Volts of Connection: The Arts as Shock Therapy

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Abstract

This article argues for the use and value of evocative images in therapeutic settings. Believing one of the main functions of art is the engagement of awareness, I want to challenge assumptions which underlie the widespread preference and apparent exclusive selection of the calm, the pretty, and the innocuous chosen for lobbies, waiting rooms and offices in hospital and institutional settings. Scrutinizing an expressionist graphic, Norwegian artist Edvard Munch's Compassion, as example, I suggest a variety of techniques for application in clinical settings. At least, the use of such art, (this image, in particular) is appropriate for monitoring and exercising our own therapeutic imaginations.

The artist Matisse believed a good painting could be likened to a good armchair in which to rest from physical fatigue. Yet, often, I have found the contrary to be just as true, that to have any real meaning for us, art must help us to focus our own experiences and probe the layers of our consciousness that we, perhaps, would rather have left undisturbed. Paintings, poems, songs, even aromas can connect us to feelings and thoughts we do not in fact remember ever having. Mercilessly, these volts of connection have the ability to shock "like pins"

Which prick the skin
Of boredom
And leave
A glow
equal in its pride
to the gait
of the sadist
who stuck
the pin
and walked away[1]

Mercifully, the creative potential harbored within the human soul is simultaneously pricked. Many of us would agree that the role of the therapist is less a question of treatment than of reintroducing the self to its own depths and to the many submerged selves wherein reside the source of conundrum and reintegration. Therapy, or – to use an equally appropriate though less clinical term – support, is often providing a fresh, safe space for wounds to be aired and for healing, at its own pace, to happen.

No one would debate the importance of environment in enhancing comfort and serenity. Studies have documented the significance of physical surroundings in institutional settings: views of the outside landscape from patients' rooms, music in the operating theatres, light, color, soothing sounds of trickling waters, fish tanks, fresh flowers. Views of inside landscapes, not only "pretty" ones, but those reflective of spiritual pain are, indeed, at times anything but soothing, but often just the right fodder for one's worries.

Figure 1

For the sake of argument, let's assume the graphic (figure 1) pictured above is hanging in a waiting room, hospital corridor, or our office. If "Awful, too depressing, I'd never confront a patient with such a dismal, sad painting," is your initial response, ask yourself what you would substitute for it, and why? But before yanking it off the wall and replacing it with the usual lobby fare, a tranquil painting in soft pastels, pause and at least ponder. Already, we are acknowledging the potential of an image, color (or lack of it), to soothe, horrify, upset or elicit quiet reflection. An absolute prerequisite to venturing into the darkness and the lands of elusive ambiguities that the people we're caring for frequent, is continually testing our abilities to do so. This requires monitoring our own initial reactions. We, too, need to exercise the muscles of our own therapeutic imagination, to refuel ourselves and check the pulse of our own depths. It matters not what the image; just that any visual, lyrical, or verbal one invite speculation, dialogue, welcome or not, put us in touch with ourselves in authentic ways. We are not looking to an image for right or wrong answers, but for insight. What messages are we sending – subliminally to our patients as well as to ourselves – by excluding sad, soulful, realistic or provocative wall hangings, and allowing only for the innocuous, decorative and pretty?

Back to the image, and ways one might use it in one's work.

Who? What? When? Where? Why? – A simple way to begin discussion of any painting is the

journalistic one: creating a story or narrative about the image. What is going on here? It is uncanny how dramatically mastery improves when persons are given opportunities to tap into their imaginations and thus express and nurture their creativity.

This particular image, used with a number of "Living with Cancer" or "Living with AIDS" support groups demonstrates both literally and figuratively how communication depends on a caring presence so much more than words. The nakedness of the two figures is metaphoric; it's about meeting soul to soul. The commune in communion or communication, is palpable.

I was amazed in a number of groups how divided participants are on the question of who is supporting whom? Is the strength coming from the "healthy" partner or from the "patient?" (Of course, immediately, and rightly so, the qualifiers are avowed; "healthy" most recently dubbed "TAB" – for "temporarily able bodied" – since in situations of chronic or serious illness and loss, both parties involved to varying degrees are afflicted.) "Sometimes it's harder to watch someone die," the young wife dying of cancer in the film *Sunshine* [3] sadly admits to her physician as her husband flees the hospital room.

Personifying the black shadowy mass – not having to make eye contact, to say nothing about arms literally containing the despairing figure – allow pain to be met, witnessed and felt simply by "setting up" this scene. The amorphous black mass, for example, has been identified as a strange numbness, anxiety about the unknown, physical pain, or therapist's perception of the patient, concern for one's young children, haunting guilt for having missed a parent's funeral, or as concrete an image as fleeing from the presence or demands of caring for a bed-ridden spouse. In Robert Anderson's essay, *Notes of a Survivor,* [4] the bereaved author-husband reflects uncomfortably on his behavior, taking garbage to the town dump one evening and deliberately staying away much longer than usual:

It had been a rough day for me after a series of rough days of preparing meals, tending, cleaing up. It was suppertime and dusk… I stayed away much longer than I usually stayed away, almost an hour, driving recklessly through twisting country roads, feeling what? – I don't know. Freedom? Exhileration? Some death wish?

Often, speculating on this same image evokes similar confessions of ambivalences by the ill or grieving partner. The parodoxicial need to separate from life and all its painful reminders, and at the same time, the need to have a witness, companionship and company are expressed. From *Free Fall*[5]:

I give you up a little bit in my free-fall experience. But at the same time I don't want you to give me up. Maybe that's selfish – maybe this is how a dying person expresses his selfishness – that I want you to stay with me even as I am falling away from you.

