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The art of dying

Sculptors in residence at a hospice have helped patients look death straight in the eye.

The bathroom at St John's Hospice has become a surreal sanctuary. The clinical white tiles, wash basin, bath and lavatory, have been transformed into works of art. The bath is a cement-brimmed chariot, drawn by thin, curling coral horses. The walls are hung with bare Blakean witnesses. A shape, half angel, half butterfly, spattered with sequins, hangs suspended in mid-air. The floor is strewn with hunks of stone.

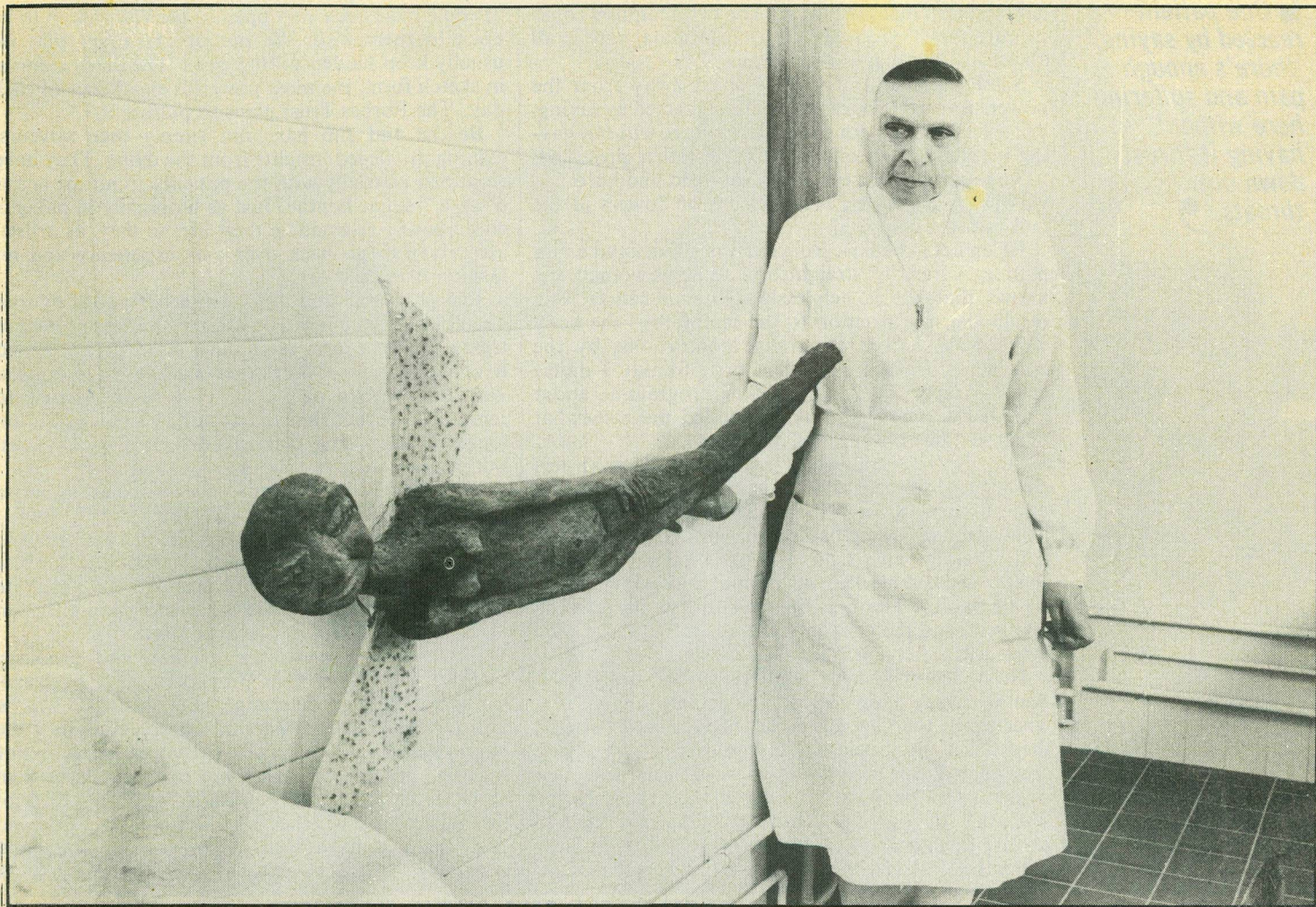
It is here in the bathroom that patients, with only days or weeks to live, are completely naked, physically and emotionally. Two young sculptors have been living and working among them. They have embodied the fears, memories and visions of people at the most critical point in their lives. There is nothing soothing or sentimental about the sculptures. For that you can

go to the standard squirrel and nut pictures up the corridor. The sculptures show the artists and patients together looking death straight in the eye.

The sculptors' ten-week stay at St John's Hospice, in Lancaster, which has just come to an end, has been a unique experiment. Artists, poets and musicians are increasingly entering hospices and hospitals, to encourage patients to use a pen or paintbrush to express themselves. But never before have artists completely shared their own creative process with their public. Nor have the sources of the artists' inspiration also been their critics.

The two sculptors—Benthe Nordheim, an intense, blond madonna, in a brilliant yellow, black-patched wool dress, and Jim Thrower, wild-haired, with baggy

Above, left and right: the bathroom at St John's Hospice has been transformed by works of art. Helen, a patient (above, left) with Sister Aine, has now 'become quite fond' of the figures.



trousers—have identified with the patients' own lack of time, themselves having only ten weeks at the hospice. Now the burning question is whether this bold experiment will be repeated elsewhere.

