIST

This drawing about drugs and religion had its beginnings in a photograph by Mal Warshaw showing a woman in bed with a picture of Jesus Christ beside her. I began to think about Marx's quote about religion being the opium of the people. To explicitly connect these, I added a tray of syringes beside the picture of Christ.

In our age, even though people may not admit it, liberal humanism, with faith in science, has replaced faith in religion. Robert Mendelsohn, MD has written, "but drugs aren't merely scientific – they're sacred. Like the communion wafers which Catholics receive on the tongue, drugs are the communion wafers of modern medicine. When you take the drug, you're communing with one of the mysteries of the Church: the fact that the doctor can alter your inward and outward state if you have the faith to take the drug."



Chemotherapy and Christ, 1990
Charcoal on paper, 20.8 x 40.4 cm



CANCER

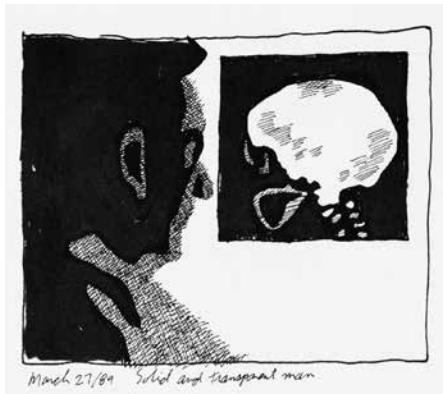
This idea started as a depiction of an overcrowded hospital ward. There was a man in the foreground with bandaged eyes, standing beside some card players. In the background were doctors, nurses, other patients, a janitor, a technician carrying a tray of syringes, and a distant figure in a doorway. I later added an embracing couple, a television, and flowers.

In this version, I kept eliminating elements until I was left with what I was most interested in: the interior journey of the man and the psychological relationship between him and his wife. The figure of the man integrates symbols of life (the flowers) and death (blindness). The bandage over the man's eyes reflects the unknown that he, and we all, encounter when we face death. This quality of the unknown is one of the most frightening aspects of having cancer. Again, the play of opposites creates tension in this work. A dialogue is set up between woman/man, clothed/unclothed, sight/blindness, and healthy/sick.

Cancer, 1990
Ink on paper, 13.2 x 6.5 cm



Cancer, 1990
Acrylic on canvas, 101.6 x 76.2 cm



Solid and Transparent Man, 1989
Ink on paper, 8.3 x 10.1 cm

X-RAY VIEWING ROOM

Friends have commented that this picture looks as if it could be a scene from *Star Trek*. The subject of this charcoal drawing is, however, the room where physicians can view x-rays. There are light boxes on the walls, and many x-ray photographs can be inspected at once.

Like other areas of the x-ray department, this room has a ghostly feel and surreal quality. It is darkened, and the x-ray pictures, showing sections of the body in negative, float on the screen. The light bounces crazily off the metal, plastic, and tiled surfaces.

The main reason, I believe, for this ghostly feeling is the lack of any flesh-and-blood present of the patient. The x-ray images fragment and reverse the human body. Mrs. Smith becomes a piece of film showing a two-centimetre shadow on the lung.



X-ray Viewing Room, 1990
Charcoal on paper, 28.6 x 43.2 cm



Patient with Friend and Guitar, 1990
Acrylic on paper, 25.0 x 34.0 cm

PATIENT WITH FRIEND AND GUITAR

This is a picture of friendship and I often link friendship with music. Music breaks down barriers between people. Illness can be a barrier and sometimes those visiting patients don't know what to say or don't know how to react. Music channels feelings and a song may express something that otherwise can't be put into words.

In the course of my work of making images of cancer I have talked to and interviewed many of dozens of cancer patients and talked to their families. A woman told me:

Last year, my 41 year old sister in law was diagnosed as having a malignant brain tumour. All the members of my immediate large family flew home to Cape Breton from wherever they were living at the time – in my case Toronto. I clearly remember the initial scene as everyone gathered around Donna's hospital bed. It had been a long time since we had all been in the same room together. Nobody knew what to say to one another or to Donna; in our collective state of shock, none of us knew what the appropriate reaction should be. So, in effect, we made it up as we went along.

Good Luck, 1990
Acrylic on paper, 25.0 x 34.0 cm



Opposite:

Elevator with Terry Fox, 1989

Charcoal on paper, 76.6 x 60.2 cm

ELEVATOR

Every time I'm in the hospital elevator now, I feel I'm in this painting. There seem to be more people there each time I visit. Indeed, as the population ages, and more children develop cancer, the number of cancer patients coming to the clinic is truly increasing. I chose to paint an elevator packed with people to convey an impression of overcrowded, overflowing claustrophobia.

A painter friend, Sue Rogers, wrote to me "I haven't been able to shake the impact that your paintings had on me this summer. In *Elevator* the faces stare out at the viewer in an imploring way, there is a feeling of otherworldliness."

In a sense, these people are phantoms. In the eyes of the world a cancer diagnosis is a symbolic death sentence. To further this apparition-like quality, I depicted the architecture with a Kafkaesque vagueness, and handled the lighting using a dim, flickering chariscuro, overrun by deep shadows.

Here are young, old, different races, health care workers, and patients. On the right is Terry Fox, Canada's most public cancer victim. The bursting elevator transports them, Like Charon's ferry, through a Homeric underworld, a dark place filled with shadows.



Terry Fox, Citadel, Halifax, 1982
Charcoal on paper, 25.0 x 20.8 cm



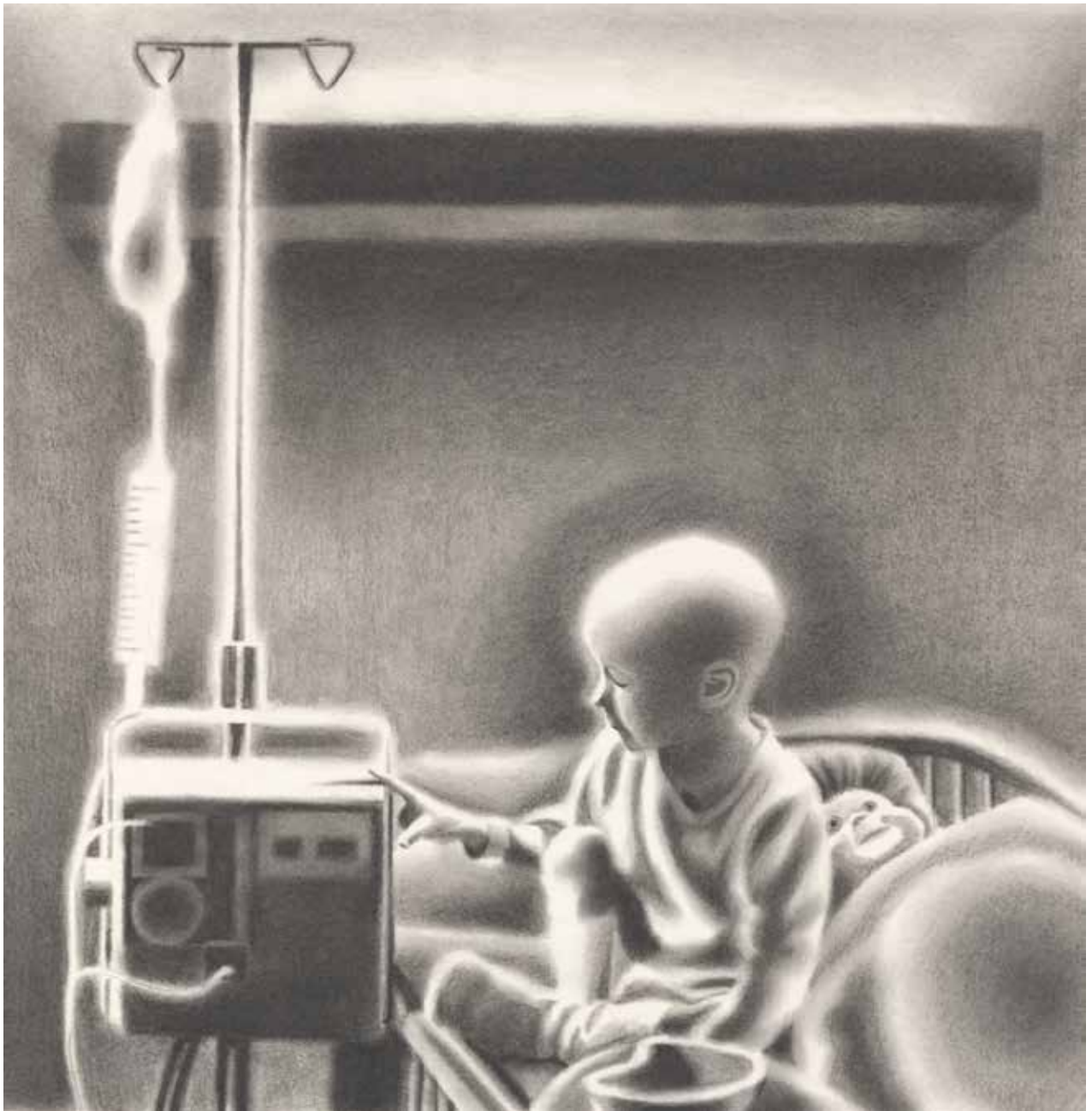
ERICA

Nineteenth century artists and writers tended to romanticize tuberculosis, a major illness of the day. Young people, especially, were described as becoming more beautiful as they became flushed with this disease. Unlike tuberculosis, cancer is resistant to romantic metaphors. It just seems brutal, ugly and mean. Cancer, in older people, carries with it a tacit acknowledgement of inevitability; in children we find it surprising and hard to comprehend.

I spent the afternoon in a children's hospital in Halifax with a young mother and her daughter Erica. They were from Glace Bay, 300 miles away, and both were staying at the hospital while Erica received chemotherapy. Erica was suffering from a cold and so her treatment had been delayed for a few days.

Although she was obviously feeling miserable, I found her playful and inquisitive. She seemed interested in seeing the paintings I had previously done and in posing for my camera. In this drawing, Erica, with her hair gone from the treatments, touches the pump that administers her chemotherapy. Her delicate gesture soundlessly conveys her predicament.

Erica, 1990
Charcoal on paper, 35.6 x 35.6 cm





Hospital at Night with Watching Man, 1989
Acrylic on paper, 28 x 34cm



EXTERIOR / INTERIOR

Three Beds, 1990
Acrylic on paper, 14.3 x 38.6 cm

Two summers ago I read Alexander Solzhenitsyn's *Cancer Ward*, surely one of the best novels ever written about cancer. In it, he describes the dynamics of a cancer ward where eight men of different temperaments and backgrounds are thrown together, with only their disease in common. During my illness, I spent most of my time on the west wing of the eighth floor of Halifax's Victoria General Hospital. I usually shared a room with three others. It was a little unnerving to be sharing close quarters with men I did not know. I was reminded of Solzhenitsyn's image of a hospital as a world-within-a-world.

In my paintings, I like to compare and contrast things, fashioning a visual dialectic. In *Three Beds*, the mini world of a cancer ward is re-created. On the left a family visits, in the centre a patient receives a needle, on the right a couple sits quietly together, beyond the need or consolation of words. In a cancer ward, private matters become semi-public, with only the curtain between the beds providing a semblance of sanctum.

VISION

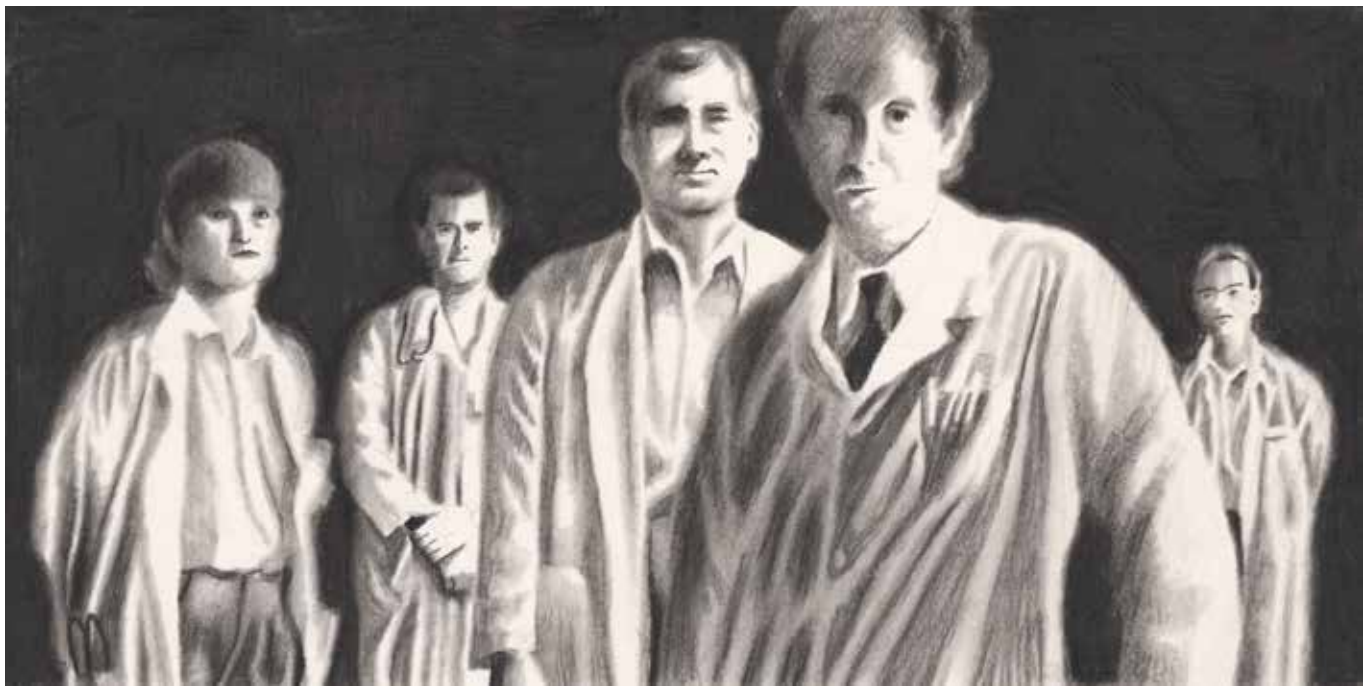
This image is half Charles Dickens and half Carl Jung. Like many of my paintings, it represents a dream or a mental projection of the patient. The choir is a symbol of a community. One positive quality of cancer, or any serious illness, is the way it causes us to focus and consider priorities, perhaps for the first time. Here, the man is awakening to the awareness of the importance of community.

The meaning of this picture is in the relationship between the individual and the group. Social isolation can often lead to the development of illness. Ironically having cancer can lead to social isolation. Tension is created here by the distance between the man and the choir. It is unclear whether or not he will be able to get out of bed and join them.

