

Art Interpretation as a Clinical Intervention Toward Healing

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Art interpretation is described as a clinical approach in assisting individuals to move toward ever higher levels of wellness. Using it with healthy as well as ill individuals prompts participants to attend to the connection between themselves and the larger world. Asking individuals in a group setting to look closely at art, to make a connection between what they see and their own life experiences, can help them give voice to emotional experiences that help them connect to one another within a community. The exercise can sharpen perceptual and cognitive skills as well as provide the impetus to increase communication. Very often, participants responded to conversational prompts with new insights that were mediated through the use of the observed works of art. Making such connections, mentally, spiritually, emotionally, and socially, is helpful in developing coping skills that teach such patients new ways to not only survive but also to thrive despite their health challenges.

Keywords: *art interpretation; coping; holistic care; cognition; communication; learning methods; health promotion; life experiences; loss; narratives*

Art is a wound turned into light.

—Georges Braque

The portal of healing and creativity always takes us into the realm of the spirit.

—Angeles Arrien

The intersections or common boundaries between disciplines often make the most fertile fields of inquiry. The happenstance meeting of an art education professor and an advanced practice nurse working at a large university who share a similar curiosity about how people use art as a way to connect with themselves, with a larger community, and as a vehicle for healing created the fortuitous basis for an outreach and engagement project. The project proved to be illuminating, not only for the groups they served but also for themselves.

As the collaboration unfolded, each partner brought something different to the table: the art educator brought the language and techniques of the field of art education, and the nurse brought access to special populations and the language of health and healing. What follows is a description of how that

collaboration progressed, its outcomes, and implications for future work in the field of the application of art education in the pursuit of healing.

Art Education and Art Appreciation

Art education involves many endeavors including teaching people to make art and, perhaps more important, teaching people how to look at art and make sense of it as a means of seeing life differently through the visual expressions of artists. By “sitting with” a piece of art, really “watching” it, and observing what it evokes in one’s self, the observer learns something not only about the larger world but also about one’s own responses to that world, thereby forging a connection between internal and external experiences. Such connections can result in empathy and empowerment, an exploration of how the art work affects one emotionally, mentally, spiritually, and viscerally,

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as well as how community-building emerges among the viewers (Barrett, 2003).

Dr. Terry Barrett, coauthor of this article, has written extensively on art interpretation as a means to explore one's self in particular and the world in general (Barrett, 2002, 2004, 2006, 2007, 2008, in press). He makes a clear distinction between interpreting art (making it meaningful for oneself and others), and judging art (deciding whether it is a good work). His basic thesis is that it is more beneficial to interpret art than to judge it. He believes that art can and does change lives

through art, people can express ideas and feelings that they cannot express otherwise. Works of art provide knowledge and experiences that we would not otherwise have. . . . Works of art, however, provide knowledge and experiences only if the works of art are interpreted; not to interpret them is to miss them. . . . If we interpret with some self-reflection, we may also get a glimpse into ourselves: what we value, what we prefer, what we resist, what we accept. . . . When we choose to interpret out loud to others who want to hear us, we become active participants in public life rather than passive observers, moving toward community and away from isolation. We share our views and perhaps engage the views of another who has heard ours. When a group of people interprets a work of art out loud, for viewers who want to hear, we have opportunities to learn about the object being interpreted, but we also have an opportunity to learn about the people who are giving their interpretations. We can learn about art, about the particular world that the artist shows, and about one another in the community of interpreters. (Barrett, 2003, pp. xvi-xvii)

Thoughtful responses to works of art can be used in the service of supporting healing in individuals and groups facing specific health challenges. The use of art to give voice to experiences for which one had no previous language creates meaning, and the ability to communicate that meaning to others can contribute to a sense of belonging to a caring community.

Artist/author Cameron (1992) notes that "Art opens the closet, airs out the cellars and attics. It brings healing" (p. 68). Remen (1996), a physician specializing in the mind-body connection, observes the following:

At the deepest level, the creative process and the healing process arise from a single source. When you are an artist, you are a healer; a wordless trust of the

same mystery is the foundation of your work and its integrity. (p. 188)

Child development specialist Smart (n.d.) notes the following:

We take information in through our senses and process it in countless ways. In doing so we are changed by what we see, what we hear, and what we feel. Our gifts of perception also lead us to the ability to make strong and deep connections with others. Everyday sights and exchanges can have a powerful effect on us, so art that has been intentionally created in order to transmit a point of view that can have a radical affect on our emotions and reasoning processes. . . . Our brains are wired to accept this input. Our very survival as humans and our abilities to learn and develop depends on our receptivity to stories and depictions of ideas, lessons, language, and visual representations. Our brains and hearts learn how to interpret maps, study instructions, learn languages, learn people's emotions and become empathetic.

