Artist as undertaker: *Flower Tower* and community art at Caritas Christi Hospice, Melbourne

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Abstract

This paper discusses a community-based art in healthcare project implemented at Caritas Christi Hospice in Melbourne, Australia. It examines how the experience of weekly participation in creating a communal artwork facilitated well-being, by offering participants a forum that minimised their role as patients in end-of-life care and reframed their identity as creative collaborators. When the year-long residency started in May 2012, the aim was to combine studio-led research and meaningful engagement with the patients who attend palliative day care. This communal art project fostered collaboration and connectivity where the individual creative contribution was vital to the evolution of a larger communal artwork.

The article investigates how creative arts in palliative care promote well-being. The outcomes are evidenced in informal interviews, where patients were invited to recount their experiences of taking part in the project. Additionally, questionnaires were distributed to members of the public who viewed the communal artwork in progress in the hospice, and at the final exhibition in an art gallery. Questionnaire responses clarified the impact of the communal artwork on the public's perception of the role of art in healthcare settings. These interviews and audience feedback during the different stages of its evolution and display provide practical insights into the objectives and outcomes of the participatory artwork, *Flower Tower* (2012-13).

Keywords

Collaborative art, artist-in-residence, art in healthcare setting, palliative care hospice, socially engaged artwork, participatory creative practice, communal paper flower-making, collective ownership, art and death, rituals of mourning.

Introduction

Since 1995, St Vincent's Hospital in Melbourne has awarded rent-free studios to artists for one year in exchange for artworks donated to the hospital's collection at the conclusion of the residency. The studios are located at Caritas Christi Hospice in Kew and were previously used as hospital bedrooms for patients. I successfully applied for the artist-in-residence program and was granted the studio from 1 May 2012 – 1 May 2013 and I commenced the project in May 2012.

In the application process, artists outline their practice, intended aims and possible visual outcomes. I proposed that my residency would incorporate a community art project in Caritas Christi's Day Hospice that would emulate the values introduced by the mission of the Sisters of Charity who founded St Vincent's Hospital: compassion, justice, human dignity, excellence and unity (Sheehan, 2006, p.153).

The hospice has developed and implemented a range of creative arts possibilities for patients and their carers as part of the palliative care day service. Many of these patients, during the final days of their lives, have created artwork, which they have given to their loved ones as keepsakes. These handmade items hold tremendous sentimental value and as an artist I interpreted them as memento mori or symbolic reminders of mortality. I reflected on how these artworks made by patients were

rarely seen or celebrated outside the setting they were created; and this observation inspired the *Flower Tower*. In the 20 year history of this residency, mine was the first application in which an artist proposed to combine the making of personal work in the studio with simultaneously organising a collaborative artwork involving the patients.

The participants were a gathering of in-patients, out-patients, their families and friends, volunteers, nurses and myself as artist. Over the year the participatory artwork evolved into *Flower Tower* (2012-13), a polystyrene column 4.3m high and 0.8m in diameter, covered in hand-made paper flowers (Figure 1).

Before starting the residency I had preliminary discussions with members of St Vincent's Hospital palliative care service departments. I used these forums to ascertain the additional resources I would need to facilitate art workshops with patients. I also had orientation sessions to assist with my university ethics application and to ensure my objectives were compatible with the hospital's ethics protocols and procedures. These preparatory meetings assisted me to work smoothly with the multi-disciplinary palliative care team.

At the end of the residency, *Flower Tower* was exhibited at the Substation Community Access Gallery alongside the artwork I had created in my studio. These included: *The Gathering* (2013), a video of an 80 year old nun who volunteers at the hospice; *Mountains of Mourne* (2012-13), sculptures made from reclaimed oasis floral foam; *Heavy Petal* (2012-13), a series of collages made from recycled flower petals from patient's dead bouquets secured to wooden boards with conservation medium; *Caritas Christi Bouquet (a)bove & (b)elow* (2012-13), a series of mono prints taken from the top and bottom surface of the reclaimed floral oasis foam; and, *Crematorium Vessels* (2012-13), a collection of urns made from reclaimed oasis floral foam. In this last work, the hollow urns were placed throughout the hospice during my St Vincent's Hospital residency. They collected the floating dust that is the detritus of everybody, thus binding the living and dead. The exhibition, *The Gathering*, ran from 2 May to 9 June 2013 and its official opening, on 16 May, coincided with National Palliative Care Week which ran from 19 to 26 May 2013.