From *A Grief Observed* [6]:
There is sort of an invisible blanket between the world and me. I find it hard to take in what anyone says. Or perhaps, hard to want to take it in. It is so uninteresting. Yet I want the others to be about me. I dread the moments when the house is empty. If only they would talk to one another and not to me.

The two examples of existential aloneness cited above are characterized by a profound solitude with nary a tinge of mean-spirited isolation. Actually, rereading *A Grief Observed*, questioning the limits to the 'one flesh' metaphor of a relationship that the psalms and love poetry extol, brings another passage into focus when juxtaposed with this visual image:

I had my miseries, now hers; she had hers, not mine. The end of hers would be the coming-of-age of mine. We were setting out on different roads. This cold truth, this terrible traffic regulation ('You, Madam, to the right – you, Sir, to the left") is just the beginning of the separation which is death itself.

In group settings, role play and utilizing this particular image psychodramatically generates options for handling discomforting moments, particularly in counseling situations when one is not sure just how "close" to come. At least in the United States, nowadays, healthcare workers in hospital settings and nursing homes admit to wariness about physical contact. There is nothing like a role play to test one's authenticity and be put in touch with one's own comfort level. Waiting alongside a patient and not touching – not invading a sacred, private space – needs trying on for size and may, in fact, be the appropriate response.

Whether or not the background or context of an image is known, those of us who believe there is an artist within each of us yearning to see the light of day know full well the power of indulging in the act of art-making for clarifying life and its meaning for oneself.[7]

One of the main functions of art is the engagement of awareness. For whom does the

artist paint? Is the cathartic value of the engagement which occurs during the creation of the work enough, or must the intent of his or her resultant image be to help others clarify life for themselves? Expression and communication are not one and the same. I'm less concerned with the focus of the artist than with the viewer's engagement. We must allow the unabashed expression of what the artist is feeling to enter the room and stand alone, unashamed of what it is and what it is saying. Our job is to stay out of the way. Before giving any background information about the image, another fascinating trigger query is titling it.[8]

*Role of the Therapis*t or *Therapist as Rescuer*, for our purpose, might be one to entertain. From what is the therapist protecting her charge? What is he or she bent on alleviating or rectifying? What transference or countertransference, if any, is occurring? What covenant or contract exists between the two beings?

The Norwegian artist, Edvard Munch, titled his creation, *Compassion*, thus challenging us to consider his vision and to define the word for ourselves. *Com passion.* Being *with* (com) someone in the midst of her or his suffering… with *passion*, with one's full attention, feelings, faith and being is the gauntlet he lays before us. It is important to remember we do not need advanced degrees in art criticism to pick it up; to dare to joist with a work of art, nor should we be too timid or limiting in our definition of the term. Talking about the possibilities of waiting alongside patients facing death in silence, Dame Cicely Saunders writes:

We will see them more often if we can gain the confidence to approach our fellows without hiding behind a professional mask, instead meeting as one person to another, both aware of the depths of a pain that somehow has its healing with itself.[9]

Art seems to bring us closer to what language cannot reach and to what poets prove evaporates in explanation and translation. No matter how seasoned, it is always potentially a new and constant source of amazement and awe the way art, in whatever form, be it a painting or song or poem transcends the eye, the ear or the mind and brings a sense of connection, fulfillment and strange solace to the beholder, the listener or the reader. The healing powers of art are not rhetorical fantasies. I am respectfully suggesting that we allow an image, the world's oldest healing symbol, to accompany us, uncensored and unblunted, in our visits or in our preparations for them.

References

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Bertman, S. (1997). From the Very First Patient to the Very Last: Soul Pain, Aesthetic Distance and the Training of Physicians. In S. Strack (Ed.), *Death and the Quest for Meaning.* Northvale, New Jersey: Jason Aronson, pp. 164-189.

Notes

[1] Adapted from Norman Mailer's ideas about poetry. Quoted in Bertman, S. Creative Approaches to the Teaching of English. *Journal of Education*, Vol 147(2), 1964. I was a high school English teacher in my first professional lifetime.

[2] Munch, E. (1984). *Compassion.* Oslo, Norway: Nasjonalgalleriet. Drypoint and acquatint, 210X213 mm. Reprinted from Bertman, S. (1991) *Facing Death*, p. 75.

[3] *Sunshine.* (1973). MTV. 121 mins. Based on the diary of Lynn Helton who died of bone cancer at the age of twenty.

[4] Anderson, R. (1974). Notes of a Survivor. In S. Troupe & W. Green (Eds) *The Patient, Death and the Family.* New York: Charles Scribner's & Sons.

[5] Smith, J. K. (1975). *Free Fall.* Valley Forge, PA: Judson Press.

[6] Lewis, C. S. (1961). *A Grief Observed.* New York: Seabury Press, pp. 7, 15.

[7] For discussion of Munch's intentions see Torjusen, B. (1977). *Words and Images of Edvard Munch.* Chelsea, Vermont: Chelsea Green.

[8] I invite you to do so in your own clinical and educational settings and share your responses and experiences. We are working on "An Image a Day" project, and will be pleased to include you in our network when we make it available on-line. For now, please fax any anecdotal material to the Program in Medical Humanities and the Arts in Health Care, Worcester, MA, USA 0011.1.617-332-7273 or e-mail sbertman@attbi.com

[9] Saunders, Cicely. (1995). Quoted in the foreword to Michael Kearney's marvelous book *Mortally Wounded*. New York: Touchstone, 1997.