I had trouble painting this picture. I re-painted the choir three times, each time making them more distant. To draw a distinction between two main elements, I painted the man wet-and-wet, while I used impasto and dry brush techniques for the choir. Although this image is dark, with night-marish overtones, it is tempered by the title *Vision*. This suggests the development of awareness, which is the first step towards healing.



Vision, 1990
Acrylic on canvas, 81.3 x 121.9 cm



Doctors, 1990
Charcoal on paper, 56 x 112 cm

DOCTORS

When one doctor I know saw this painting, he was shocked at how the physicians had been portrayed. Here, a group of five doctors is seen from the perspective of a patient lying in bed. Bathed in a religious purple light, and glowing gently in the pitch black, some doctors loom over the patient like great white ghosts; others trail off, disorientingly, into the distance. I chose an extremely coarse canvas for this picture and the rough texture breaks up the paint into a druggy blur. The physicians are seen as distant and intimidating authority figures.

Today, doctors occupy a position in society that was once held by religious leaders. They are our secular priests and scientific knowledge has become our scripture. As well as being threatening, however, I have tried to show them as individual human beings. They sincerely want us to get better. I especially wanted to achieve a feeling of compassion and sympathy on the part of the nearest doctor. I see him as a kindly television doctor in an episode that was too realistic to be aired.



Three Men, 1990
Ink on paper, 5.2 x 11.7 cm

THREE MEN

Most cancer patients receive their chemotherapy as outpatients, coming into the clinic to get injected, and then going home. When my treatment first started, I was living in the country at my parents' home. I would usually drive into the city with my father and brother for the day. I received my treatment just before we left to drive back. I started to throw up in the car shortly after we got on the road, and I'm sure this is an experience many other cancer patients share.

This image is based on these memories. I intended to show the feelings of confinement I felt during this trip, but this picture has become more about what the others are thinking and feeling. The drive was difficult for me, and it must have been equally difficult for them. The psychological focus of this inky black charcoal drawing is on my father's face. The car is a cage. He is driving, but is not in control. I was thinking of the family's journey through night in a car as a metaphor for the cancer experience, as well as a larger societal comment. We are in motion and we are trapped.



Three Men, 1990
Charcoal on paper, 32.0 x 38.0 cm

MR. S. IS TOLD HE WILL DIE

As a part of my research for this project, I spent a few days following doctors on their morning rounds. I put on a white coat and as far as the patient knew I was just another doctor.

The most poignant moment came one morning when we met with a man who had liver cancer. He happened to be holding a cross as two senior doctors sat beside him. Very gently, they explained that there was nothing further they could do for him, that he would die from his cancer, and that he could go home and be with his wife and daughters. This man had been denying his illness, but now he confronted reality for the first time. It was an incredibly intense moment, a breakthrough for the patient and doctors.

Elisabeth Kübler-Ross has named five stages of dying: denial, rage, bargaining, depression, and acceptance. The doctors handled Mr. S. with honesty and compassion, and they broke through his denial. I have tried to portray the next stages of dying that Mr. S.'s mind must have been rushing through.

In this painting the cross symbolizes religion, and the doctors, in their white lab coats, represent science. The man is grasping onto both: and neither one can save his life, and he knows this.



Mr. S. Is Told He Will Die, 1989
Acrylic on canvas, 76.2 x 101.6 cm

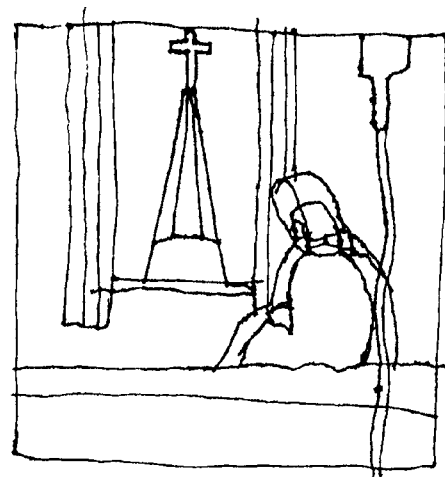


Steeple, 1990
Charcoal on paper, 32.4 x 32.4 cm

STEEPLE

I spent a number of weeks in the Princess Margret Hospital in Toronto, where I received radiation treatments to my abdomen, overseen by Dr. Simon Sutcliffe. While there I noticed that there was a church, our Lady of Lourdes, next to the hospital. Later I returned to conduct research for this project. When interviewing a patient, I again noticed the church through the window and got the idea for this image.

In terms of form, the church steeple and the IV bag echo each other. As well, they both shine with light. The drawing is deliberately ambiguous. The steeple could be a symbol of salvation, a beacon of meaning in a meaningless situation. Or conversely the steeple could be read as an impotent icon, useless and unreachable, sealed off outside the window of the modern scientific world. The woman sits in a darkened room, suspended between these poles.



Steeple, 1990
Ink on paper, 4.8 x 4.8 cm



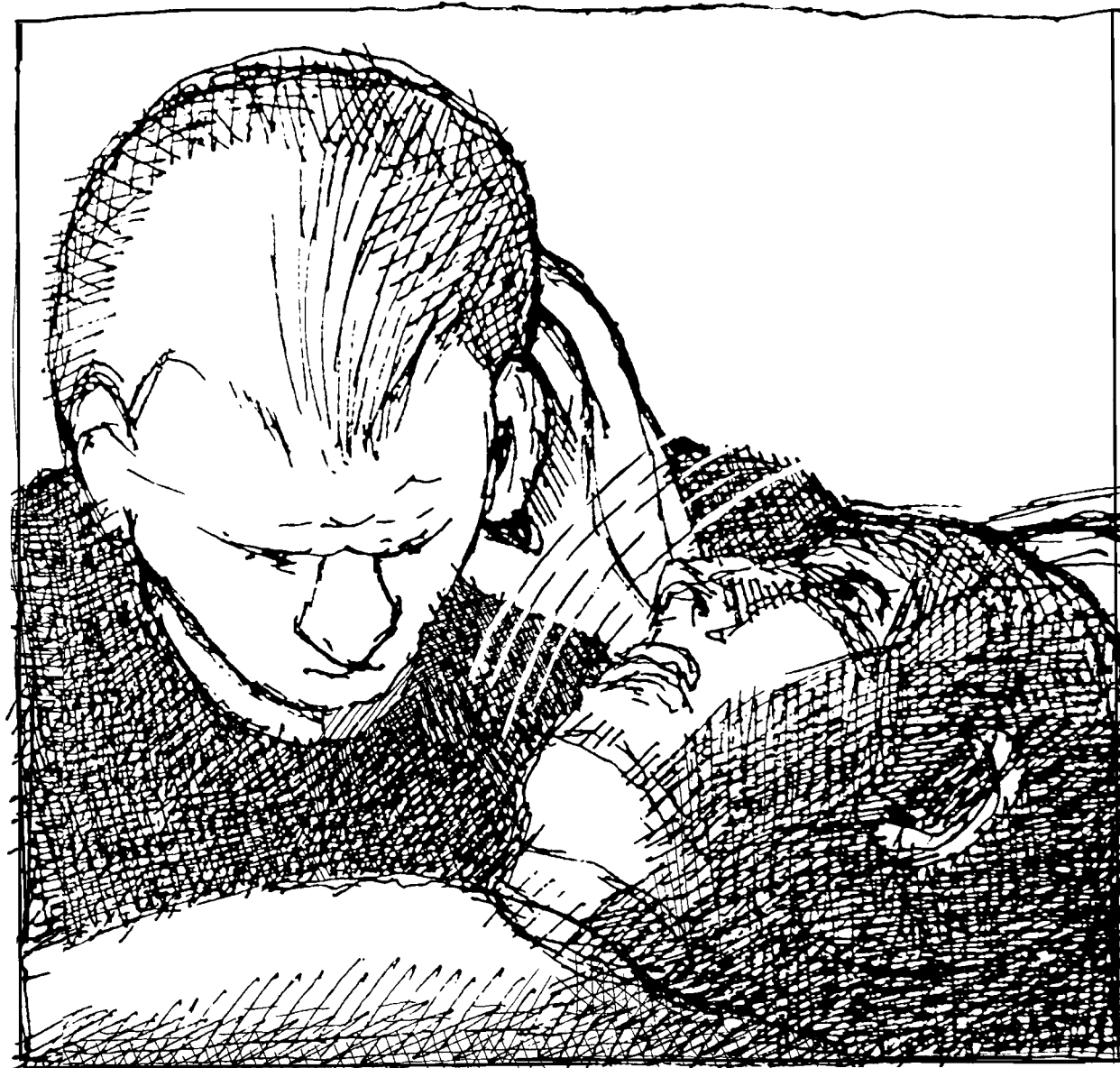
Service for Terminal Patients, 1990
Charcoal on paper, 35.5 x 41.3 cm

LISTENING

One afternoon, in talking about the ideas for this image with my parents, my mother reminded me of the saying that there are no atheists in fox-holes. In cancer, many of the cases end with death despite the intervention of modern medicine. This not only tends to shake people's faith in science, but opens the possibility of an experience beyond the physical. Often cancer forces patients to raise their consciousness, a positive thing. An increased spirituality can be very useful on a practical level when faced with difficult circumstance.

In this scheme of things, the role of the chaplain becomes as important, or more important, than that of the physician. I was inspired to attempt a picture involving a chaplain after seeing a photograph of a mass for terminal patients taking place at St. Rose's home, run by Hawthorn Dominicans for the care of incurable cancer patients, in New York City. When I approached Ed Fiander, an Anglican chaplain in Halifax, about doing something similar, he was somewhat negative. He explained how his work consisted mainly of intimate, one-on-one visits with patients rather than more public rituals with fancy vestments.

After this conversation, I decided to proceed with two images: *Service for Terminal Patients* and *Listening*, and I believe Rev. Fiander's criticisms were valid. *Service for Terminal Patients* comes off as a bizarre mix of 1930's social realism and Dickensian melodrama. *Listening* seems more successful, with its themes of awareness, and communication on more than one level.



Listening, 1990
Ink on paper, 8.0 x 8.7 cm

DAUGHTER AND FATHER

As our population ages and more people develop cancer, more daughters and sons will be put in the position to care for their parents with this disease. This drawing deals with some of the issues raised by this relationship.

An illness can bring a family close together, yet difficulties such as difference in age and trouble in adjusting to changing roles can set up stumbling blocks to new-found closeness. Sometimes the case arises where the sick parent is better able to cope than the healthy offspring.

To suggest this idea, I placed the father and daughter in different areas of the drawing, connected by the umbilical cord of a bed. The father is rendered in an illustrational, crosshatched style, while the daughter is depicted more abstractly in solid blacks and whites. The father looks off to the side, the daughter stares blankly at the viewer, her face like a pagan mask.



Daughter and Father, 1990
Ink on paper, 10.4 x 18.0 cm



Hug, 1990
Acrylic on canvas, 182.9 x 78.7 cm

HUG

This image was a search for a monumental set of forms that would deal with families coping with cancer. The painting is six feet high and the figures are life-size. It is deceptively simple, but it took me three couples and countless drawings to arrive at the final composition. The two main opposing forces are life and death. The gesture of the hug is life-affirming. The colour grows redder where the figures touch. The IV pole suggesting a cross, slashes through the couple like a dagger, splitting them in two, a reminder of mortality.

With the content dictating the forms, the people are made up of intertwining curves, while the IV pole is made up of straight lines. The formal tension mirrors the psychological tension. I worked wet-in-wet with a feathery, blending brush to evoke a sense of fluidity. The folds of the clothing, the anatomy of the figures, even the cord of the IV bag, are manipulated to create a spiralling rhythm. Man, woman, life and death all melt together. In this spiral of forms and ideas I have tried to find a compassionate equivalent for the struggle cancer patients and their loved ones go through.

Hug, 1990
Ink on paper, 41.2 x 18.9 cm



MASTECTOMY

One of the most disturbing aspects of cancer treatment is that it sometimes requires amputation. As humans, we desire a sense of completeness; and with the loss of a body part, this feeling is disrupted. Canada's most well known cancer amputee is Terry Fox. He demonstrated very convincingly that the loss of a leg need not slow him down, nor anyone else.

This image deals with the theme of mastectomy – the surgical removal of a breast to prevent the spread of cancer. As a man I'm not sure I can fully understand the feelings associated with this procedure, but I am sure it must be difficult to cope with. In our fragmented society, where body parts are isolated and arranged in a hierarchy of importance defined by the culture, the loss of a breast becomes a worst case scenario.

In talking this over with several female friends, a number of points were raised. There is a sense of violation and a feeling of being less of a woman. There is the worry that a mastectomy will change the partnership between a man and a woman, sexually and otherwise. In the end however, one friend puts it in proper perspective. She reminded me that a man should be very grateful that his partner is still alive, by far the most important fact.



Mastectomy, 1991
Ink on paper, 10.5 x 11.5 cm

PROGRESS

The models standing in this picture are: Terry Blakeney, a friend since boyhood, and his family. My studio is small, and things got rather chaotic as three adults and three lively children tried to work out a complicated pose at extremely close quarters. At times during the session I felt as though I were in a Marx Brothers movie, and I am sure Terry and the others must have considered the situation equally preposterous.

Progress, which occupied me for an entire autumn, is a multi-generational group of figures, exploring family relationships, illness and health. It looks back to the past and forward to the future. It is stacked with symbols that spiral and fold into one another.

The figures are arranged on a vertical axis, creating the effect of a totem pole. At the top is the ubiquitous television, it is blank, blind white screen presiding like a mindless electronic god. Moving down, we notice the cancer-stricken grandfather, lying prone in bed. Next is the father who looks toward the patient. The mother, lost in thought, gazes sideways as she holds her daughter. The girl looks through a telescope, representing an attempt to see the future. Continuing down, we come to the first boy, holding a hand of cards, a symbol of chance or fate. Finally we arrive at the youngest boy, playing with an oxygen mask, alluding to pollution and the world's environmental crisis.

This image can be likened to a cautionary parable. It reminds us of negative aspects of life: blindness, sickness, pollution. Yet this spiral of figures also suggests that hope and health can be achieved through human solidarity and the establishment of a vision for the future.

Opposite:
Progress, 1991
Acrylic on canvas, 182.9 x 121.6 cm





RED MITTEN

The notion that prompted me to do this watercolour came about during a visit with a cancer patient in Toronto. The woman, who owned and operated a doll-making business, was knitting a red mitten. This struck me as a wonderfully positive, and Canadian, symbol.

Everything but this element is painted in whites and greys. As is often the case, the symbolic key to my picture is placed in the physical center. At this focal point of the composition, near the woman's heart, the mitten is bright red. It evokes feelings of life, warmth, and survival.

Opposite:
Red Mitten, 1989
Acrylic on paper, 34.5 x 25.8 cm

MRS. OCHIGEASKW

Often my pictures are fusions of radically different sources. In this case, aspects of two real woman are combined with a memory of my own experience.