The Effects of Art on the Healing Journey

Individuals and groups who experience alterations in health status may perceive artwork differently based on their illness experiences. The concept that creative art making has a healing effect is not a new one, as evidenced by the work of art therapists; however, the process of interpreting works of art is worth investigating. Healing for the purposes of this inquiry refers to the process of making whole. People who have been through an experience of illness often describe their journeys using the language of loss and grief. The exposure to selected art images is intended to help specific groups of individuals reclaim those parts of themselves that they have experienced as damaged, lost, or changed by the illness, to help them integrate older versions of self with the newly emerging version so that, once again, they can experience themselves as restored whole individuals. The healed losses reconstitute their identities in such a way that they once again experience themselves as whole and, hopefully, are able to function on a higher level as a result (Rancour, 2008).

To deliver this intervention within the structure of a group rather than on a one-on-one basis maximizes the potential for learning and healing. Yalom (1995) describes the therapeutic factors of such groups as

including the instillation of hope as members discover their commonalities and focus on solutions to current problems. Dispelling feelings of loneliness and fear in a safe group environment is a powerful tool. Groups are places where members learn to share and receive support, take risks, respect boundaries, and experiment with new ways of perceiving the world and communicating about it. Such interpersonal learning is a major healing factor for those with altered health status. Giving individuals who might have experienced social isolation by virtue of their condition a sense of belonging can lead to a connected catharsis that leads to more functional coping (Yalom, 1995).

What follows is an examination of the potential healing aspects of people sharing their lived experiences by actively responding to reproductions of works of art that are usually seen in art museums. By carefully looking at works of art, telling others what one sees, and making connections among what one sees to what one has experienced during illness, people may be helped to construct new health and illness stories that make meaning of one's experiences. When participants give voice to their feelings and thoughts in response to works of art and the experiences they are living, and when these impressions are shared, a group experience emerges during which each person's contribution builds on that of the previous participant. Carefully listening to and considering others' stories may help one transform one's own identity from a passive observer to an active participant who makes meaning, cultivates learning, transforms identity, and builds a supportive community.

The Technique

Barrett facilitates art interpretation, not so much by talking to viewers as by presenting them with images and asking questions designed to elicit personal responses to the images that compel them to actively participate in making art meaningful through the interpretation process. Five to ten contemporary photographs, sculptures or paintings are chosen for each meeting. Although historical works of art could be used, works made by artists living at the same time period of the viewers provide opportunities for contemporary connections between works and viewers. This technique has been modified specifically for work with health-altered groups of 5 to 20 individuals facing common challenges.

The session begins with a brief description of what will happen to ease initial apprehension about expectation and performance anxiety. Effort is made to create a safe and trusting atmosphere where participants can feel free to share their perceptions and insights. Observers can frequently have a history of looking at images very superficially based on personal likes or dislikes and not taking the time to actually notice what is in the picture. Beginning with questions such as: "What do you see?" may appear deceptively simple on first examination but quickly evoke complex responses. This technique involves asking each participant to name aloud what he or she sees in the image until participants cannot name anything new. Frequently, observations create "aha" moments as people begin to see objects, shapes or colors in the photograph or painting that were not initially apparent to them. This usually builds layers of meaning that merely superficial readings of the work of art do not make possible. The pace of the discussion is calm, giving people time to be thoughtful. Silences are expected and accepted, giving viewers time to reflect. The facilitators move on to another image when they sense—often from participant body language—that the group is ready to move on. These questions were developed through years of work with arts students in efforts to reorient them to actively and intentionally attend to art, rather than to perceive it on "automatic pilot."

Additional questions that foster deeper investigations not only of the art images, but of self, include the following:

- What does the artwork seem to want you to notice?
- What is the work showing us?
- What might the photograph symbolize?
- What's unusual about this photograph?
- If you could be anything in the image, what would it be and why?
- What do you think about when you look at this work?
- What do you feel when you look at this image?
- How do you imagine the subject of the image feels?
- Have you ever felt that way in your own life?

As the session starts, the focus is on the image with participants commenting on their own perceptions and insights. As the session continues, participants start piggybacking their comments on one another's observations, and interchanges begin to

occur that foster community even in a group whose members may not already know one another. The evocation of deep response to the images creates an immediacy of intimacy as people increasingly share from their deepest selves. Individuals are also permitted to “pass,” and no one is forced to participate. It is often the case that some people may be quiet during the session, but they may be nonetheless deeply engaged in the exercise, albeit silently.