Figure 1: *Flower Tower* (2012-13) Handmade paper flowers, recycled tissue paper, cellophane wrapping, florist wire, florist tape, paint and polystyrene column. Dimensions: 4.3 x 0.8m. Collaborative art project made with patients at Caritas Christi Day Hospice. Installation view. Substation Gallery, Melbourne, Australia. (Photographer: Andrew Curtis).

Literature review

Before embarking on this residency, I aimed to identify case studies involving contemporary artists facilitating communal projects with patients in palliative care. I discovered articles about the role of art therapy in providing valuable therapeutic benefits to cancer patients when expressing their experiences of terminal

illness (Singh 2011, Visser & Op 't Hoog, 2008; Connell 1992; Graham-Pole, 2000.) Art and health literature commonly discusses how patients have a communal social setting, like a day hospice, that encourages exhibition of the artworks produced in this space; these exhibitions represent opportunities for personal growth and artistic exploration (Morris & Willis-Rauch, 2014; Singh, 2011; Kennett, 2000). In my search for sustained models of community engagement in healthcare I found articles that acknowledged 'sustainability', defined as advocating for arts in healthcare as a long-term partnership for sustained research. Articles of this nature were helpful in providing an interdisciplinary framework for understanding the role of artists in art and healthcare research projects with extended timeframes (Robson & White, 2011). The articles that I found most relevant to this project were case studies of professional artists-in-residence conducting workshops and working one on one to facilitate creative expression, not only with patients, but also with their families and caregivers in healthcare settings (Deanne et al., 2000; Rockwood Lane & Graham-Pole, 1994).

Literature that explores 'social action art therapy' (Kapitan, Litell & Torres, 2011; Golub, 2005; Hocoy, 2005) also resonated with my intention to use art as a vehicle to affect the way society perceives death, dying and bereavement. Golub (2005) explores the connections among art, action, and community; she emphasises that art therapy is influenced by a constellation of experiences, claiming that art therapists "work in neither temporal nor theoretical isolation" (p.17). Hocoy (2005) supports Golub's sentiments, commenting that "the knowledge and techniques of other disciplines are sought and the work of art therapy is executed with an awareness of the wider complexity of which its practice is only part" (p.13). These statements resonated with me because I was conscious that this project straddled the realms of art therapy and art as social praxis (Morris & Willis-Rauch, 2014; Willats, 2012). My interdisciplinary approach therefore acknowledged the intersections between art therapy, community art, socially engaged and relational art practice, and the similarities in their goals and philosophies. This interdisciplinary approach was endorsed by Caritas Christi Hospice's art therapist, on whose support the project's success relied heavily.

'Social action art therapy' employed in my research empowers communities, and "is about participatory, collaborative process that emphasises art-making as a vehicle by which communities name and understand their realities, identify their needs and strengths, and transform their lives in ways that contribute to individual and collective wellbeing" (Golub, 2005, p.17). These objectives underpinned my collaborative art project, which promoted a participatory, creative activity that was straightforward enough to be inclusive, yet challenging enough to be sustainable. Interviews with participants provide moving and practical insights into the objectives and outcomes of this community artwork and the importance of creative arts in palliative care.

The central research questions for this socially engaged art project were: Does an ongoing participatory art project build momentum and community spirit? How is this momentum and community spirit recognisable? Does the finished artwork provide insight and understanding of creative arts in the hospice setting? What new knowledge can be gained from taking the finished communal artwork out of the place it was created and into a formal gallery setting? How does relocating the artwork for public viewing in a contemporary art space, as the centrepiece of an exhibition about the creative arts in palliative care, contribute to the participants' sense of well-being?