For a long time I had wanted to do an image of a patient in a hospital hallway. I remember late night hours when, agitated by drugs, I would endlessly pace the deserted, gleaming corridors.

This pencil drawing is partly based on a Micmac woman I met. I have given her the name Mrs. Ochigeaskw, which is Micmac for She Who Is Covered With Scars. There is a contrast between the geometric emptiness of the background and her organic, human presence.

The deeper spirit of this image however, draws from my memories of my friend Beulah Murphy, who recently died of cancer after a long battle with the disease. I have never met a more strong-willed person, and her life force was a source of wonder. I will always think of her standing straight up, resolute in the face of hardship.



Portrait of Beulah Murphy, 1989
Ink on paper, 18.9 x 16.0 cm

Opposite:
Mrs. Ochigeaskw, 1990
Pencil on paper, 34.5 x 25.8 cm





Healing Hands, 1989
Woodcut, 25.4 x 33.0 cm

HEALING HANDS

For several years I shared a studio with Glen MacKinnon, a gifted artist who has created many striking woodcuts. With his encouragement, and technical assistance, I attempted my first woodcut, and *Healing Hands* is the result.

The human body seems to have an innate ability to heal. One aspect of healing is the involvement of touch. When we have a headache we place our hand on our forehead. When we have a sore shoulder, we rub it. When someone we love is in pain, we hold them.

Previously, I had done a watercolour version of this image in soft flesh tones. In this woodcut, the additional device of the lines radiating from the hands increases the graphic interest and serves to convey a sense of healing power. The lines symbolize curative life energy flowing inside and outside the body.

CURTAIN

As an artist I find I have two distinct audiences. One group is a public one, comprised of people I do not know. The second audience is a smaller, more intimate circle made up of those I am closer to: they are nearer to the creative process and see the work more regularly.

One member of this second group is my brother, Doug. He frequently will offer painting ideas to me and, indeed, bemoans the fact that I don't follow his suggestions more often. He is quite interested in a theme common in the nineteenth century literature, that of "the double" as can be seen in such stories as Edgar Allen Poe's *William Wilson*. One day, as I was showing Doug a half worked out sketch of a man lying in bed, he suggested adding a curtain and putting a second man on the other side, thus making the image more psychological and evocative.

This painting recalls memories of lying in bed in the hospital with a curtain drawn between my neighbour and myself. Even though I couldn't see the man in the next bed, I would be very conscious of his presence, a rather dissimilar feeling to being alone in a room.

In this picture the two men are painted very differently. The light on the man in the foreground produces a sense of volume, where as the back-lighting of the other man turns him into a silhouette. This, coupled with the separation of the curtain, implies that each man could be symbolic of a different state: healing and illness, life and death. Or, in keeping with my brother's notion, this picture could represent different sides of the same person.

Opposite:
Curtain, 1990
Acrylic on canvas, 61.0 x 61.0 cm





Conference, 1990
Acrylic on canvas, 61.0 x 91.4 cm

CONFERENCE

This painting, like the drawing *A Friends Story*, contrasts events in a hallway with what is happening in an adjoining room. A group of three doctors are having a discussion outside the room, while inside we see a patient lying in bed, and a visitor.

I wanted this painting to be about the subtleties of communication and exchange of information in a cancer situation: doctors talk differently among themselves than they do around a patient or the family. In the hall, the language is scientific, factual and blunt; meanwhile, in the room the communication is of a more nurturing and emotional nature. I based the composition of this painting on another painting about privilege and lack of it: *The Flagellation of Christ* by Piero Della Francesca.

FAMILY

I was trying to do three things in this big, dense painting about death. The first was to create a set of symbols. Second, I wanted to explore the psychological reactions and interrelationships of family members. Third, I wanted to set the people in a social context, relating them to their human and cultural environment.

The Victoria General Hospital and the cemetery are structures and symbols of rationality and order. The cross, representing another type of order, has obvious symbolism. The dog in the foreground, added to the painting last, is the key to the image. Occupying the centre of the picture like a black hole, the dog's raw emotional intensity unsettles the static structure of the other elements. It can be read as a symbol of the natural world, of rage, of sorrow, or as a dark side of spirituality, rising from hidden recesses. One friend who was hoping this would be a nice, Christian picture was disturbed by the dog.



Study for Family, 1990
Acrylic on paper, 25.0 x 34.0 cm

There are a series of interior dialogues set up by contrasting pairings within the image. The howling of the dog is juxtaposed with the man holding the saxophone. On the left, a man looks toward the grave, while his wife looks away. The couple is in turn contrasted to the group on the right side of the grave. Finally, and perhaps summarizing the painting, the only pair of eyes that engage with the viewer are those of the young girl in the foreground and the dog.



Family, 1990
Acrylic on canvas, 91.4 x 121.9 cm

THE GIFT

When in Toronto, gathering background for this project, I had the opportunity to go through the photo file of the public relations department of the Princess Margaret Hospital. One of the most memorable photographs was of a young father holding a baby. The father's hair had fallen out as a result of chemotherapy; I wanted to use this image of baldness to contrast how the baby is experiencing new life while the man is confronting the potential end of life.

My picture didn't seem complete, until I added the figure of the mother, making the theme of fertility more explicit. My sister calls it a "malignant holy family." When I was given chemotherapy, the doctor told me the treatment would cause sterility, a side effect that has been very difficult to accept and deal with. This image is a minor miracle then, life occurring in the life of a chemotherapy patient, hinting that he too may live.

I chose the title *The Gift* for two different reasons. One reason is that a birth of a child is like a gift to the parents. The other reason is that, after a serious illness, life itself is experienced as the greatest gift anyone can receive.



The Gift, 1991
Acrylic on canvas, 22.9 x 30.5 cm



The First Day, 1989
Acrylic on paper, 53.5 x 71.8 cm

THE FIRST DAY

This image was created about one third of the way into my series. A friend, Mary Cutler, who is a nurse, commented at the time that this image was a breakthrough, in that it was the first picture in the project that directly dealt with healing.

At one stage in the process of getting better, I recall sitting on the deck of my parents' house and noticing a pot of geraniums. It was mid-morning in early summer. The flowers seemed to be gloriously alive in the bright, warm sunlight. Ordinary as this may seem, this has remained a watershed moment for me. The picture records strong impressions: the deck, the geraniums, the sunlight, and the act of contemplation.

Sickness, I believe, carries with it thoughts of possibilities being closed off, a sense of being shut down, feelings of reluctance in engaging with the world. Health, in contrast, involves an expansion of possibilities, and an opening-up cycle that might be likened to a blossom unfolding in the warmth of the sun.



Geraniums, 1989
Ink on paper, 10.5 x 8.5 cm



Brothers, 1991
Charcoal on paper, 16.1 x 39.7 cm

BROTHERS

While recovering from cancer, much of my time was spent in a bedroom in my parents house in the Annapolis valley. Apples are the main crop of this rich, lush farming area and I have always looked on the valley as a sort of earthly paradise. From this period my clearest recollections are the presence of my family and the view from my bedroom window.

Through the window can be seen tree tops, the Bay of Fundy, and rising above everything else, the long island ridge that ends up in Cape Blomidon. In Micmac culture, Blomidon is the home of their god, Glooscap, a mythic idea that reinforced my feeling of a spiritualized landscape.

A bird passes by the window in this picture. It suggests flight, passage, progress; perhaps the person in bed may likewise move on soon and begin to get well. The title is meant to imply that in a healthy world there is a relatedness on earth, a kinship that connects the trees, the water, the mountain, the sky, and the men.



Hawk, 1991
Pencil on acetate, 12.0 x 17.0 cm



New Steps, 1990
Ink on illustration board, 39 x 30 cm

Opposite:
New Steps, 1990
Acrylic on canvas, 106.5 x 64.0 cm

NEW STEPS

This art project would not have been possible without the help of nurses. I have been working mainly with the same group of women who nursed me when I was sick. The picture *New Steps* came out of a conversation I had with Gloria Repetto and Janet Copeland, whose assistance has been invaluable. They suggested an image of two nurses walking a patient. I immediately liked the idea, because it was active, rather than passive, and it involved cooperation of both parties, as equals. The act of taking new steps could be a metaphor for healing itself.

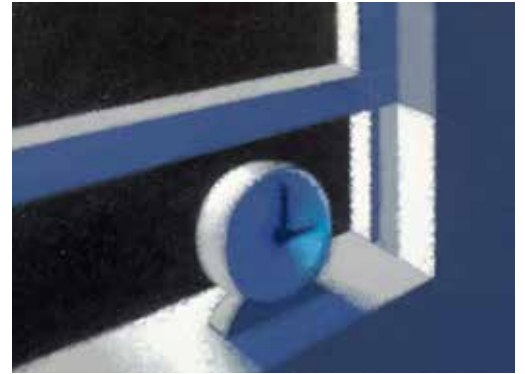
Earlier versions of *New Steps* included a number of people in the corridor, looking on in amazement as the patient returns like Lazarus to his feet. Realizing the scene could still be amazing without spectators, and that a simplified composition would have more impact, I reduced it to the three main figures.

The image evolved even more as I began experimenting with elongating figures. I noticed that my pictures of illness, with people lying in bed, tend to be horizontal, while my images of healing are generally vertical, and began to wonder if there was something about vertical forms that was inherently healing. Here, the nurses and patient rise upward like church architecture or the figures of El Greco. They spring forth like flames in an image of partnership on the walk back to health.





Window, Day, 1989
Acrylic on canvas, 44.7 x 60.2 cm



Window, Night, 1991
Acrylic on canvas, 22.9 x 30.5cm

WINDOW

Many images in this body of work use this motif of the window. It is a device that allows both inside and outside to be seen together. In several of the pictures, the window carries with it psychological and metaphorical connotations. The view through the window becomes a vista into the mind, or a spiritual dimension.

I had been haunted by the concept of an open window for sometime before doing this image. It symbolizes to me a passageway to a new, perhaps spiritual, world and a sense of release, or freedom. I also deliberately left the view outside the window empty: what I wanted was a feeling of infinity.

ILLNESS AND HEALING

Themes of illness and healing, from which this book draws its title, are restated and fused here. This image depicts a family visiting in the hospital. Silhouetted against the window is a solitary figure, signifying isolation, darkness, illness, and death. In the front, an adult and child embrace, representing togetherness, love, health, and life.

The patient is placed between these two symbols. It remains to be seen in which direction he will move. Meanwhile, he lies in bed, the candle keeping vigil beside him.



Illness and Healing, 1991
Ink on illustration board, 14.3 x 18.1 cm

Opposite
Sink, 1990
Charcoal on paper, 35.5 x 36.0 cm

SINK

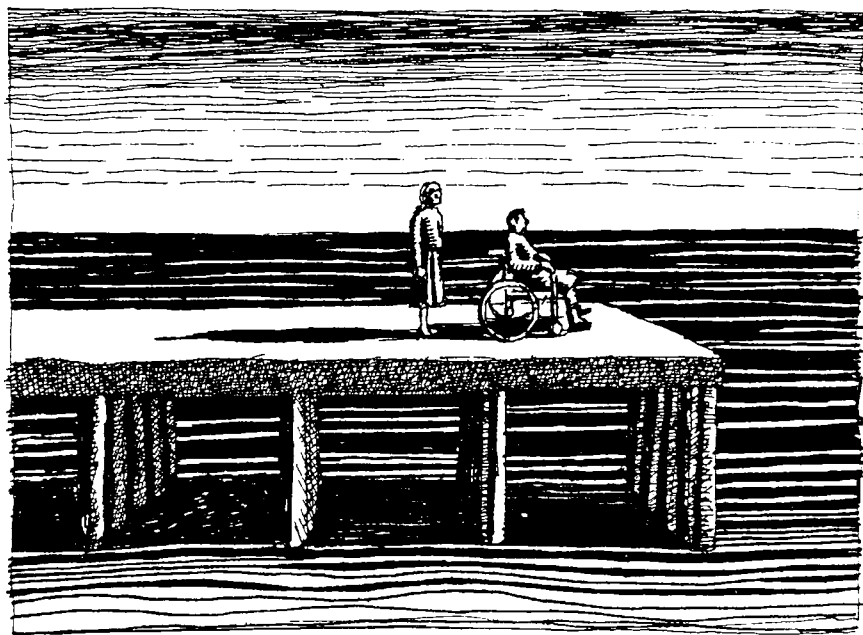
Sink examines the relationship within a marriage in which one of the partners has cancer. I purposely left it unclear as to if the husband or wife is ill. To me, it could be the husband, but most people see the wife as being the one with cancer here.

The couple shares the same bed, but they do not share the same thoughts. The husband sleeps while his wife lies awake, staring upward, her mind racing. Echoing her stream of thoughts is the stream of water flowing from the tap in the background. I understand the sink in two ways: first, the moving water as a symbol of life, and second, the drain as a metaphor for life slipping away. The man's hand is cupped in an upcast direction, in a gesture of catching the water, or holding onto life.



Sunrise, 1991
Charcoal on paper, 35.0 x 35.0 cm





Healing, 1990
Ink on paper, 12.0 x 16.8 cm

HEALING

The studio in which I work is on the waterfront, very close to a wharf, and I have used this motif many times. For me, contemporary life is being lived increasingly on the edge. This is especially true for cancer patients, most of whom face a real uncertainty: whether or not they will live or die. The wharf, which is on the physical edge of land and water, seemed an apt metaphor for this psychological reality.

This journey to the edge of death is a difficult thing to face, and I am amazed by the courage most cancer patients show. In this image, with someone to stand by him, a man sits in a wheelchair at the end of the wharf. The wharf becomes a stage. The man and his companion are bathed in golden sunlight, participants in a drama of healing.



Healing, 1990
Acrylic on canvas, 61.0 x 91.4 cm



BALLOON

The germination of this image came about one day in the office of my doctor, Ross Langley. I was showing him what I had done so far and he commented that I had far more pictures of illness than healing. I asked him if he could suggest anything and, after a mini-brainstorming session, the notion of a party after finishing chemotherapy was put forward. This work finally came together when I saw a photograph of two well-known artists: Diego Rivera bending over the bed to kiss his sick wife, Frida Khalo.

Formally, I wanted this drawing to be composed entirely of curves and round shapes. The balloon of the title is a metallic, helium-filled type, a common gift to patients. Here, it is a symbol of celebration. As the man and woman kiss, we notice a vague reflection of a nurse in the balloon. She overlooks the scene like a guardian angel.