After the images have been discussed, the participants are asked to voluntarily write a paragraph or two, addressing how the image relates to their lives. The writing period lasts as long as pencils are moving, usually about 7 to 10 minutes. The facilitators then ask people to voluntarily read aloud what they have written. The quotations that follow are from these exercises. The writing evokes smiles, tears, nods of agreement, and sometimes laughter. The facilitators always acknowledge contributions from the participants but remain neutral to encourage others to engage. Oftentimes the writings prompt more discussion. At the end of each session, participants may voluntarily submit their writings to the facilitators with the knowledge and consent that what they have written may be quoted for later use (anonymously or signed by choice).



Figure 1. Rimma Gerlovina and Valeriy Gerlovin, *Two Eggs*, © 2002 www.gerlovin.com

Project Groups

Four different groups were tapped as part of this project in which a university art education program was taken into the community for the purposes of outreach and engagement. The baseline group was composed of university faculty and staff with no specific health issues who voluntarily attended a university-sponsored presentation. The other groups comprised cancer patients and their caregivers, stroke patients and their caregivers, dementia patients, and seniors from an assisted living facility. What follows is a sampling of each group's responses to sets of contemporary works of art.

University Employees

The initial baseline group was composed of about a dozen university faculty and staff. The following comments apply to Figure 1, the Gerlovins' artwork, *Two Eggs*.

I've recently experienced the loss of my husband. In the photo, *Two Eggs*, I see the loss of time, or time to

do or say—something not done—and passing of time not regained, movement from reality to an unknown. Where do we go or what do we become after death?

She is “tethered” to the scene by ropes of heavy hair that seem to weigh down her own right hand, and which also surround and eclipse her body—suggesting an inability to move, to act. A basic entrapment. The hopes and ideals presumably enclosed in the opaque egg are thus unreachable. She is alone in the dark. . . . This photo/painting symbolizes the unfillable longing, and the resignation, that affects all humans.

My first response to the image was the idea of infertility. Due to health issues, I will not have children. It has been a “quiet” concern for me and not one that I have shared or even spoken.

Discussion. Despite being a diverse group with no common health issue to hold them together, various members do project their own personal experiences on the images, and, in a public place, make intensely personal statements about how they identify with the images.



Figure 2. William Wegman, *Dusted*, 1990 (Courtesy of the Artist)

Issues as charged as death, loss, and infertility were discussed.

The following comments refer to Figure 2, William Wegman's photograph, *Dusted*:

There's a significant feeling of being dumped on or of overload . . . a tremendous amount of expectation to be strong. . . The inner suffering must be tolerated and the conservative, controlled self left as a veneer.

An image of hierarchy and exploitation . . . the feeling of being "dumped on" is pervasive. The dog's loyalty to her master's commercial/creative project is touching, but I don't think this dog is enjoying herself. . . I relate to the dog in her entrapment—feeling unable to move; being unable to see . . .

. . . the shower of "light" was something good coming to the dog from the outside. . . I couldn't imagine any circumstance where someone would pour that much "something" on a dog. The dog seems to be taking it patiently. I like the idea of a heavenly infusion of light or revelation is superabundance. I can't imagine my Master asking me to be still while he pours out something harmful on me.

The dog appears to be focused on its role while it is being covered with dust. . . . Grin and bear it . . . internal suffering.

When it rains, it pours. When problems at work do, from flurries to a blizzard, sometimes I can't solve them fast enough to about being dumped on by an avalanche.

This took a strong dog with trust and faith in his owner to keep his stance to allow this image to unfold. Sometimes we have to take risks and have faith that with love we can produce a pleasing [outcome] even though we may look foolish to begin with.

The dog seems miserable. Sitting there hopelessly and taking pouring into him. Slowly turning into a ghost of a dog. It is like a person who sits patiently takes problems pouring over them until they completely fade away. Like my parents who never do anything about problems, and adversities that hit them. And they could just move and shake the dust off. They have the power. Just move one step aside! There is no dust! Why don't they do something? Just like the dog listening to the master when in fact they have their own will. Communism is over! Fight for yourself and your rights! (from a woman who has emigrated to the United States from eastern Europe, regarding the frustration she feels over her parents' paralysis dealing with totalitarianism)

Discussion. The group of participants discovers that there are many ways to experience a single image. Some read the image positively, seeing a shower of heavenly light falling on the dog, whereas others see the dog suffering patiently and obediently. The diversity of responses frees people to own their individual ways of seeing the connections between the artworks and their own life experiences. Participants listen to one another with visible attentiveness and seeming acceptance, which further encourages honest disclosure within an accepting and safe environment.