Method

Qualitative research methods are appropriate to creative art work in palliative care, and show the value of reflexive research. The methodologies I incorporated included:
Observation – watching activities going on and identifying and recording outcomes in a journal that described the participant's behaviours, reactions and skill development.
Case studies – the case studies approach

recorded the interaction and experience and illustrated the way in which I worked as an artist in palliative care.

Documentation – archiving the participants' experience of producing artworks in the Day Hospice, both photographically and with audio recordings.

The Flower-making workshops were run at the Day Hospice on Wednesday afternoons between 1-4pm, and on Thursdays between 10am-4pm. I facilitated the workshops for one year, and the participants were invited to take part in an interview at the end of the workshops to share their experience of contributing to a communal art project.

The participants varied in age from 8 to 92. The workshop groups comprised hospice patients, their family and friends, carers, volunteers and nurses. The flower-making workshops varied in size from one to ten participants, and the size of the group fluctuated from start to finish on any given day. Some patients were regular participants each week; however, only three patients contributing from the start saw the final work installed in the exhibition.

To provide the majority of the materials for the paper flowers, I salvaged and recycled the tissue paper and cellophane wrappings from the bouquets of flowers arriving at the hospice. Nursing staff would remove these layers of wrapping before the flowers were arranged in vases. On occasion family and friends of the patients would bring in tissue paper and other materials and donate them for the flower-making activities.

I produced two public questionnaires. The first one was circulated to the public 6 months into the project, to coincide with an open studio event. I took this opportunity to display *Flower Tower* in progress, to gauge audience feedback and to share this with the participants. The second questionnaire was distributed to audiences during the gallery display of the finished *Flower Tower*. The audience responses confirmed that the finished artwork provided insight and understanding of creative arts in the hospice setting. Relocating the communal artwork for public viewing in a contemporary art space gave tangible evidence that collaborative art experiences in a hospice setting can be transformative to both participants and exhibition audiences.

Stage 1. 'Flower Power': An art historical framework

On my first day at the hospice I presented numerous paper flower prototypes, representing varying degrees of difficulty, to a group of elderly ladies eager to participate in the workshops. Before we started I was met with a chorus of apologies for their lack of creative skill and imagination. This negative reaction to creative expression is commonly viewed as a challenge when conducting art workshops with patients (Rockwood Lane & Graham-Pole, 1994, p.191). I had anticipated this self-effacing response, so I came armed with a catalogue of exquisite paper collages depicting botanical specimens of such fine detail that they could be mistaken for actual flowers pressed and preserved between the pages of the book. I distributed this catalogue amongst the group, and there was a mixture of amazement and admiration for the artist who had reproduced the flowers so realistically and obsessively. It is hard to believe that a 73 year old woman, Mary Delany, had made these paper mosaics in the 1700s. She had no formal artistic training, and used paper that she hand-painted and cut with a scalpel (Hayden, 1980, p.131). At a desk illuminated by candlelight, the artist produced almost 1000 of these collages, now housed in the British Museum, until her failing eyesight at the age of 84 forced her to cease.

Creating paper flowers provided both Mrs Delany and the patients who participated in the communal art activity a new challenge and a welcome distraction. Her inspirational story underpinned the flower-making workshops, and each week when a new participant joined the group I showed this catalogue as evidence that age, education and resources are no limit to creativity. This is reflected in the following exchange with one of the participants.

Q: Today I showed you this book about

Mrs Delany who did the paper flower collages.
A: She is such a beautiful artist.
Q: I was wondering what your thoughts were about her work and how it could relate to what we are doing here?
A: That lady put more energy than us into her artwork. She was by herself and we work together making paper flowers. She is really patient. She did them vividly. It is like these flowers are alive. She challenges herself. It is very encouraging this book. Like for me today, I have done something creative and you view these days as very good, not empty, otherwise if you do nothing, when you go to bed, you feel the day is very empty.