Opposite:
Balloon, 1990
Charcoal on paper, 35.5 x 35.5 cm

NEW FIELD

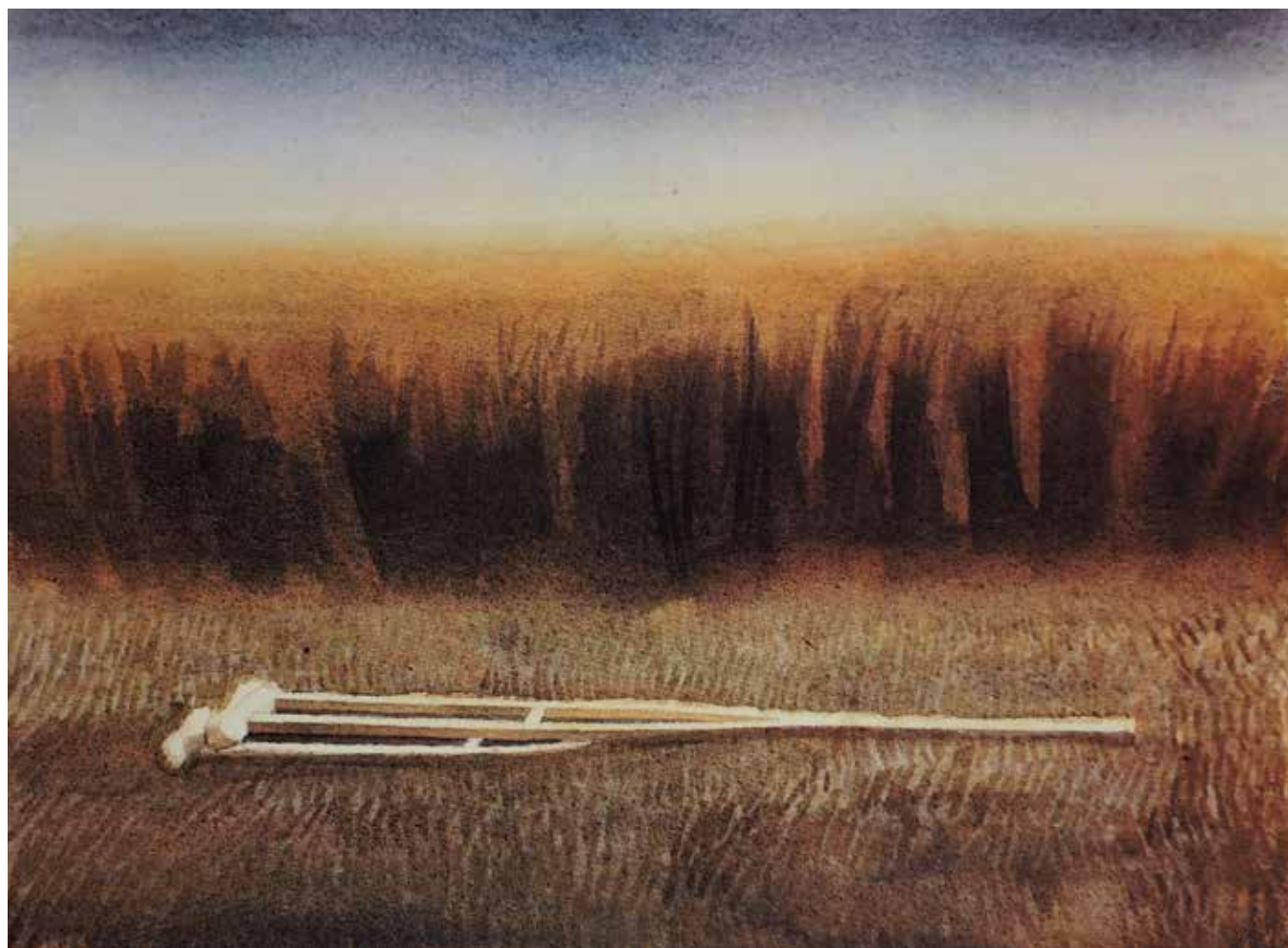
This small watercolour is one of the few works in this book that does not contain a human figure, although a nearby human presence is implied. The field of wheat is a symbol of life. In fact, wheat is known as the staff of life. It and other grains such as rice and corn have been absolutely central to human development.

In the foreground lies a pair of crutches, a symbol of illness. Health has returned, and the crutches, once so important, are no longer needed. The patient has walked out of the picture, and gets on with life.

In discussions with Susan Gibson Garvey, curator at the Dalhousie Art Gallery, she commented on the sense of enclosure and claustrophobia in much of this body of work. This touches on the central differences between illness and health. Illness is largely self-absorption. The patient is not aware of much beyond his or her bed. Most healthy persons are concerned with a larger world: interests, friends, their work, and the physical environment that surrounds them.

The images in this book are sequenced so they move loosely from illness to healing, and from claustrophobia to openness. As the book progresses we get more and more glimpses out of windows, then we see people outside, and finally, with this image, we are presented with a pure landscape.

Opposite:
New Field, 1989
Acrylic on paper, 25.0 x 34.0 cm



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UPDATED NOTE ON PREVENTION

Many cancers are preventable. The following list provides a basis for personal actions which may reduce your risk of getting cancer.⁴

1. Start a garden and grow some of your own food. It's healthy to interact with soil and sun, not to mention the benefits of serving fresh vegetables grown without pesticides.
2. Avoid processed foods and foods with a high sugar content. Michael Pollen's *Food Rules: An Eater's Manual*, Penguin, 2009, is a fun and helpful guide to serving nutritious food for yourself and your family.
3. Sensible exposure to sunlight is important. Vitamin D is made in the skin when exposed to sunlight and having high enough levels has been shown to have many health benefits. People over the age of 50 have trouble naturally producing Vitamin D in their bodies and need to take Vitamin supplements. See vitamin-d-society.org for more details.
4. Keep your weight close to ideal. Practice fasting from time to time to help detoxify the body. See Michael Mosley's "Eat, Fast and Live Longer," BBC Horizon. See also Rainer Klement and Ulrike Kammerer's "Is there a role for carbohydrate restriction in the treatment and prevention of cancer?" *Biomed Central: Nutrition and Metabolism* October 2011.
5. Minimize or eliminate alcohol.
6. Do not smoke.
7. Avoid occupations that involve exposure to known carcinogens.
8. Exercise regularly.
9. Maintain good relationships with your family and friends. Open up. Share your feelings with others. Hug someone you care about, every day.
10. Be relaxed. Deep breathing, exercising, and relaxation techniques all help.
11. Avoid taking antibiotics if possible. Antibiotics not only fight bad bacteria in our bodies, but also damage good bacteria essential to maintaining a diverse gut biome essential to good health. See "It Takes Guts," CBC Nature of Things, <http://www.cbc.ca/natureofthings/episodes/it-takes-guts>
12. Some medicinal herbs, such as Curcumin, have been shown to be helpful for cancer patients. For info on Curcumin, see Sayer Ji's "Better than Chemo: Tumeric Kills Cancer Not People," in *Cancer Letters*, September 2015, GreenMedInfo.com and Jayaraj Ravindran, Sahdeo Prasad, and Bharat B. Aggarwal's "Curcumin and Cancer Cells: How Many Ways Can Curry Kill Tumor Cells Selectively?" *The AAPS Journal*. 2009 Sep; 11(3): 495–510. Published online, 2009 July 10.

4: This list was updated on Dec. 1, 2016, by members of Robert's family, and makes use of references unavailable to Robert.



FROM THE ARCHIVES

Additional images by Robert Pope related to *Illness & Healing*

Robert continued to work on his *Illness & Healing* series for months after his book was published. In the pages that follow, an attempt has been made by the members of the Robert Pope Foundation to give a sense of the breadth of this unpublished material. (For a more complete update, please visit the Robert Pope Archive at robertpopearchive.com.) As well, an effort was made to connect this material to Robert's artworks before *Illness & Healing*.

Robert was diagnosed with cancer shortly after graduating from art school in 1982 and died in 1992, so, in a sense, all of his images reflect his efforts to cope with and understand this disease. These archival images are meant to shed some light on Robert's process and thinking in the making of this book. His book is like a diary, a piece of citizen-journalism, an effort by one patient to reach out to others. It is hoped that these additional images will help reinforce the theme that patients and their families have the right to make observations, ask questions, share information, tell stories and reflect upon their experience outside an institutional or corporate narrative. As far as Robert was concerned, his experience had little to do with "the great progress being made in the cancer field," and everything to do with finding purpose, joy, and community, in the face of the increasingly difficult trials of everyday life.

Right and opposite:
Aesculapius, 1991
Charcoal on paper, 184 x 80.7 cm



WRESTLING WITH CANCER

A patient grapples with symbols of illness and healing. This struggle is physical, emotional, and spiritual. In this life-sized drawing, Robert abandons realism for a more mythic approach. The snake, coiled around an I-V pole, serves as a fanciful visual pun on the caduceus, the Greek symbol of medicine, often shown entwined round the staff of life. The snake appears as both monstrous and divine, imbued with supernatural powers. The coils and turns of the snake's body mirror the fall of the feeder tube from the bag of IV solution. The turning shapes fuse together man, animal and technology into one coil spring of energy. The twists also suggest the path of healing is labyrinthine, confusing and not easy to comprehend.

The title *Aesculapius* refers to literature's first doctor, who appears in Ovid's *Metamorphosis*. Robert often includes animals in his work. Often these animals represent energy and connection to cosmic forces beyond human understanding.





THE ARTIST AS PATIENT

In self-portraits made at art school, Robert portrays himself as a confident young rebel. By the time of *Illness & Healing*, 8 years later, Robert portrays himself as more of an Everyman, an underdog hero, who inadvertently finds himself caught in situations beyond his control.

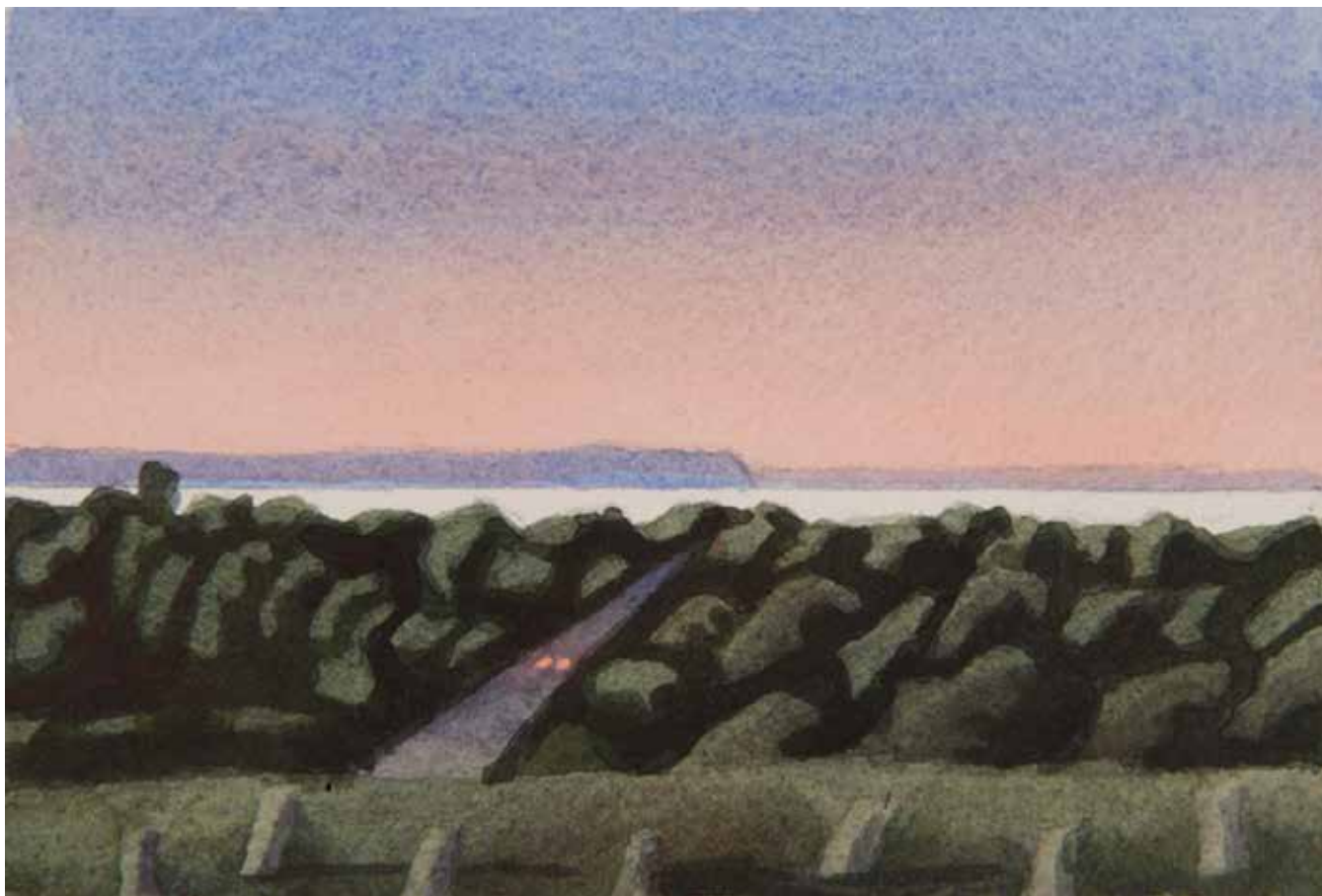
There is a long history of artists who portray themselves before their easels. Oftentimes the artists will dress up in fancy clothes to persuade clients of their status and worldly success. Robert wears a dressing gown over his hospital pajamas. His face is half-hidden and the back end of his paintbrush points at the IV pole behind him. The artist seems to be sandwiched between his art and his illness. At the same time, he's diligent, focused and determined to keep going no matter what the circumstances.

When Robert dresses in street clothes, it looks like he's recently lost weight and his clothes are starting to fall off him. His attitude is casual, yet the contrast of light and shade on his body suggest a dramatic situation.

Self-portrait with Easel and IV pole, 1991
Charcoal on paper, 36 x 28 cm

Self-portrait with hand in pocket, 1986
Pen and ink, 35 x 27 cm





Sunset over Blomidon, 1992
Acrylic on paper, 10 x 13 cm

THE NIGHT JOURNEY BEGINS

This small watercolour was painted from the bedroom window of Robert's family home in Hantsport, where Robert had gone to recover from his first chemotherapy treatments. The scene shows the lush farms and trees of the Annapolis Valley. The Minas Basin and Cape Blomidon are visible in the distance. With its sunset, sense of encroaching nightfall, and the presence of a tiny car setting out on a journey, the scene may have reminded Robert of the unknown journey he was embarking on with his cancer experience.

Robert's interest in the mythology of pop culture often focused on cars. His "Accident" series takes, as a point of departure, the breakdown of cars and the subsequent unravelling of a sense of order and certainty. Car and wharf join the two principle motifs of this series, technology and nature, in an uneasy balance. *Wharf* foreshadows the first and last images in Robert's book, *Lifelines* and *New Field*. Both show medical objects, an IV pole and an abandoned crutch, surrounded by scenes of the natural world. There's an absence of people, but a strong suggestion of human presence that creates an uncanny, ghost-like effect.