Cancer Patients and Their Caregivers

The following comments relate once again to Figure 1, the Gerlovins' photograph, *Two Eggs*:

Two versions of reality; which is true? Can I really change my body through meditation? Can I really cure myself? If I think the right thoughts, will I kill off the cancer cells? If I think the wrong thoughts, will I aid the cancer cells?

As we go through life we have choices; to live and learn through the shadow side of life or the light of life. Perhaps the experiences of the shadow side are what are needed to get us to the light.

I can see the present. I can see the situation (solid egg) we're in and what it looks like. But is that what the future really holds? The doctors predict death soon. But on the other "hand" maybe there's hope. Maybe I can imagine another future; a more positive future. Which one is real? Which can happen? Is there anything I can do to help?

The translucent egg reminds me of the listlessness during chemotherapy. The hand holding the translucent egg is the hands of family holding me close during (hard times) created by the chemotherapy. The opaque egg is the in between chemotherapies; the months that I don't have to go get treatments but the veil is always as a reminder that there will be more treatments ahead. The translucent hand is the hands of family that are there if needed by me. I sit in the background ready to step forward when needed.

In my health situation, I see the white egg as the decision to take chemotherapy. The other egg is radiation. . . . The chemo egg weighs heavy with the somewhat veiled hand. Not knowing how it will affect my life, my body, my family, my spouse, our love life, and my work environment! . . . The two eggs signify my feeling of being like a riverboat. Take the four rounds of chemo, lose my hair, feel bad, be pitied and patronized by the unknowing or gamble that the cancer didn't touch anywhere else and everything will go back to how it was. I decide to give myself the 3% boost.

Discussion. These comments reflect the agony of either/or decision making that cancer treatment entails because so many of the significant treatment decisions rest with the patient, rather than solely with the physician. Choices are constantly being evaluated based on their respective benefits and burdens to the patient, always weighing the quality of life versus length of life ratio.

The following comments refer to Figure 3, the Gerlovins' photograph, *Grail*:

This image reminds me of a personal sacrifice which could be seen in a situation where a person feels she must give up the personal life to support someone or something else. I actually feel that way about serving as a caregiver for my husband sometimes although



Figure 3. Rimma Gerlovina and Valeriy Gerlovin, *Grail*, © 2002 www.gerlovina.com

this role was basically thrust upon me. . . . I did make the decision to stop working because he was needing me and it was hard for me to continue. . . . I am also helpless to do anything to actually halt the course of the disease and am left to contemplate the situation so I can relate to not having body parts, only a head to think, but no way to do anything about the situation.

I felt like this when I was first diagnosed with cancer. Not in control of my body, that even my mind was in a haze that just existed without purpose. Just getting by day by day. I felt there was a veil covering me at all times. . . . I felt there was no future ahead of me. Due to the chemotherapy, my body and mind became listless. The hair in the photo as the base makes me feel the strength that was given through family, friends and church members. . . .

Chemotherapy. I remember sitting in my chair in our living room, hours on end, thinking about whatever I was thinking. Some called it "mindful meditation." I let thoughts come and go; fears, hopes, doubts. Hours passed. My mind functioned well enough that I did not know what was happening to my body. I felt

sadness over the medications I was taking into my body. Sometimes I only had energy to sit and wonder. I gave myself over to chemotherapy, but I held onto my thoughts, wondering about life and if there is an afterlife; wondering about the meaning of my being on earth. In these meditative states, I maintained optimism. I see this work as optimistic.

Discussion. Obvious references to powerlessness in the face of overwhelming uncertainty, compelling the individual to move inward into dark nights of the soul articulate how painful the existential nature of suffering is. These are not so much descriptions of clinical depression as they are of normal human responses to catastrophic illnesses. Again, by focusing on the external art work, the individual is able to connect with a very intimate private experience, give it a voice, and then share it with others to reduce social isolation, seek meaning, and transform the pain into insight.

The following comment refers once again to Figure 2, *Dusted*, by William Wegman:

When I was lying on a table in a dark room . . . getting my ultrasound, the nurse was making noises to herself, while scanning my body. When she went to leave she told me that if something wasn't right that a Radiologist would accompany her into the room. I lay there, frightened to hear more than one set of footsteps. From what felt like an eternity, in walk two people. Devastation. I felt dusted like the dog when the Radiologist hands me a piece of paper and asks me if I know of any . . . oncologists. I am overwhelmed with the idea of meeting an Oncologist and not having my husband with me at such a sucky time. I remained strong while freaking out internally. Jesus came later in the slower cleansing as a ritual. I see this as the reality of being out of sync with the world. I need to jump out of time or off the merry-go-round and focus on me and what's going on with my body, which has never fouled me in the past. My life hits a sudden skid—I fall off the bike, get up and continue the journey with a new purpose in life and a broader perspective and appreciation of family, friends, nature and purpose.

