

cancer that it is hard to tell whether the author understands that the way society talked about cancer was a result of attitudes of the times, not a driver of those attitudes. For example, Schattner continually mentions that cancer was not spoken about openly in the early 1900s, but was that unique to the disease or was it common in that time to avoid all topics related to impending death?

She omits many notable cultural shifts in the latter half of the 20th century from her narrative, so that we are deprived of key insights during this period. How can we meaningfully discuss the way women became more open about their bodies following a double mastectomy in the 1970s without considering the role of feminism and the bodily autonomy awarded to women following access to birth control and abortion? Schattner details Katie Couric's on-air colonoscopy as revolutionary but does not mention how the advent of cable news television channels caused increasing competition for ratings that had networks regularly taking new risks like this.

In the chapter discussing the AIDS crisis, the comparisons drawn are problematic and startling to see in a modern text. Schattner states that AIDS advocacy groups learned from the organisational skills of early cancer advocacy groups. She entirely omits the important work of gay rights advocacy groups who, following the Stonewall riots in 1969, had been working tirelessly to secure basic rights. She makes no mention of the time before LGBTQ+ people had rights, when they lived in hidden communities and

were acutely aware that nobody else was going to help them, and therefore had to organise and fight for their own survival.

To what end does Schattner keep her focus so myopic? At one point, she alleges that people living with diseases such as diabetes, depression, and HIV are all receiving affordable, high-quality health care, while people with cancer are made to do without because of prohibitive costs and insurers who will not approve claims for testing and treatment. How could anyone with a good understanding of modern health-care systems believe that this is a problem exclusive to people with cancer? What is this seemingly feigned exclusivity meant to accomplish?

Today, leading health-care institutions practice integrative medicine. An oncology unit does not treat just the tumour anymore—they treat the tumour, they treat the body the tumour is in, and they treat the person living with the tumour. Likewise, researchers pull work from across disciplines, finding that a drug developed to cure one disease might also prevent another that is seemingly unrelated. This approach of creating connections and bringing different practices together is reflective of a larger societal movement over the past 20 years towards intersectionality. The strength to make important changes for the future comes from the overlap and the commonalities, not from the separation.

Caroline A Kinsey

Art and hope for children with cancer

Considering the crucial role of hope in the lives of children with cancer, as well as the function of art in illustrating health concepts, we held the Hope and Children with Cancer art festival at Tehran University of Medical Sciences, Tehran, Iran. Children with cancer, their families, hospital staff, and university students were invited to participate in the art festival through a variety of artistic activities with the concept of hope. These activities included visual arts (eg, handicrafts, painting, and photography), literature (writing about experiences or memories), performing arts (music, puppet shows, storytelling, singing, and a clown show), and celebration (birthdays, end of cancer treatments, head shaving, and other life celebrations). The festival was followed by a 3-day art exhibition to showcase the artistic activities, including artwork and visual reports of the celebration and performances for the general public and all who participated to enjoy. The exhibition attracted a lot of interest and the children's artwork was especially impressive.

Different aspects of hope and cancer had been mentioned in each piece of artwork. A 7-year-old girl with cancer drew a picture of her family and said that it showed

how hopeful she feels with them now, and that they are happy together and they are helping her to get better as soon as possible. An 8-year-old girl wrote the story of her illness in a booklet. She cited playing with other children in the cancer ward as a factor that strengthened her sense of hope. A 10-year-old girl with cancer wrote "my hope has increased since I met you" on a postcard she had made, and explained that she was writing to someone who was kind and did not pity her when she was admitted to hospital. An 11-year-old boy had drawn two faces, one smiling and one with an evil look, and had written "hope" on the smiling face and "hopelessness" on the evil face. He saw his sense of hope in his sense of happiness. In a literature piece submitted to the festival, the mother of an 8-year-old girl with cancer wrote "a mother is like the pillar of a family, therefore, I have to stay happy and positive to keep other family members happy and hopeful, especially my sick child". A medical student emphasised a similar point in his writing, by sharing an experience that "in our culture, mothers are usually the primary caregivers of ill children," and wrote of how a mother's optimism can bring calm and hope to both their children and other family members.



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Some of the artwork emphasised the importance of the hospital environment, incorporating cheerful elements into its design and decoration, because happiness inspires hope in children with cancer. For example, in a painting called Blossom of Hope, a child with cancer was portrayed as looking at a blossom and hoping it would sprout and grow in their mind. We believe that seeing artistic images with positive messages inspires a sense of hope and optimism that can help children with cancer cope better with the challenges of their disease and treatment in hospital. One celebration report from a nursing student noted that hair loss and shaving due to chemotherapy can be a distressing experience for children, leading to feelings of otherness and embarrassment, and so during the festival they created a celebration using colourful paper crowns and gave them to the children to increase their hope and happiness. Other reports from university students emphasised that the children should experience joy in the oncology ward, and bringing joy to children through entertainment, such as a cheerful clown, can substantially increase feelings of optimism and hope. University students also grouped together as a musical group and performed a song called

Crow and Scarecrow. They explained that they hoped their song would encourage hope and communication among the children through the story of a lonely scarecrow and his friendship with a crow. A paediatric nurse mentioned that to increase the children's hope for recovery, they engaged them in happy activities, such as talking about spring or birthday parties, creating artwork together, and displaying their drawings where everyone could see.

Communicating the experiences of children with cancer and their families and health-care providers to the public through an art festival helped highlight the effect of art in promoting hope among children with cancer, communication between patients and the public, and helping children and staff to express their experiences. Through the artworks and reports from the festival, we found that promoting happiness can be effective in developing the children's sense of hope, which does not require any special equipment, but just the presence of people willing to create and foster happiness through simple activities and smiling faces.

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