Below:
Wharf, 1988
Acrylic on canvas, 54 x 72 cm



MYSTERIES OF LOVE AND MORTALITY

In his series on troubled lovers, Robert portrayed a man and woman in profile with skull and flowers between them. It is similar to an image from *Illness and Healing*, where the x-ray of a skull appears between the heads of two doctors. The mystery of love is restated as the mystery of illness and diagnosis. The skull also connects to the “vanitas” theme in art history, where a skull is included in a picture to signify the transient nature of earthly things and pursuits.



A Seal Upon Thine Heart, 1987
Acrylic on canvas, 55 x 73 cm

The word “vanitas” comes from the Bible, (Eccl. 1:2, 1:2.8), translated in the King James version as “Vanity of vanities, all is vanity.” The word “vanity” refers to modern notions of false pride, futility, and misdirected ambition. The x-ray machine is a wondrous example of technology, allowing doctors to see invisible things, almost to see right inside a patient’s soul. But the skull also has a mocking quality, as if to caution the viewer that science can only go so far and that there are mysteries to life that remain impenetrable. Mixing medicine with religion is a theme that gains force as Robert’s series progresses.



Two Doctors and Skull X-ray, 1990
Acrylic on canvas, 61 x 76 cm



The Light, 1989

Pen and ink, 10 x 12.5 cm

ILLNESS AS A JOURNEY

Robert's images served many functions. This visionary drawing first emerged out of Robert's "Accident" series. The image next appeared on Robert's home-made Christmas card for 1990, with a line from the Bible inside: "The light shines in the darkness and the darkness has not overcome it." (John 1:5) After Robert's death, his father used this image on the cover of a book *A New Relationship* describing his grief and attempts to overcome it.

Robert's initial study of a man walking along a deserted road is one sketch in a page of drawings that appear to tell a story: after a romantic interlude, there's a car crash and a man goes looking for help. Robert developed two versions of the image, one using an Op Art geometrical landscape and the other using a wild stream of marks signifying the dispersal of light and energy. The tiny drawing is open to interpretation. Is this a near-death experience or a search for other-worldly guidance? Or is it a statement that, even in the hardest of circumstances, there is a way forward?

Into the Light, 1989
Pen and ink, 10 x 12.5 cm



:
Giant Agony, 1989
Pen and ink, 10 x 12.5 cm



OUTCAST: PAIN, GRIEF, SOLITUDE

Robert's illustration opposite was made for the cover of a book, *The Giant Agony: On Human Suffering*, but is included in sketchbook pages for *Illness & Healing*. The stretched-out extra tall figure connects to the words "Giant Agony". Robert updated a Renaissance image depicting Adam's expulsion from Eden. Cancer patients, especially those in hospitals, may feel themselves somewhat cut off and isolated from a healthy population.

The forlorn giantess, top right, is part of Robert's lovers series based on the novel, *By Grand Central Station I Sat Down and Wept*. The novel tells the true story of a Canadian woman who sacrifices everything for the love of a man only to find herself stranded and alone in America. She is a martyr for love.

In Robert's later *Illness and Healing* series, a martyr theme emerges in many images. Patients view themselves as victims of various forms of cancer that upset their lives in every conceivable way. The martyrdom of patients, like the martyrdom of lovers, may reside in accepting a difficult fate without fully understanding it.

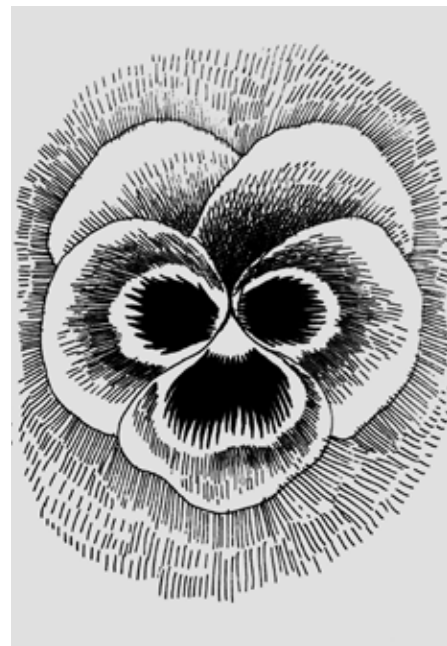


Pagan Martyr, 1987
Acrylic on paper, 10 x 12.5 cm



GIFT OF FLOWERS

Robert's last paintings were small studies of flowers. While the rose is simplified, the dramatic lighting gives it a monumental presence as it emerges from the dark background. Flowers are fragile but beautiful symbols of love that awaken the senses. They are often presented both as gifts to patients and as gifts to grieving families. Robert does not portray flowers in bouquets, as are usually seen in still life paintings; instead he paints one flower at a time.



Opposite:
White Rose, 1991
Acrylic on canvas, 30 x 30 cm

Above:
Pansy, 1991
Pen and ink, 20 x 12.5 cm

TECHNOLOGY: LOOKING FOR ANSWERS

A medical researcher peers through an electron microscope. The size of the instrument makes it a fantastic tower of technological wizardry. There may be a faint hint of irony here, as if the researcher, with his God-like powers to peer into the inner secrets of nature, is blinded by the intricacy of his byzantine machine.

A patient lies inside a womb-like CT-scan machine, as if awaiting birth. The immersive nature of technology makes modern medicine not just a tool, but also an overwhelming environment. Both machines create a feeling of isolation and dislocation from a world of human interaction.

Opposite:
Scientist's Vision, 1989
Charcoal on paper,
64 x 40 cm

Right:
Inside the Machine (CT Scan), 1990
Acrylic on paper,
35 x 24 cm





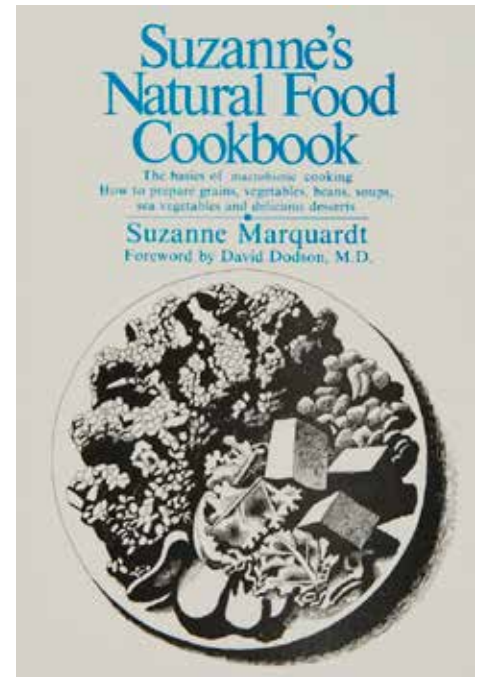


ROLE MODELS & LIFESTYLE

After Robert was diagnosed with cancer, he re-examined his lifestyle. Exercise and nutrition became focal points and this is reflected in his heroes. Terry Fox was an athlete and cancer patient who ran across Canada despite the amputation of one of his legs. Robert saw Terry Fox as a Canadian hero who pursued his dreams, and whose symbolic effort captured the attention of a wide public—just as Robert would do later with his *Illness & Healing* series. Robert never met Terry Fox, who was two years younger and died the year Robert was diagnosed with cancer. The artist's drawings of Fox are based on newspaper photos.

Another source of inspiration for Robert was Beulah Murphy, owner of Mrs. Murphy's Kitchen, a health food restaurant in Halifax. Beulah started the restaurant after she was diagnosed with cancer. Though physically small and frail-looking, she was a strong leader. More than a restaurant, her kitchen was a place to meet and learn about cooking, and she became a rallying figure for people interested in health and nutrition. Robert worked with her on several projects, including cookbooks, workshops and newsletters. Robert's portrait of her is of an unlikely hero, posed on a bright winter day in Victoria Park, a block away from the restaurant.

Terry Fox and Beulah Murphy represent two models of activism and community building. The Terry Fox run encourages people to express solidarity and participate in a great cause, while Beulah Murphy stressed the need for small groups to come together to share information, food, and stories.



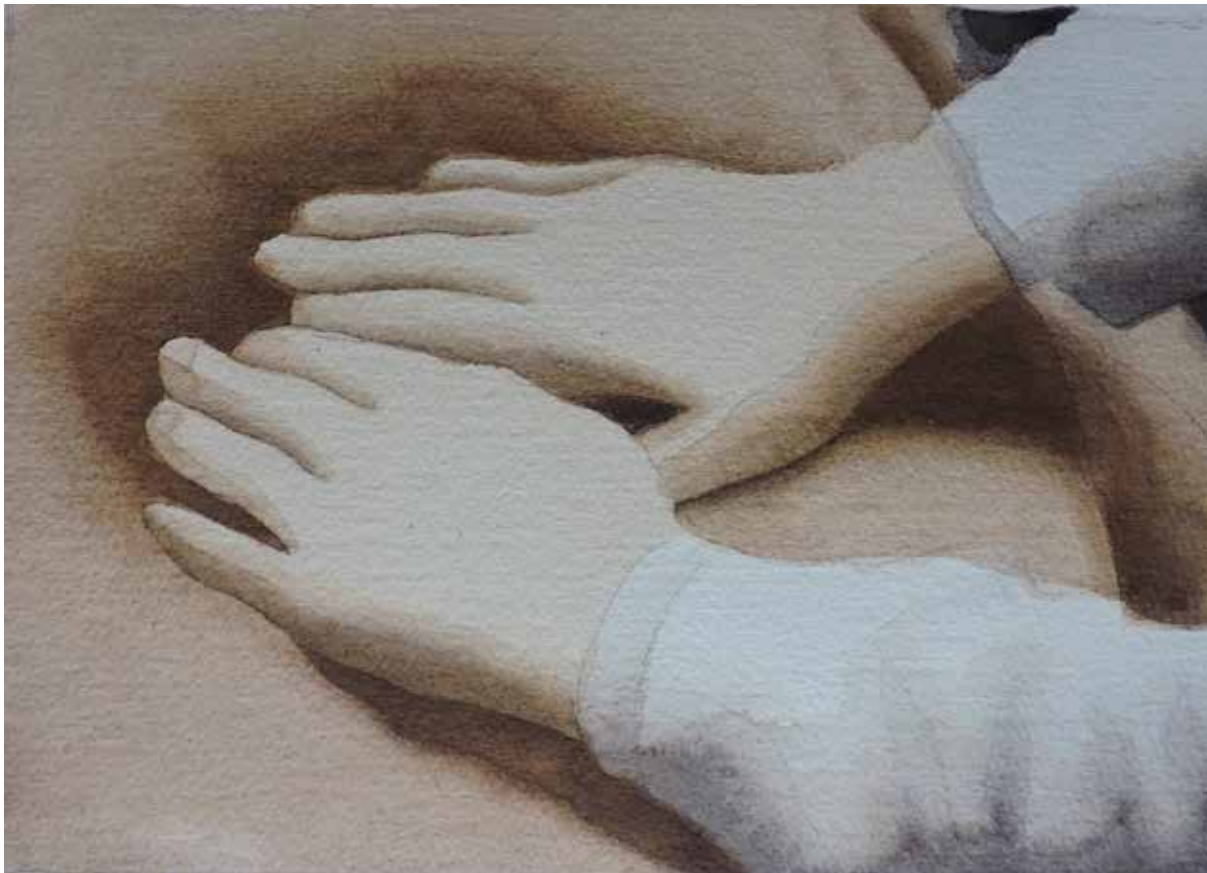
Above:
Cookbook Illustration, 1986
Pen and ink,
20 x 14 cm

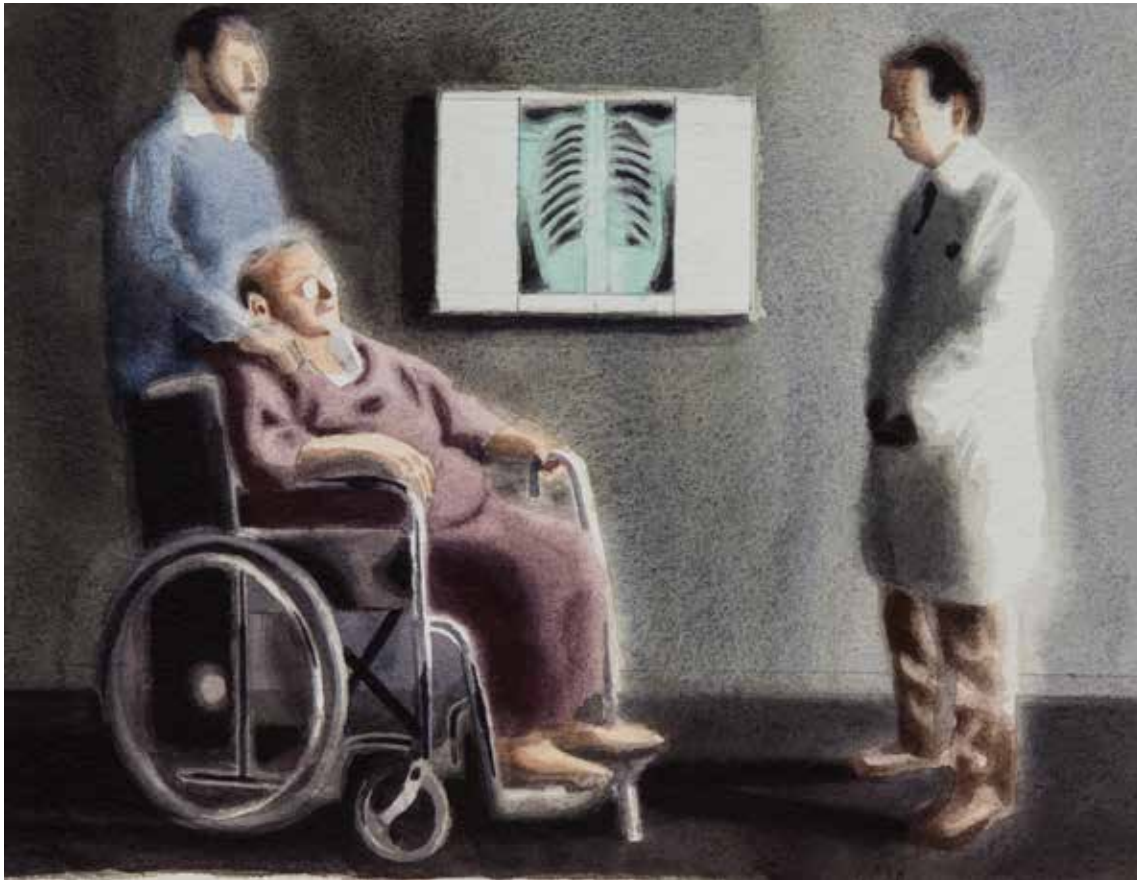
Opposite top left :
Terry Fox, 1982
Charcoal on paper,
25 x 20 cm

Opposite below:
Portrait of Beulah Murphy, 1989
Pen and ink,
18 x 16 cm

HUMAN TOUCH

The doctor touches the patient, exploring for lumps and areas that cause pain. Despite all the tools of modern medicine, touching still reveals valuable information. It is also a direct form of contact between doctor and patient that requires trust and cooperation. Robert transforms this image of the touch test into one of his best known images, *Healing Hands*. In both, Robert's idea of healing extends beyond medicine into areas which aim for connection and wellness.