The following comments refer to Figure 4, William Wegman's photograph, *Intirely*:

I see the circle as the universe surrounding me (the dog), that I am not alone with having cancer. There are others out there that have cancer just like me. I am not alone, there are others with cancer to lean on



Figure 4. William Wegman, *Intirely*, 1990 (Courtesy of the Artist)

and they lean on me. We can learn from each other in our own universe.

When one becomes entirely immersed in treatments, one is involved to the point that it seems never ending, as if going in circles, not feeling, or knowing if the end is in sight. And, oh how I tired. One becomes exhausted and one almost becomes immobile from the fatigue and pain.

The dog is almost entirely in the tire. It is here to see where she is going, but she can still get there because her paws are free. This reminds me of not being able to see into the future. All I can do is guess what will happen to us as a family and keep moving forward.

Discussion. Despite cancer being the common challenge that binds this group together, each individual has a unique and different connection and, therefore, response to the images. Themes having to do with social support (or the lack thereof), wondering as to the trajectory of the illness and its ultimate outcome,



Figure 5. Stephen Althouse, *Clamps*. Collection of the Musée d'Art moderne et d'Art contemporain, Liège, Belgium (Courtesy of the Artist)

and even spiritual imagery are all evoked by the “simple” photograph of a dog posed inside a tire.

The following comments refer to Figure 5, *Clamps*, by Stephen Althouse:

My life is held by something larger than me. In this case, let's call it cancer! I have had to learn acceptance of what is. I could not deny that my situation was serious. During chemotherapy I felt suspended in the clamps of health care. I learned to accept peace in what I could not change without the help of others. The loving clamps of others kept me secure and in a peaceful place.

Cancer has actually helped me to conquer the unraveling or fear in my life. It has made me feel that I can contain and control my fear with help from God and others around me. The fear is being crushed by the power of love. The clamps resemble the shape of a person's chest and the ball of cloth could be seen as a softness and formable substance so that it could be changed or reshaped as in a “change of heart.”

Oh my soul what have you learned from your brush with cancer? I have learned I have to go through it, not around it. The picture feels dark to me, I want to run. I hate looking at it. I feel imprisoned.

Discussion. Themes in the cancer patient and caregiver group seemed to revolve around issues of control,

making choices and decisions. Often the Althouse series of photographs generated positive responses despite imagery that the authors anticipated might have been evocative of suffering. Most of the patients, however, did not experience the images in this manner. When embarking on work of this nature, one must be prepared to have one's assumptions and preconceptions challenged, frequently agreeably so.

Stroke Patients and Their Caregivers

These patients were fairly cognitively impaired, some of them had perceptual issues, others had problems with expressive aphasia. An initial selection of photographs of flowers by Tony Mendoza with straightforward and less symbolic overtones was used to assist this group with their need for concreteness and to initialize them into the process of interpreting pictures in a group setting. It was obvious that one patient who had trouble communicating was nonetheless deeply engaged in the process as he was affectively animated throughout the entire session. At one point, one of the participants commented wryly on the ability of one of the others to count more flowers in the picture than anyone else. “Show off,” she murmured to him with a smile, demonstrating the capacity for fellowship and humor, despite not knowing the other patients. One woman stated, “I feel that I am blooming. I feel that I have wilted and I'm starting to bloom.” This may have

been reflective of the progress she saw herself making in rehabilitation.

The following comments refer to Figure 2, Wegman's photograph, *Dusted*:

He is in a waterfall. The dog is sad from the look in his eyes. He is in a situation he can't get out of. It feels like when I am put into a motorized wheelchair and I'm told I'm driving it wrong. (This patient's comments seem to reflect her own paralysis)

Looks like talcum powder. He needs goggles and a mask. I see all grays. I feel this way every day. Working with 80 people under me is a challenge, but my biggest challenge right now is my mother. Sometimes you just put one foot in front of the other. (Patient's daughter)

The following comment refers to Figure 4, Wegman's photograph, *Intirely*:

Going around in circles and he's not getting anywhere. You try to get out of the circle—it is so frustrating. (This professional caregiver may be expressing her own frustration in not feeling like she is able to make progress with her patient)

Discussion. Once again, themes of powerlessness in the face of what cannot be controlled rise to the surface. Affective experiences such as frustration and deep sadness seem to predominate this discussion. Caregivers and patients might have been more candid in their remarks had they not been in the same group together: It was unlikely that caregivers would admit the burden of caregiving in the presence of the patient. Similarly, if a patient was dissatisfied, the patient might be reluctant to say so in the caregiver's presence. Groups of caregivers only offer future possibilities for investigation.