Last week experts from the hospice movement, the art world, charitable financiers, sociologists, a few lone artists and poets, converged on St John's to assess the value of the project. Three separate evaluations of the scheme are now being carried out by the Public Art Development Trust, the King's Fund and the sociology department at Lancaster University. If these are favourable then this strange alliance between art and medicine will be replicated in 30 or so hospices all over the country. Amir Bhatia, the chairman of the Forbes Trust, which put up the £4,000 for the St John's pilot project, is ready to finance a chain of similar schemes if he is convinced that they benefit everyone in the hospice.

Jim and Benthe arrived at St John's in the autumn, after Malcolm McIlmurray, medical director of the hospice, approached Terry New, head of sculpture at the Royal Academy of Arts. Terry put forward two of his most brilliant post-graduates. He picked them for their sensitivity and their unflinching approach to gruelling subjects. The work of both artists is disturbing. Benthe uses the human form to embody raw emotional states. In Norway she drew heavily on the experiences of a schizophrenic patient for some of her sculpture. Jim had started out as a medic.

At first they met with a lot of hostility. Some patients, relatives and volunteers felt threatened by their presence and their work. One volunteer was aggressive towards them. That night the woman stayed awake drawing her conflicting responses. First she drew a stick man protecting the hospice from

intruders. Then, finally, the stick figure extended one arm to the artists and one to the hospice. Explaining her drawing afterwards, she said: "I felt that I wanted to protect the patients from disturbing, painful images." For confronting patients and their bereaved relatives with the embodiment of their emotions is a high-risk experiment. Some argue that people at such a traumatic time should be allowed escapism if they want it. But they do have a free choice as to whether they participate.

Some patients were too ill, others too uninterested, to approach the sculptors at work. But many inpatients and outpatients, their relatives and members of staff became deeply involved in the creative process. Sister Aine, of the nursing order which runs the hospice, was a sudden convert to the sculpture.

Forthright and gentle, in immaculate white habit and white stockings and shoes, she declares: "At first when they exhibited their work I was at a loss to know what it was all about." Then one day she found herself walking through the hospital with a woman whose husband had just dropped dead. "She was talking about the obscene sculpture in the hospital." Sister Aine found herself explaining that the sculpture was "of a person going to unnatural lengths to protect himself." The woman then cried out: "That's me—that's what I'm doing now."

In lilting Irish brogue, Sister Aine describes Benthe's work as: "the incarnation of an emotion." She says the stones on the bathroom floor: "reminded me of an incident in my life where I'd felt vulnerable . . . I was able to understand what was happening to the people in the wards. They are dealing with shattered bodies and shattered minds—and each shattered part of the person has a memory." Giving

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her final testament she says: “The two sculptors could capture the very essence of what terminal care is all about—to me that is their genius.”

Some patients and visitors shied away from the powerful visual images. One patient reacted by saying: “There’s enough pain and suffering here without having it thrust down our throats.” Another protested: “The sculptures are too stark, too cold and hard . . . we always had a big arrangement of flowers in the hall but it was moved.”

Helen lies in bed, wearing reading glasses and a thin nightie. A friendly, straightforward Scots woman, she knows that she is helplessly dying of cancer. She recalls her first reaction to the sculptures—the bony white ones, locked in strange contortions, by the entrance. “When I saw them first, frankly I didn’t care for them. I’d just seen a TV programme about euthanasia. The sculptures reminded me somewhat of those figures, emaciated and gaunt.

“Benthe told me what lay behind them. I feel completely different about them now—I’ve become quite fond of them.” She adds: “I like some of the leaping figures in the bathroom, but I sometimes find it frustrating when I don’t know what they mean.” Benthe showed her the row of miniature white figures on the wall: “The first figures seem to be showing revulsion and the next ones are moving towards each other with affection.”

Helen features in a large framed illustration by Benthe, in the main corridor. It depicts a figure in a wheelchair, the glowing hands of God and between them a thin red thread of life. In our society the dying are isolated. So, indeed are artists. During these ten weeks a few patients have bared their souls to the sculptors. In response Benthe and Jim have tried to involve them in their creative process.

Benthe declares, in a musical, Norwegian accent:

“People have been very open to us. We wanted to be open to them also. We put up the diary that we usually keep hidden till the end.” The diary records, in sketch form, the most powerful experience of each day. The Forbes Trust plans to publish it.

Benthe and Jim have not simply been voyeurs, gaining privileged insights from the dying. They have identified painfully with the patients. “Our art is our disease,” states Benthe. Just as terminally ill patients continuously re-evaluate their life, so they, as artists, are driven to go back over past experience and re-fashion it in their art.

Jim says, standing among the bathroom figures: “Sculptors are concerned with physical form. We are trying to give a form to an inner state.” He has tried to convey a sense of the “other-worldly” in his horses, wrought in resin on metal. Part of his aim is to represent the fact that the St John’s patients are no longer bodies being pummelled with physical cures, but people whose psyches need healing.

McIlmurray sees the presence of the sculptors as a catalyst for spiritual growth: “It’s powerful stuff—no drug could do it.” He would like the bathroom to become one of many therapies which the hospice offers its patients, along with massage and yoga. He reckons that if the scheme has a profound effect on a few people, then it has justified itself.

In the New Year the art, medical and sociology worlds will all give their prognoses on the scheme. These will help to determine whether artists will be able to take their creativity into hospices all over the country and make death a shared experience. For once it appears that value will not be measured in strict statistical terms, but according to all sorts of intangibles, like whether a few terminal patients and their relatives have been helped to face death and whether an artist has achieved a greater maturity. ■