HARD TRUTHS

A doctor briefs a patient and friend on the results of a test. The evidence is displayed on a screen between the men. The friend's hands rest reassuringly on the patient's shoulders. The distance between doctor and patient creates tension in the picture as the figures wait for a final, fateful verdict.

Above:
Briefing, 1989
 Acrylic on paper, 24 x 35 cm

Opposite below
Touch Test, 1989
 Acrylic on paper, 24 x 35 cm

Right:
Sand, 1986
Acrylic on paper, 55 x 75 cm

Opposite:
Nightmare, 1989
Charcoal on paper, 35x 24 cm

Below:
Dream: Diggers, 1989
Acrylic on paper, 35x 24 cm



DREAMS

Robert tried to capture the anxiety and illogic of patient's dreams. Above, he shows a woman who has fallen asleep on a sandy shore. Everyone else has gone home, leaving the lone figure abandoned in a repetitive, empty landscape. Is the woman dreaming? Is this a scene from her dream? The image is from Robert's series on lovers, so the underlying idea may be: if the woman is waiting for love, she may wait too long, and love will never arrive. Though, she could get burned in the process, if she doesn't wake up in time.



Robert's black and white image of a woman waking from a nightmare features an open window and a shadowed head tilted back at a distorted angle. The woman looks up at the open window in an excited state, as if she needs to call out to bridge a gulf of silence, darkness, or solitude.



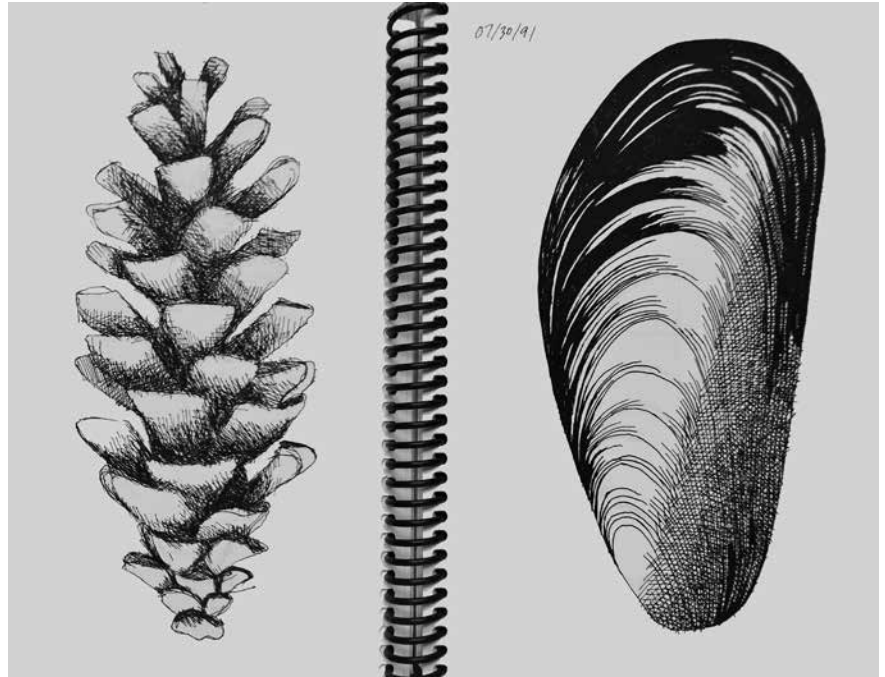
Right:

Pine Cone and Mussel Shell, 1991

Pen and ink, 25 x 20 cm

Opposite:

Torn Leaf, 1991 Watercolor on paper, 30 x 24 cm



SMALL THINGS

Robert collected little treasures, humble natural objects available to anyone, on his walks and hikes for the purpose of drawing. The shells, seeds, and leaves float on the white page of Robert's final sketchbook, shaded with tiny cross-hatched marks, to bring out the beauty of their contours and internal design. The torn leaf opposite suggests a human body, beautiful but frail. The leaf stands upright in a glaring light; one that casts a dramatic, complementary shadow. All were part of Robert's mission to appreciate everything around him, especially the small things of nature that are easily overlooked.



ROBERT POPE: 1956 - 1992

Background & Biography

by Doug Pope
M.A. Art History

GROWTH OF AN ARTIST

My brother Robert grew up in rural Nova Scotia far from the currents of the contemporary art world. Both of Robert's parents were "late bloomers". William and Isabel Pope were in their mid-30s when Robert was born. Both parents were shaped by the Great Depression and they were driven to succeed through self-discipline and hard work. Robert inherited a similar sense of drive and purpose. Robert was close to his family, the eldest of three children, and worked off and on, most of his short life, for the family business, Lancelot Press. His book, *Illness and Healing*, was published by Lancelot, and at the time it was the most expensive and ambitious project undertaken by the press, and also one of the riskiest. For one thing, no one knew if there would be any market for a book like this. It turned out there was and the book has been reprinted several times.

Taking risks was an all too common experience for the Pope family. Robert's father William, the impulsive dreamer, serial entrepreneur, and self-improving optimist, and his mother Isabel, shrewd, practical, penny-pinching tough, had an uneven record of successes and failures at a variety of ventures. In the late 1960s, their purchase, a small town newspaper, *The Wolfville Acadian*, was unraveling before their eyes, despite desperate efforts to keep it afloat. In the face of this disaster, William was strangely confident. He rallied together an alliance of local businessmen and church leaders and, with their backing, purchased an old mansion and five acres of land formerly owned by Judge Sangster, in Windsor, Nova Scotia. This was to be the site of a much needed home for seniors, the Windsor Elms.

Not only did William and Isabel oversee the home's construction, renovation and expansion, they also managed the staff and had a daily interaction with residents; they lived on the property. William grasped opportunities in unlikely places. There was a large barn-like coach-house at the back of the Elms property that once housed Judge Sangster's carriages and horses. William and Isabel moved into this structure with their three children, along with the printing press and miscellaneous machinery they'd salvaged from the failed newspaper business. The coach house became family home, office, and site of William and Isabel's new publishing company. Located in the shadow of an ever-expanding

Opposite:
Apple Core, 1986
Acrylic on paper, 36 x 28cm





senior's home, this renovated barn is where three children, Robert, Janet and I grew up.

It was magical, but unusual. Whenever William was not working at the senior's home, he was working at the press. Visitors poured in: sales reps and aspiring authors with manuscripts under their arms. Trucks backed up to the front doors delivering ton-loads of paper. As children, there were always scraps of paper to draw on, to cut up and make things out of.

Robert was small for his age, soft-spoken, and easy to overlook or underestimate in a crowd of other children. However he was bright and tenacious. Once he had an idea, Robert wouldn't let it drop until it was tested or given a fair trial. Working in the family business, he started making suggestions for how things could be improved. Robert's father learned to rely on his son and it allowed him to take on bigger projects and expand operations.

William's enthusiasm for new projects were unbounded and contagious. As a publisher and former United Church minister, he was deeply committed to local affairs. He realized that travellers and tourists to Nova Scotia needed a guidebook with maps and pictures to inform them of restaurants, hotels, and attractions in different towns. These were the days before the official "Doers and Dreamers Guide." So William took it upon himself to travel around the Maritimes, collecting ads from local shop owners, cafes and businesses to put in his own guide, which he called the *Eastern Canada Travelogue*. He, his wife and children put the guide

together, printed it, and then distributed it for free at every conceivable business that would display it.

The children often travelled with their father in his car along back roads, stopping frequently to drum up business for their guidebook. Two positive things emerged from this experience. As shop owners got to know William, they naturally asked him what he published, and was he interested in stories? It often happened that they had a story to tell themselves. William was open to all suggestions, and before long manuscripts poured in from unlikely places. These stories told the history and lore of the province, through the deeds of rum runners, sea captains, sports heroes, war vets, hunters, and old-time raconteurs who spoke of ghosts and other supernatural encounters. This was the first bit of good fortune. The second was that, as William started publishing local stories, he returned to the same network of shops, cafes, drug stores and other businesses that had distributed his guidebooks, and these became his chain of “bookstores.” He once sold 20,000 copies of a charming novel, *Loch Bras d’Or*, about pioneer life in Cape Breton, from a single drug store in the small town of Baddeck. No bookstores, no problem: William and Isabel created their own network.

They had no way of knowing it at the time, but this practice of publishing and distributing stories by local people about local events and issues was a challenge to giant centralized media. The same thing was happening with campus radio stations, artist-run art galleries (sometimes called parallel galleries), alternative music, cable TV, and art house cinemas. No longer would one publisher or one broadcaster represent all people with a single story. Now there were many stories, many voices. This new way of thinking, valuing multiple sources of information, created an environment out of which emerged the Internet, social media, self-publishing, blogging, citizen journalism, and reality TV. Robert did not live to see this new age of mobile technology and social media, but he was very much part of the transition. *Illness and Healing* is a product of this transition. I often think of Robert’s book as a kind of underground diary, a message in a bottle, bobbing against the tide of institutional health care.

This search for a voice of one’s own had modest beginnings. As children, Robert and his two siblings enjoyed drawing and making storybooks. As Robert’s younger brother, I tagged along as he scavenged empty pop

bottles from roadside ditches and exchanged them at the corner store for the latest Marvel comics. We tried copying the most difficult action poses and lighting effects and made up our own stories. Robert had the idea of starting a comics-making studio. He would plan, design and do rough drawings for each page, and neighbourhood kids and his kid brother would ink in the drawings and add colour and words. However, after just one disastrous session, it became clear to Robert that his childhood collaborators did not have the same skill or standard of perfection that he had himself. We were all “fired” and the “studio” was abandoned.

Not long after this, Robert enrolled in a local painting class. Jessie Parsons, the teacher, recognized Robert’s talent and encouraged him to enroll in an art course, by correspondence, with the Washington School

Tree River Field 1982.

Acrylic watercolour on paper, 25 x 30 cm



of Art. Every second week a lesson arrived in the mail with a detailed drawing assignment. Robert spent hours getting each assignment right. With each new lesson, the old assignment was returned, with comments. The assignments became more and more difficult. Instead of getting discouraged, Robert thrived on each new challenge. The lessons seemed to go on for years. At the same time, Robert borrowed books from the library and taught himself. He learned calligraphy, and began making signs for local businesses. He created his first logo for the town of Windsor's centenary celebration, and designed posters for the local tennis club, of which he was an avid member. Then he went off to college on a math scholarship.

Acadia University changed Robert in many ways. He started dating and partying with his fellow engineering students. Robert walked a fine line between enjoying dorm life to the full and maintaining the high average required for his scholarship. In his free time, he tutored fellow students who'd missed too many classes, helping them get through their exams. He also found a new interest, hosting a radio program on the local university station. This was Robert's first taste of being an "on-air" personality. He taped many of his shows and mailed these tapes to his out-of-town friends. During this time, Robert became serious about collecting records. He bought and borrowed music magazines and read reviews of even the most obscure albums. He didn't have a lot of ready cash to spend on records, but he was a keen trader and soon developed a reputation for having an eye for hidden gems, which he'd acquire for practically nothing. One traded with Robert at one's peril.

In short, Robert loved university, yet in the middle of his second year, announced that he was going to drop out of school and become an artist. His parents were horrified and begged him to finish his degree. Robert complied, but this was the first sign that he was now living in a world that his parents might not understand.

When I talk with Robert's girlfriend from this time, Heather MacKinnon, the names Elvis Costello, Bob Dylan, Talking Heads, Paul Simon, Joni Mitchell come up again and again. Friends gathered around music and treated new albums like they were monumental events. There was a feeling that the music was about their own lives, their own moment in time. It connected to the feelings all young people have of leaving home,

starting to form a sense of identity, finding a circle of friends, surviving terrible jobs, unreasonable bosses, and coming together at the end of the day and putting on a record. And then arguing about the record as if it were the mission statement of a great enterprise; and deciding in a sense if it measured up to the weight of expectation levered upon it.

I suspect that Robert asked himself if the same sense of meaning that he and his friends derived from pop music could also be found in painting and in art. One thing Robert knew, it wasn't going to be found painting sale signs or designing posters for department stores, as he had been doing for the past year since graduating from university. Yes. He was getting tired of commercial art and so enrolled in art school.

ART SCHOOL

Young people, by nature, insist on authenticity. They are suspicious of fossilized thinking, big talkers and academic phonies, while secretly fearing that they might be a little that way themselves. Robert's closest friend at art school, was Sean McQuay, a class clown and improbable romantic. Sean could make anyone laugh. The art world is full of pompous pretenders—easy targets for Sean's sharp wit. At the time, Sean was young and carefree, and not exactly careful about offending people who might be useful to his career. In a letter to Robert from England, Sean writes: "Dear Bob-o-my-dreams, My head fair swims in hazardous turpentine fumes as I sip a strong/ bad cup of English coffee from a styrofoam cup. Some things just don't change, eh? It's about four o'clock in the afternoon (11 am ish your time) and I'm sitting here feeling a mighty bad about not sending frequent letters to my best pal ~~Blob~~ Bob." Sean pretends to mistakenly spell Robert's name as Blob instead of Bob. He nicknamed all his friends. He himself was the Scum King, Robert was the Slime Prince. The inner circle were all royalty, but gutterized. Sean goes on to describe an exhibition of Cézanne's early work that he has just seen. He finds it inspiring that Cézanne was rather clumsy as a young artist. "Even more inspiring—he was much balder (according to self-portraits) than I am at the same age."

Sean was one of many friends Robert met at school. The friends buoyed each other's spirits, shared ideas and problems, but were also great



Robert poses with his friend Terry Blakeney on the rooftop of his Argyle Street studio in Halifax.

competitors. They pushed each other to become better artists. Did Robert learn more from his friends or from school? The answer, of course, is that the two went together.

In the late 60s and early 70s, the Nova Scotia College of Art and Design (NSCAD) had transformed itself from a creaky 19th century institution into a modern college addressing contemporary problems. Leading artists from around the world came to the school and students had opportunities to see Pop and Conceptual Art first-hand. It was a tumultuous and exciting place, but also a place of upheaval with its fair share of growing pains. Art school pushed Robert to experiment with different media, such as video and photography. A photography instructor put a camera in Robert's hands and told him to explore a theme that told a story about the city in which he lived. Robert chose as his theme "fences".