Dementia Patients

The selection of pictures for this group was made as with the stroke patients, on the basis of their impaired cognitive function. Pictures that provided a highly concrete basis for viewing them, despite their allegorical references, were used to ensure maximum engagement of this group. Once again, flower photographs made by Tony Mendoza were used as a session opener. The following responses to the question, "Which flower would you be?" garnered these representative responses:

- The white one because it isn't open yet—it looks fresh and will take a longer time to die
- The flower on the bottom with big leaves because it is very interesting
- Underneath the white flower, there is a chalice-faced yellow flower—I was that years ago
- The big yellow one on top because it is in full bloom where you can see it

Discussion. These remarks are surprisingly insightful for individuals who are so cognitively challenged. Even so, their responses to the concrete images did demonstrate a connection between the image and their own emotional experiences that suggests they were indeed able to infer from the objective (image) to the subjective (inner experience).

When the group was shown *Intirely* by Wegman (Figure 4), they could not grasp the pun of the title, nor could some of them perceptually make out what the shapes were onscreen. In several other Wegman's pictures, puppies are intentionally interspersed with rocks in such a way that can make them difficult to find. Often, the participants had difficulty even recognizing them to count them. Eventually, excitement arose when participants could decipher puppies hidden amid stones of similar size and color, and as a group, they enjoyed discovering how many puppies they could locate. Despite these difficulties, the activity director observed "extreme engagement" in this group that she deemed was unusual for their customary attention span.

Older Adults in Assisted Living

The following comments refer to Figure 6, Stephen Althouse's photograph, *Brick and Ivy*.

Makes me realize the fragility of our life spans—also impresses the durability (stone brick) contrasted with the ivy (changing life cycles). The human spirit's ability to withstand and overcome some of life's trials as well as the blessings—as expressed by the light as well as the dark—sunshine-shadow-hope and despair-optimism vs. pessimism. The overall feeling is one of antiquity and eternal life.

In these days, in my 80's, I am deeply involved in questions of life's meaning in the largest possible context. How do I find my place in the Cosmos? And how do I find language for the deepest of all issues? There is something ineffable in experience with Ultimate Reality that is perhaps more mystery than objective phenomenon. So the brick and ivy represent the

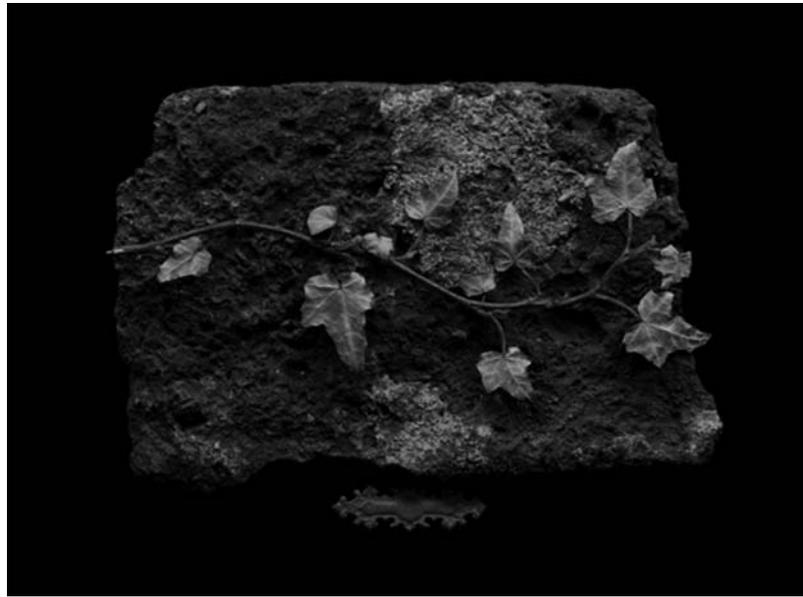


Figure 6. Stephen Althouse, *Brick and Ivy*. Collection of the Musée d'Art moderne et d'Art contemporain, Liège, Belgium (Courtesy of the Artist)

permanent and the temporary, the Cosmos and the living, nature and human nature. And they are inevitably interconnected, interrelated and interdependent. Related integrally-integrity personified.