This statement acknowledges the difference between an artist working as an individual 'by herself' and producing artwork communally as a member of a group. The participant uses words like 'patience', 'energy' and 'challenge' to describe Mary Delany's methodology, but these words aptly describe the participants' and facilitator's involvement in the communal art project. What is clearly expressed in the statement is how the act of taking part in a creative activity is considered a positive and uplifting endeavour. This reinforces how the creative arts in the hospice setting can increase a sense of achievement, well-being and personal fulfilment (Singh, 2011, p.160).

The art historical reference to Mary Delany's work has practical and inspirational implications for the group art activity. Her use of paper as a medium, the floral subject matter, her age and gender are relevant to the demographic engaged in the project (mostly elderly women). Also, her self-taught approach to creativity is inspirational to a community with limited or no artistic skills or experience. But her artwork was not only inspirational to the participants. I gravitated to her work because it evolved from a place of mourning and bereavement. Its cathartic production alleviated the trauma of losing loved ones and provided Delany a welcome distraction when her husband passed away. She wrote that her flower studies in paper provided "an employment and amusement, to supply the loss of those that had formerly been delightful to me" (Peacock, 2010, p.9). There are also overlaps between Delany's flower collages, *Flower Tower* and the work I created in the studio during my residency. The labour intensive and ritualistic nature of Delany's paper cutting related to the collages I was making with recycled flower petals salvaged from the patients' bedrooms (see Figure 2 overleaf). Autobiographical experience informs Delany's floral portraits; similarly for me, lived experience, the patients I met in the flower-making workshops and the hospice setting, influenced the artwork I made in the studio.

The history of St Vincent's Hospital, its founders, The Sisters of Charity, and theoretical discourse on death, dying and rituals of mourning (Kristeva, 1980; Townsend, 2008; Fok 2013), informed the body of work I produced during the residency. Kristeva (1980, p.99) implies that art mediates between life and death and has therapeutic benefits, an idea that I acted out in the serial resurrection of hospice bouquets as corporeal vestige in the *Heavy Petal* series. The idea for the title of this article, Artist as undertaker, developed because I saw a connection between the care and attention I took with the preservation and presentation of the dead flowers and the way an undertaker prepares a human cadaver. The use of ephemeral materials to make art has a direct relationship to issues of mortality and addresses experiences of death and mourning (O'Neill, 2009). Using found materials from the hospice setting to make art also illuminates the ongoing themes of disappearance and loss, fragility and resilience, memory and remembrance. Similarly, Delany's botanical studies are interdisciplinary, possessing historic, scientific, artistic and educational significance, as their status in the British Museum Collection attests. There was also an educative aim of *Flower Tower* when it was exhibited in the public gallery, namely, to provide insight and understanding of creative arts in the hospice setting.

Stage 2. Flowery language: Dialogic approaches and collective ownership

Creative arts divert the mind to a certain extent but as a means to an end this theory sells the arts short of their most central usefulness. The arts contain within them a unique set of motivational properties and dynamics. The fact that the arts move us physiologically, psychologically and emotionally places them as important tools when dealing with common responses to a terminal illness such as depression, lack of meaning and direction, and fear of the future (Hartley & Payne, 2008, p.43).

I selected an art activity that addressed these healthcare needs for the following outcomes: it involved creating paper flowers of good quality that patients could give to relatives or friends, and the collaborative nature of the activity provided a sense of community, social inclusion and a forum for self-expression. A dialogic approach to community engagement is fundamentally concerned with the ethics of working with a group that is not 'art savvy', and necessitates active engagement and decision-making by the participants (Morris & Willis-Rauch, 2014, p.28). Working on an artwork over a one-year period provided a focus and sense of purpose for participants who took pride in how their handmade flowers contributed to a larger artwork that would be exhibited in a contemporary art gallery. Although the majority of the patients who contributed to the artwork did not survive to see the final work exhibited, knowing that it was destined for public display in a formal setting motivated and inspired their participation. Caritas Christi Palliative Care Day Centre Director Margaret Mudford said that the project was extremely beneficial to the clients involved: "They were able to get into the moment and forget about their sickness and pain for a while. It has given everyone a bright new focus and perspective on the sorts of things they can accomplish, despite their illness."