Robert's photographs of fences were mostly shot in the North End of Halifax, where Robert was living at this time. These combine a feeling for urban spaces with an appreciation for ephemeral and atmospheric elements. This was his first foray into a documentary mode. The documentary approach would reappear throughout Robert's work, most



tellingly in his final “Illness and Healing” series.

In Robert’s photographs, the fence is seen as a boundary marker dividing things into orderly units, and restricting the photographer’s access to the space before him. Robert worked at a time when postmodernism was at its height. The leading idea of postmodernism is that there is no single truth to any situation. Instead of one story telling a universal history, there were now many conflicting stories telling different kinds of histories. Artists responded by adopting points-of-view that were limited and provisional, openly acknowledging such things as means and opportunity. The fence is Robert’s way of saying: I was only able to go so far in my investigation, and by extension, the viewer can only go so far as well.

At NSCAD there was quite an emphasis on how images could be misleading or false. This sparked a debate about whether it was possible or not for an image to capture or reflect truth. Today there is a similar debate around the idea of fake news. These concerns underpin a series of paintings Robert created relating to “Mirage”. In these he glued sand onto his canvases, but left the centre space blank. Into this blank space Robert painted an oasis, with palm trees and water. He used a Pop Art style to contrast the unreality of the oasis with the reality of the surrounding sand.

Robert’s experiments caused much scratching of heads and blank looks among viewers of the work. However the “mirage” paintings helped Robert discover a theme that he pursued for the rest of his career, the theme of “oppositions”. Oppositions or dualities are found in everything: day and night, man and woman, interior and exterior, nature and technology, city and country, illness and healing. Robert often felt himself at the crossroads of competing forces that had equal claims on his attention. These forces could be unpredictable and beyond his control. Robert was soon to discover this in a devastating way.

Shortly after graduating from art school in 1982, Robert was diagnosed with Hodgkin’s Disease, a cancer of the lymphatic system. Robert received chemotherapy treatments and recuperated at his parents’ home in Hantsport. For the next six months, Robert travelled back and forth between city and country. Hantsport served as his recovery centre, but also reconnected Robert with rural life. Halifax was where Robert pursued his career.

Snow Fence 1979.
Photo 20 x 20 cm

Although the artist's poor health limited his mobility, Robert kept working at his art. Views were painted from the windows of both home and studio. Robert's landscapes and cityscapes made use of his conceptual training to explore striking contrasts and clashes in values: modern office buildings encroach on historical structures, ancient landmarks endure through signs of seasonal change, industry co-exists with nature and town life.

Robert treasured his friends, but after graduation, his friends from school began to disperse and leave the province, giving Robert a bitter taste of "going down the road". Robert portrayed this quest for outside opportunity as a fun adventure, but his images of night-time car rides across undefined urban sprawl and ghost-riddled countrysides also suggest the idea of exile and expulsion. The theme of a "night journey"



Ghosts 1984.
Charcoal and coloured chalk on paper, 36.5 x 36.5 cm

re-emerges in a few key images in the cancer series. The whole cancer experience is a kind of journey; and in many cases, the final destination is terminal. Many of Robert's images show a character facing impossible choices or engaging in a metaphysical journey, suggesting a passage from one state of existence to another.

To distract himself from the pain and disruption of his cancer treatments, Robert watched classic Hollywood films. Robert noted how these films, with their glamorous stars, action and romance, made a connection with viewers in a way that contemporary fine art was rarely able to match. Robert's paintings began to mimic cinematic elements. He photographed amateur actors in dramatic situations and turned these photos into paintings. He experimented with lighting techniques, cropping, camera angles and points of view. His work involved sequences of images and told stories through pictures.

Robert was especially intrigued by two kinds of films: magic realist films and *film noir*. In magic realist films, fantastic elements combine seamlessly with mundane reality. For example, when conventional films feature dream scenes, these dreams are "announced" to the viewer by having a character fall asleep; the camera goes out of focus, then back into focus and the dream begins. In a magic realist film, the dream is not "announced" in any way, it just happens. A character might get out of a chair and float across the room, physical laws might be temporarily relaxed, paintings might come to life, ghosts might eavesdrop on characters and at times talk to them, modern technology might operate in primitive settings. All such elements give the film an added dimension of humour, imagination and a feeling of crossing impossible boundaries.

In *film noir*, a hero enters a shadowy underworld, where values of right and wrong become hopelessly blurred. Often the hero is a detective who must solve a crime or mystery, but in the course of solving this mystery, encounters criminals and imposters, perhaps breaks a law or assumes a disguise himself, and all motives become suspect. Almost all of Robert's images of love and illness are infused with this magic realism/*film noir* sensibility. Love and illness are labyrinths, confusing, often leading to loss of identity and impossible choices. As in a dream, figures find themselves in a place and situation from which there is no easy resolution.

Robert was also a student of art history. He had strong likes and dislikes, but generally was curious and fascinated by other artists. The artist Robert particularly connected with was Norwegian painter Edvard Munch. Munch is most famous for his painting, *The Scream*, 1893, which expresses a cry of anxiety against the pressures of modern life. Munch had a difficult childhood, enduring the deaths of close family members and the mental illness of a younger sister. As an adult, Munch himself spent long periods in treatment centres. Munch's artwork was openly autobiographical. Two of his themes, illness and unhappy love affairs, exerted a strong influence on Robert's work.

Like the French Impressionist Claude Monet, Edvard Munch experimented with series of related images, meant to be viewed together as a group. Both Monet and Munch were active during the period when cinema was invented. While Monet focused on changes in light and atmosphere, Munch was interested in psychological or emotional changes within people. For Munch, one painting expressed pain, another ecstasy; one painting captured loneliness, another the fusion of identities in a sexual bond.

While Munch showed a range of emotions in different people, Robert tried to capture a range of emotions in a single character, much the way a novelist mapped changes in a hero or heroine's inner life. First Robert explored the inner lives of lovers, then the inner lives of cancer patients. The two are related: an obsessive love is a kind of illness, and a person who lives without love is not altogether whole or healthy. Robert's series on love acts like a catalogue of variations: the first meeting, the clandestine affair, the fear of discovery, jealousy, longing and the pain of separation; the headlong plunge into love, the beauty and fragility of love, the forbidden nature of love, the hurtful nature of love, the physical side of love, the spiritual side of love, the end of love.

Robert used a similar approach to his series on cancer. His images likewise catalogue the different stages of cancer and the highs and lows of treatment and recovery. Robert's images have an oscillating quality: a dark image (often showing the patient undergoing a trial or test) is followed by an image that is lighter and more hopeful. When the images are viewed, one after another, a story seems to unfold, though different viewers see different stories as they make connections to their own lives.

The cancer series is particularly telling in this way. Cancer has led to many tragedies and family trials. Powerful emotions are bound up with these tragedies and trials. Often Robert's work triggers a deeply buried emotion or reveals a reaction that surprises the viewer.

REACTIONS TO ROBERT'S WORK

A few critics and fellow artists (Marcus Miller and Cliff Eyland, for instance) criticized Robert for making references to the Bible and literature. Robert was regarded by some, as too populist, too focused on emotion and story. However, the vast majority of critics and viewers have responded favourably to Robert's human dramas and social themes. To date, there have been four major lines of interpretation: To Dr. Jock Murray, the former dean of Dalhousie Medical School, Robert's work illustrates the two sides of health care, which also reflect the two sides of culture, technological and humanistic. To Robert's father, publisher William Pope, Robert's art represented a spiritual journey, through hardship and trial, culminating in personal growth and increasing self-awareness. To curator Robin Metcalfe, Robert's art explored social themes through the lens of pop culture. To art historian Tom Smart, Robert's art used a mythological language, adapted to contemporary settings, to bridge a gap between experience and audience.

My take on Robert's art goes something like this: he was a product of his time, a reporter of conflicts within and between people. These conflicts often take place in contested environments, such as the modern hospital. Even today, any discussion of public health care is contentious and politically sensitive.

Robert engaged with three key questions of postmodernism: 1) Where does information come from, who controls it, and how reliable is it? 2) Is it even possible to create a personal work of art that has meaning for others? 3) What is the difference between making an observation about the world and making a difference in the world? The first question is philosophical, relating to Plato's question: where do ideas come from, and how reliable are they? The second question is psychological, relating to the sense of self and sense of others, and the third question is political, relating to engaging a community and giving voice to overlooked groups.



Red Light, Blue Light 1988.
Acrylic watercoloured on paper, 55 x 70 cm



Accident 1988.
Acrylic on canvas, 107 x 152 cm
Art Gallery of Nova Scotia collection

Robert was born in 1956, the year Elvis Presley released *Hound Dog*, and Robert died in 1992, six months after Tim Berners-Lee introduced www, the public Internet in use today. Between these two events, there have been seismic changes in the way we handle information and tell stories to one another. If we look at the Canadian documentary tradition, the John Grierson attitude — “Trust me, I’m from the government and I have your best interests at stake” — no longer flies. The 1960s *cinema verité* style of hipster handheld cameras, used to eavesdrop and expose, coexists with more current docu-dramas, which mix fact and fiction into an indistinguishable stew. Audiences are left to sort out their own notions of truth and spin as today’s citizen journalism fills in gaps in issues.

Robert’s artwork depicts environments that are alluring, but deceptive, like the *femme fatales* of film noir or the false utopias of science fiction. The backgrounds to Robert’s work are: the false utopia of Pop culture, the false

utopia of technology and the false utopia of modern medicine. Of course, all the time Robert is in love with pop culture and technology and finds himself increasingly dependent on modern medicine. He had strong mixed feelings and his work expresses the full range of this ambivalence.

ILLNESS & HEALING

While viewers often react to a single image of Robert's, I find it helpful to remember that "Illness & Healing" is a series whose images play off one another. Images of treatments are followed by images of recovery. Solitude contrasts with support from friends and loved ones. Interiors are contrasted with exteriors. Technology is contrasted with nature. Day is contrasted with night, and both day and night are contrasted with the indeterminate lights of the hospital ward, the theatrical spotlights of the operating room, and the glowing walls of the x-ray viewing station. Recurring symbols involve animals and IV poles. The symbols often change their meaning from one picture to another. For instance, in *Sparrow*, the presence of a bird outside the hospital window is seen as a positive sign, part of the activity of spring and the rejuvenation of nature. However in *Funeral*, the presence of the alert and barking dog in the graveyard is a sign of a troubled or anguished spirit.

The IV pole is half-machine, half-human. In many of Robert's images, it takes on its own personhood, with its tall metal frame resembling an upright spine, the solution bag a bleeding heart, and the tubing the circulatory system. The bag, at times looks like a limp body hanging on a cross. Symbolically, the IV pole is both life support and chain, umbilical chord and tether. Robert viewed modern medicine and medical technology as helpful, but restricting. IV poles are commonly used to hydrate the body. Often, drugs and medications are added to the solution. The prevalence of this motif in Robert's work suggests the proliferation and dependence on drugs in the health care system.

The image that appears on the cover of Robert's book is *Hug*. Two life-sized figures appear in the painting: a woman in a housecoat, a patient, is embraced by her husband. An IV apparatus stands before them, almost a part of their embrace, with its obtrusive pole and twisting, insinuating chord. Man, woman and medical instrument form a *ménage à trois*.

This may be a perverse reading of what many take to be a gentle and compassionate image about how illness affects not only the patient but also the family of the patient. Trials of illness are also tests of love. This couple that Robert portrays, like so many real-life couples facing cancer, have passed the test of love with flying colours. Cancer has not diminished their love, but only strengthened it and made clear the primacy of the need for human connection.

Robert's book begins with the image, *Lifelines* (on the frontispiece page). It shows an IV pole with a bag of solution before an open window overlooking the ocean. What's remarkable about this image is everything that Robert has omitted. There is no patient, no doctor, no nurse, no visitors, no noise or traffic, no monitors or televised messages, no drama of people racing in and out of emergency rooms, no secret romances—the sort of thing we see on the hospital shows on TV. The setting is ambiguous. It might be a hospital, but it might not be. Robert was treated on the 8th floor of the old Victoria General Hospital in Halifax, a port city on the north Atlantic. It's possible that one could view the harbour from an upper hospital window, but the water would be far away, with an entire city in between. Robert has taken the essence of two worlds and telescoped them together. This gives the picture a dream-like quality. The hard geometrical pole and window frame are contrasted with the undulating tube and rolling ocean waves. The open window suggests a longing to escape the institution to which the patient is physically tethered. The solution in the bag contrasts with the water in the ocean. While the IV motif is associated with vulnerability, illness and enclosure, the sea connects to ideas of ruggedness, motion, and expansion.

Robert's book ends with the image, *New Field*. Here we see an abandoned crutch lying before a field of wheat. As in the image, *Lifelines*, Robert leaves out any sign of patient or doctor. There is simply a medical apparatus and a landscape. While *Lifelines* suggested a longing to escape, in *New Field* the escape has been successful. The patient is no longer tied to the institution, but now roams free in a world of nature. Health is connected to nature, and particularly to a landscape that features a golden food crop. With health, there is a sense of place and a desire to sustain oneself. That's one interpretation. Alternatively, the patient may not have survived the journey and the escape may be the release we find in death.

New Field was inspired by the 1989 magic realist film, *Field of Dreams* starring Kevin Costner. In the film, a man transforms one of his farm fields into a baseball diamond as a tribute to his father. The baseball field is bordered, on one side, by a forest-like expanse of corn. Ghosts from the past enter and exit through this living wall of corn: it is a kind of portal that allows the characters in the film to connect with their memories of lost and loved ones. Robert may have regarded his painting as a similar kind of portal, a way to establish connection between life and afterworld, between the world of pain and an imagined world free of pain.

Robert bookends his project *Illness & Healing*, with these two images that take us from a mundane hospital setting to a more cosmic orientation. A drama is being played out here of life and death. Part of this drama involves a loss of individual identity and a need for connection to place and community.

Many of Robert's images show a patient lying on a bed. Often, it is just the lower body and legs, seen from the patient's point-of-view, as he looks out from his bed. A perspective effect leads the viewer from this wedge-like torso into the picture plane, while at the same time giving a sense of dislocation. This feeling is all the more acute because of the absence of the patient's head. What lies beyond the feet varies from picture to picture: flowers, the artist's mother, a window, doctors, friends, ocean. Often, the patient's pyjamas and wrinkled bed-sheets add a touch of realism and location to the ghost-like form. The lines and shapes of the patient's pyjamas often suggest the hilly contours of weathered terrain; a landscape the patient is becoming part of through long inertia. There is something eerie in the way the artist sees himself as if detached from his own body.

How strange to paint himself without a head! I'm reminded of Robert's "Fences" project in art school, that portrayed Halifax as a city marked into zones of limited access — depending on who you are, where you live, where you work, and what interests are at stake. The hospital too has boundaries, closed doors and areas prohibited to all but authorized persons. Another boundary is marked by the patient's immobility. All boundaries restrict one's ability to see..