Brick and Ivy meant to me the “everlasting” solidarity of the rock with what looked like years of fossils tucked into crannies in the rock; then the ivy symbolizes if not “life everlasting” at least the “beings,” “earth’s inhabitants (me included)” that in some form keep on living.

The following remarks refer to *Closed Tongs* by Stephen Althouse. It is an image similar in style to *Clamps* and *Brick and Ivy*, which reveals a needle-nose pliers bound together by a strip of torn cloth.

Two simple things-tongs and cotton strips. Didn't say anything to me. I thought ‘What a waste of time and talent on what will be called “art.”’

The bound tongs [made me feel] the restrictive, limiting boundaries that surrounded me as a child—Inwardly still the determined being I still am—flexible in spite—or because of!—my intrinsic “self.”

Discussion. A good deal of the symbolic responses from the participants in this group had to do with themes of eternity and their place in it. Aging stones

and the ivy growing across it suggested life springing from things not living. Two of the participants were retired university professors, and the ivy reminded them of classic university buildings. One of the participants was a Barnard graduate with expressive aphasia. It was difficult for her to communicate, but she became quite animated during the slide presentation and would shout her agreement or disagreement into the conversation with enthusiastic “ayes” or “nays.” A few times she spoke actual phrases, which surprised other participants as they had never heard her utter an intelligible word. Even the participant who was vocal about the images not really being “art” confessed sheepishly at the end of the session that “I learned something.”

The following remarks refer to Figure 7, *Bird and Rabbit*, by Juliellen Byrne:

Rabbit figure: Buddy, you know you were going too fast. I'm not going to give you a ticket right now—this is a warning. Don't fly faster than the speed limit, y'hear?

Bird: OK Officer. Thanks for the warning. I'm sorry I broke the law but I was in a hurry to get to my wife. She was giving birth this morning and I had to gather in some food and twigs so she could take care of her 6 babies. They were screaming so loud I had to get out. Y'know how that is, don't you?



Figure 7. Juliellen Byrne, *Horse, Bird, and Rabbit*, 2005. The Burkhart Collection (Courtesy of the Artist)



Figure 8. Juliellen Byrne, *Bird and Horse*, 2005 (Courtesy of the Artist)

Rabbit Figure: No—never had kids and my wife left me. Have a good day. (Marcie, in her 70s)

This seems to be quite a serious discussion the bird is having with the rabbit. The rabbit seems to be giving the bird his complete attention. It could be that the bird is sitting on eggs and is fearful of his being there. Perhaps on the other hand they have become great friends and he comes each afternoon to chat. (Mary, age 87)

The following comments refer to Figure 8, *Bird and Horse*, by Juliellen Byrne.

The woman is very upset with the bird on her back and is telling it to get off. The bird on the one hand is happy there and he has not intention of moving. I love it. I wonder what possessed it to light on her back. (Mary, age 87)

Who's on my back? Friend or foe? The bird responds: "I'm the bird of peace." (Helen)

Woman: Bird, what do you see out there? I know someone is out there and wants to harm me.

Bird: It's OK, dear. It's just a group of hikers enjoying the scenery. Don't worry, I'll protect you.

Woman: Are you sure? I heard some shots. Are they hunting? Maybe they're after you!

Bird: Gosh, I hadn't thought of that! (Marcie, in her 70s)

Meredith is hiding from her abusive mate, Lance. She has a friend, a taxidermist who created this kopali form for her to use as concealment. The form was not completely cured after the death of the kopali, so the odor is quite offensive. The three-towed grey toucan has pretended to hate her. In fact, he is her good friend. His purpose in standing on the back of the kopali is to mislead the evil Lance. In his tail, he has concealed the key to their lock box and plans on turning many dollars for Meredith to use in her escape to Baton Rouge. (Betty, age 81)

The following comments refer to *Pavis the Clown* by Juliellen Byrne. The ceramic sculpture depicts a medieval male figure holding a puppet over his head in each hand. He wears slippers that look like rats.

I am the puppet master. Why won't you two agree on anything? I can't help either one of you if you constantly grumble about everything and not pay attention. (Anonymous)

I feel like an orchestra conductor except my musicians don't follow by beat. When I want forte they give me pianissimo. When I want fast, they slow down. Why don't they pay attention? Aren't I the director? Could I be wrong? (Anonymous)

We must get together on this. We've heard both sides. Let's come to some kind of understanding. You think you have problems. What about me and my rat slippers? (Mary, age 87)

The puppet in the right hand reminds me of a hopeful feeling of being misunderstood—and the figure seems to be appealing for understanding. (Anonymous, age 94)

Discussion. The fantastic nature of the figures seemed to appropriately stimulate dreamlike stories in the participants. Tale spinning to outdo one another seemed to absolutely delight them, and many fanciful stories that had symbolic meaning for the participants emerged on the spot. Themes having to do with abuse, danger, conflict, and fear surfaced nervously amid some of the more capricious interpretations. The apparent disconnect from reality may have troubled some of the participants, thus leading to anxiety and uncertainty in some of their responses.

The ability to see the world anew with fresh eyes means learning is taking place, “creative juices” are flowing, and this represents the evolution of knowledge and wisdom. Especially at a time in life when people feel fixed in their world views, the idea that, as one older adult remarked, “old dogs can learn new tricks” becomes a metaphor for adaptation and, therefore, healing. This fundamental change in one's self-image makes it possible for individuals in such groups to reevaluate their primary assumptions about who they are and what their abilities are.

As in previous discussions, several of the participants were initially repelled by the surreality and whimsical nature of the sculptures. Rather than viewing them as whimsical fantasy, they were troubled by their lack of basis in reality (“You call this art?”). By the end of the session, one such participant commented, “I was negative about this art. I learned a lot. I was narrow, closed-minded. But I saw new things. It started the creative juices going. I had a good time just looking and the people had such different reactions.”

Implications for Clinical Practice, Education, and Research

We are a very verbal society. There are a number of populations whose communication difficulties can make working with them on deeper levels challenging. Using expressive arts, specifically art interpretation in this instance, gives these people voices with which to be heard, either one-to-one or as a group. Using an external focus point from which to start the conversation often gives people an opportunity to test their voices, and when they find that other people receive them without judgment, the experience can stimulate more direct forms of interpersonal relationships.

Incorporating such modalities into the care of such groups suggests that health care professionals themselves would do well to experience them firsthand as participants to identify how the process can be used to build meaning and create communal ties. Students could be exposed to such methods in the classroom and then experiment with them in their clinical work with various populations.

Interdisciplinary research would be ideal to assist the development of an evidence-based framework for working with different populations; for example, what kinds of images and art interpretation techniques work best with autistic children or those individuals with developmental delays, mental health problems, neurological diseases, and so on. Such techniques integrated into healing programs provide another model of a creative approach to engage populations that most health care workers can find daunting to reach.

Summary

Art interpretation as a technique used with various health-altered groups can be a fruitful method for establishing therapeutic relationships with individuals and within groups. Its ability to help people create meaning, insight, and community can be customized to the special needs of each group and evoke healing responses that may not ordinarily be elicited by more conventional approaches.

References

- Barrett, T. (2002). Interpreting art: Building communal and individual understandings. In Y. Gaudelius & P. Speirs (Eds.), *Contemporary issues in art education* (pp. 291-301). Upper Saddle River, NJ: Prentice Hall.

- Barrett, T. (2003). *Interpreting art: Wondering, reflecting and responding*. New York, NY: McGraw-Hill.
- Barrett, T. (2004). Investigating art criticism in education: An autobiographical narrative. In E. Eisner & M. Day (Eds.), *Handbook for research and policy in art education* (pp. 725-749). Mahwah, NJ: Lawrence Erlbaum.
- Barrett, T. (2006). *Criticizing photographs: An introduction to understanding images* (4th ed.). Mountain View, CA: McGraw-Hill.
- Barrett, T. (2007). Teaching toward appreciation in the visual arts. In L. Bresler (Ed.), *International handbook of research in arts education* (Vols. 1-2, pp. 639-654). New York, NY: Springer.
- Barrett, T. (2008). *Why is that art? Aesthetics and criticism of contemporary art*. New York, NY: Oxford University Press.
- Barrett, T. (in press). *Making art: Form and meaning*. New York, NY: McGraw-Hill.
- Cameron, J. (1992). *The artist's way: A spiritual path to higher creativity*. New York, NY: Tarcher/Putnam.
- Rancour, P. (2008). Using archetypes and transitions theory to help patients move from active treatment to survivorship. *Clinical Journal of Oncology Nursing*, 12, 935-941.
- Remen, R. N. (1996). *Kitchen table wisdom: Stories that heal*. New York, NY: Riverhead Books.
- Smart, E. (n.d.). The effects of art on perception and emotion. *Helium*. Retrieved from <http://www.helium.com/tm/669774/effects-perception-emotionsour-humanity>
- Yalom, I. D. (1995). *The theory and practice of group psychotherapy* (4th ed.). New York, NY: Basic Books.
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