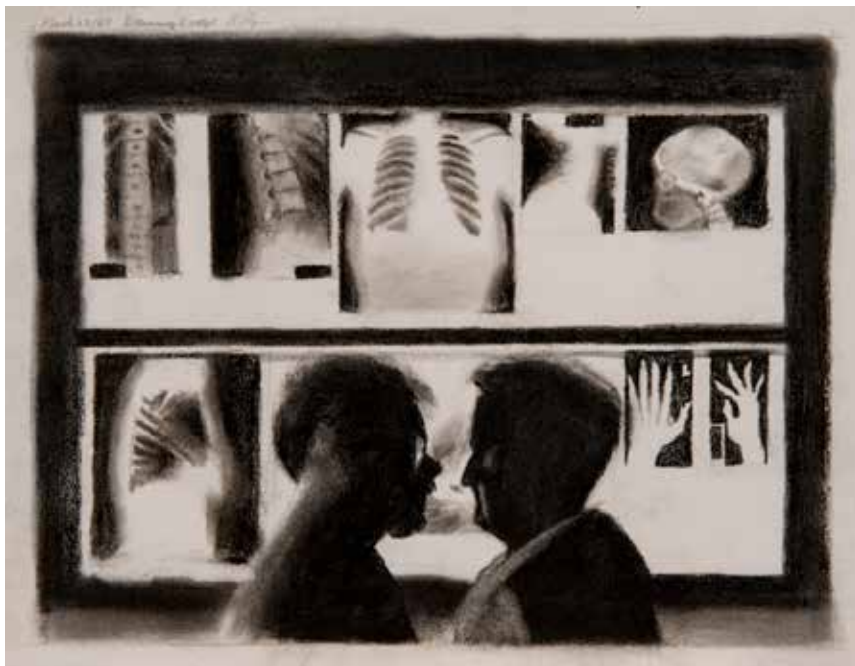
Seeing is a big deal to an artist. Robert treats sight and blindness as a

metaphor throughout the *Illness & Healing* project. This central metaphor expresses the mystery of disease. Cancer has complex causes, and every patient must ask him or herself: why me? There is also the mystery of how the disease will progress, whether or not it will stall in remission, and how long the patient will live, and what quality of life the patient will have?

Robert uses the metaphor of vision in four different images. Each image has a slightly different meaning. The drawing *Scientist's Vision* shows a researcher in a lab peering into an electron microscope. The microscope dwarfs the human figure, giving a sense that he has become lost in technology. The gigantic height of the instrument adds irony through the great distance he is from any answer to his questions. In the painting *Doctor and X-ray*, a doctor, with head in his hands, sits despondently before an x-ray screen showing a human torso. The x-ray reveals what the naked eye can't see, yet the mystery remains. In the painting, *Cancer*, a patient is shown with a bandage over his eyes. He holds a bouquet of flowers, a present from his wife who follows him. The flowers are beautiful, but the beauty is momentarily lost on the convalescing patient. Here, the lack of vision emphasizes how patients are challenged to appreciate even the simple joys of life. Lastly, the painting, *Vision*, shows a patient who's awoken startled in the middle of the night to a vision of a group of friends singing before him. This impromptu choir may be real or imaginary. They could be the substance of a dream or hallucination. They may offer hope or they may prefigure a future heavenly choir and suggest the approach of death. Robert's title, *Vision*, implies that the patient has gained an insight into his own condition. This may be a spiritual awakening and a renewed sense of the importance of friends and community.

In January 1989, Robert received a letter from his friend Douglas How, a Toronto-based journalist and cancer patient. Douglas How was a professional observer of people, and he kindly fed ideas and shared experiences with Robert. But he was only one of a much larger network of friends and fellow patients from whom Robert received feedback. Whether he intended it or not, Robert became a channeller and spokesman for the experiences of others. His cancer project was deeply personal, but it had a wider purpose, using artwork to create a community, sharing stories with one another.

Illness & Healing combines a documentary, procedural approach, with a more fantastic or psychological approach that examines the inner life of patients. In a sketchbook, Robert wrote out a list, which organized his series by themes: technology, doctor and patients, hospital, treatments, visitors, family, night time, windows, healing, and religion. Robert's list starts with technology and ends with religion. *Chemotherapy and Christ* brings together the technology of wonder drugs and a religious icon in the same image. In between these are topics one might expect, such as "doctor and patient," "hospital," and "treatments". "Visitors" and "family" are treated separately. Both themes are of great importance to Robert, as they recur in image after image. Images such as *Visitors*, *Hug*, *Mother and Son*, *Family Waiting*, and *The Gift*, depict love and loyalty through difficult circumstances. More unusual topics in Robert's series include "night time" and "windows". These allowed Robert to explore the interior thoughts and dreams of patients. It is interesting to note that the category "healing" is separate from categories on doctors and treatments. Healing is not a procedure or body



Examining x-rays 1989.
Charcoal drawing on paper, 25 x 40 cm

function as much as it is a physical and psychic reconnection to the world.

Robert shows healing in different ways: A patient, resting in bed, interacts with friends; a patient accepts a gift; a patient is inspired by music, by religion, by flowers, birds, and nature. A patient is hugged. A patient sits up and knits. A patient holds a newborn child. A patient imagines leaving hospital, and returning to familiar places. These images capture different attitudes of acceptance, gratitude, hope, human connection, movement, inspiration.

On first learning tht he had Hodgkin's Disease, Robert searched for inspiring role models. He began drawing pictures of Terry Fox, the Canadian hero and cancer patient who ran across Canada after the amputation of one of his legs. Robert quotes Terry Fox in one of his sketchbooks: "To me you have to be stronger. I know that especially since I've been through what I went through with cancer. Life is now more rewarding and more challenging because I'm doing it on one leg. I don't know – just walking, playing golf, running– there is just *something* when you do it. You feel more satisfied. I feel more satisfied than I did before. I try harder than I did before." Terry Fox appears in the *Illness and Healing* project as a figure in the painting *Elevator*. The image shows a crowded elevator in a hospital. Terry Fox stands unnoticed by any of the others as if he were a ghost shepherding them all, not to another floor, but to another realm of being. This image appears at the halfway point of the book.

It's a turning point for me when I look through the book now, many years after my brother Robert's death. I think at some point Robert suspected that he was not going to get better, but he still dreamed of healing. Healing assumed a new meaning: the peaceful acceptance of death, now an ever-more-likely outcome to be faced without fear.

Another role model cited in Robert's sketchbooks is American poet Ted Rosenthal. Rosenthal is best known for a meditation called "How could I not be among you?" In it, Rosenthal describes how his illness allowed him to let go of things that others think important and pursue instead the things that he truly loves. Rosenthal writes: "I realized that I felt good for the first time in my life. Not just a good feeling like twenty minutes

of good feeling, but a sustained feeling that I had nothing, and having nothing, I had nothing to lose. I could be anything. I didn't have a self-image to worry about ... I had nothing I had to be. And I felt free." This idea must have resonated with Robert just as he was beginning to work on his cancer series. He didn't have to please anyone. He could draw exactly what he observed and what he felt.

It is difficult for outsiders to appreciate the speed with which Robert worked on this project. It was literally a race against time. Large complicated artworks were produced in a matter of days, one after another, over two and a half years. At the end of this period, Robert produced the book *Illness & Healing* and exhibited paintings from this project at the Dalhousie University Art Gallery. He also put on a second exhibition of artwork at a private gallery in Halifax, Studio 21. This show consisted mostly of drawings, small works, and new works that were not included in the Dalhousie exhibition or in the original version of the book.

Among the new works was the large drawing, *Aesculapius*, showing a life-sized figure, wrestling with a snake wrapped around the medical symbol of a caduceus. Robert has changed the traditional staff of life into an IV pole. Had this work been included in the series, it would have been one of the largest images. The smallest image was an illustration to a book called *The Giant Agony: On Human Suffering*. Robert drew an elongated figure twisted in pain, walking with head buried in his hands, possibly weeping. The figure is based on a religious painting by Masaccio, which showed Adam and Eve's expulsion from the Garden of Eden. This relates to Robert's theme of exile and going down the road. It's interesting to note that at the end of his life exile is linked to his cancer experience, as if Robert felt himself exiled from the land of health.

Another image Robert omitted from his book is one called "Excavation." This image shows a patient with his head resting on a pillow. The walls of the hospital room have disappeared in this dream-like image of a sleeping man, transposed to a seaside landscape. The idyllic scene is disrupted by three construction workers digging an ominous hole in the earth. Is the hole a grave reflecting the patient's fear of death? Or is the dig symbolic of the surgeon's knife, the biopsies and cuts used

Terry Fox in a Dream 1982.

Pen and ink on paper in a bound sketchbook,
25 x 20 cm



in unravelling the mysteries of a cancer hidden inside the body? Or are the men digging an escape tunnel to break the patient out of hospital? Indoors, outdoors; all signals and impressions blur together. The idea may have come to Robert via construction noises spilling into a hospital room. In art school, Robert drew construction cranes sweeping over the historic citadel in Halifax, signs of change in the city.

Robert was fascinated by cities. He envisioned starting his cancer series with a view from his apartment balcony, showing the hospital complex rising theatrically from the vicinity of smaller buildings in a crowded rooftop cityscape. In the sketchbook pages that followed, Robert traced the route from his apartment to the hospital. The hospital gets closer and closer, until finally Robert comes to the main entrance doors. Robert then showed admittance procedures and becoming a patient. The book, *Illness & Healing*, ends with a similar pattern, though now in reverse, from hospital to countryside. In *New Steps*, a patient is assisted by two nurses, as if they were teaching a grown man how to walk. This is the start of a journey back to life, back to health. This image is followed by *Healing*, which shows a man in a wheelchair on a wharf overlooking the sea, accompanied by a friend. Both the wharf and the friend, Heather Pitt, appeared in important earlier works. It is as if Robert is saying goodbye and thank you to his nurses, his models, and his paintings.

There are many ways to think about health. Health is a profession practiced by specialists in a complex system of care that involves buildings, staff, resources and technology. Health is also a physical state and a state of mind that affects everyone. Robert's *Illness and Healing* covers diverse approaches to health. But what I ultimately take away from my brother's book is this: health is a search for meaning and joy in the face of the trials and challenges of everyday life.

Robert's series of cancer paintings was his most ambitious work, his most personal work, his most difficult work for others to look at and react to, yet it was overwhelmingly his most successful work.

NOTE TO MEDICAL STUDENTS AND HEALTHCARE WORKERS

by TJ Murray, OC, MD, FRCPC, CCFP, MACP, FRCP, LLD, DSc

When I first invited Robert Pope to discuss his art with Dalhousie medical students I wondered how he would fare in front of 100 students who were feeling the pressures of study, with so little time to consider life beyond the classroom and the laboratory. Robert was a quiet man, slight of build, soft-spoken and at first sight, might have seemed an unlikely speaker to fire up this group. The session was at noon and the students were already tired from the long morning of classes, some with their feet on the seat in front, munching on sandwiches, whispering to their mates, and looking bored. This seemed to them to be another class, but during their lunch break.

I had met Robert in his downtown warehouse studio in Halifax, where I was struck by the intensity and strength of purpose in his art, and his eloquence in speaking about it; and so I was reassured that he could capture the interest of this group, tired as they were.

After a brief introduction, the students began to listen and Robert took the floor. Moving slowly but gracefully in front of them, he began to speak quietly about his experience as a cancer patient, and his hope to capture the meaning of this experience in his paintings. The lights were dimmed to show his slides, and the images and his voice became one. For the hour the students were enthralled, moved and awed by what they saw and heard.

The students had been in medical school long enough to have seen the things Robert painted: patients in beds, X-ray machines, and hospital hallways with busy nurses and doctors going about their work. But they had not seen them this way. They saw images of hospital wards, corridors, and waiting rooms, of people who were waiting in hope, feeling scared and lonely, hopeful and healed. One painting and drawing after another showed them their world, not as they usually saw it but through the eyes of a patient. As they looked at the paintings, they saw the same patient rooms, examination areas and hallways, with patients in beds or on operating tables, but now through different eyes. Robert saw things we pass by without much notice, such as the families anxiously waiting on benches in hallways, the quiet life in a hospital solarium at night, and patients staring at the outside world from their beds.

Robert was showing them another world – and yet it was their world.

The students had already experienced many emotions in their studies of medicine: the introduction to the anatomy laboratory; the first interview with a new patient; examining a sick person; meeting a person with a fatal illness; seeing someone their age with a threatening disease. When they watched the doctors and other health professionals doing complex things, they wondered if they could ever manage competently. But they had not experienced the emotions they were feeling from Robert's words and paintings. This was another view, another window into the world they had entered, and they were jarred, moved, and stilled by it. As Robert spoke he not only gave them a different view of the place where they would work, he talked about healing and the role of medical science, coupled with spirituality and personal responsibility.

When he finished and wished them well, there was silence. As the lights came up, I saw a sea of quiet faces, some with watery eyes, others just staring ahead. Then the applause broke out. It was a scene that would be repeated each time he spoke to the classes at Dalhousie Medical School.

Later, when Robert had a major gallery opening at the Dalhousie Art Gallery, he spoke to the students and brought them on a gallery tour to walk among the paintings and discuss each one. It was clear the students were being changed by the experience. They were doing what Robert hoped they would do – they were learning to see the experience of illness with some understanding of how the patient experiences it. It was also clear that this should become an important part of the medical education program at Dalhousie, and ever since we have had a discussion of Robert's paintings and his message with the entering class, early in their first year, and we have distributed to each a copy of his book, *Illness & Healing: Images of Cancer*. Each year there is the same response and we feel the lasting impact of the message. Many students have spent their elective research on aspects of Robert's paintings, have used them in many of their publications. As they enter the medical school from University Avenue in Halifax they are met by a panel of Robert's paintings and in the Kellogg Health sciences Library the life-sized "*Hug*" hangs, as a symbol for the medical school, purchased at the time of the Dalhousie exhibit of his work.

Robert died some months after his last discussion with a medical school class, but his impact not only continues, but increases. Each entering class still has a discussion of his work and receives his book. This has been viewed by other medical schools and the book is now distributed to the entering medical students at many medical schools in Canada each year.

There are numerous talks on his work across North America at medical schools and hospitals, and those who lecture on patient experience, palliative care and medical humanities uses the slides of his work. The exhibit of his work has been in every city in Canada with a medical school, as well as many other national locations, and has also toured extensively in the United States, and more recently in England and Ireland, with plans for exhibits in North America, Europe and Australia. In each city the response has been warm and emotional from the medical community and the public. Lest we concentrate only on the message and impact of his work on the attitudes towards illness and healing, Tom Forrestall, the great Canadian artist, reminds us that Robert was first and foremost an artist, and his paintings are important works of art.

Robert's art and his message are lasting ones. As health care becomes more complex, and in danger of becoming more technical and impersonal, the message is increasingly compelling. Although Robert is no longer with us, his voice is louder than ever.