Fortunately there was an existing democratic space within the hospice that allowed the palliative care community that participated to feel safe and supported during the creation of the collaborative artwork. The Palliative Care Day Service hosted and displayed the work in progress, so a collective ownership was established from the onset, and participants provided input on all stages of the production and exhibition of the work (see Figure 3).

This socially engaged art methodology assumes the artist/facilitator and participants can be influenced by each other. Such an approach resulted in a plethora of outputs, both gallery-based and public (Morris & Willis-Rauch, 2014, p.30). After the flower-making workshops I would share the artwork I was making in my studio, and both in- and out-patients who attended the day hospice were invited to visit. These impromptu artist talks resulted in patients asking nurses to bring their flowers to my studio because they knew I used them as a material to make artwork. These donations were unexpected and extremely moving because they represent the generosity of spirit that this project generated. This generosity was extended to include the donation of art materials for the community art project from nurses, and other artists-in-residence. One day a friend of one of the participants attended a group workshop. The next week she came into the hospice with a box of finished flowers that she had made at home. Her husband had cancer and she said that making the flowers gave her a sense of purpose and took her mind off her husband's illness. These gestures showed how the project built momentum, generated community spirit and instilled a sense of collective ownership for all those involved.

Flower Tower also met the objectives of assisting and creating community, social bonds and self-actualised learning. It celebrates the Palliative Care Day Centre as a place of creativity, friendship, hospitality, generosity and productivity. Its public display in a contemporary art gallery at the conclusion of the residency demystifies what happens there. As one participant said, "Before I came here, Palliative Day Care, I think immediately about death, but when I am here I do not think like that, I changed my mind, so I hope this *Flower Tower* can change it in someone else's mind".

These sentiments have been documented in other art in healthcare projects (Kennett, 2000, p.422) thus highlighting the importance of taking the artwork out of the setting in which it was created to raise public awareness about the role of the creative arts in the hospice.

Despite having been presented with a variety of flower designs, the group settled on a simple version for each flower that could be divided into three basic steps. This allowed less dexterous participants to focus on one stage of production only. Surprisingly, this approach did not result in uniformity; each flower is idiosyncratic and represents its maker. When a new member joined the workshop, regular participants would eagerly take the initiative and demonstrate how to make a flower. One week a 90 year old lady showed the group the way she remembered making paper flowers as a child, by folding tissues and twisting wire around the centre. She transferred this design to the crepe paper and it proved to be a quick and simple alternative to initiate beginners into the creative process and to build their confidence.

The contributors to *Flower Tower* proved they were open to learning a new skill, and dedicating their time and energy to its creation, despite facing life-threatening illnesses. The public who viewed the work at the exhibition verified these sentiments on the questionnaire: "Art allows the whole person to be celebrated", "This work allows the viewer to consider the need to open up dialogue about the end of life, a taboo today", "I feel like I can empathise with the families through the *Flower Tower*", and "It shows that we can still be inspired to be

Figure 2: Catherine Bell, *Heavy Petal-St Agnes* (2012-13) Reclaimed flower petals, archival medium, wooden board. Dimensions: 300 x 250 x 10mm per panel. (Photographer: Andrew Curtis)

Figure 3: *Flower Tower* (2012-13) Work in progress at the Palliative Day Care, Caritas Christi Hospice, Kew, Melbourne. Dimensions: 2.4 x 0.8mm (Photographer: Andrew Curtis)

Figure 4: Flower-making workshop in the Palliative Care Day Centre at Caritas Christi Hospice, Kew, Melbourne. (Photographer: Catherine Bell)

creative in the twilight of our lives".

The distinctive contribution of this art and healthcare project was to demonstrate that individual artistic contribution to a larger collaborative creative work over an extended period of time, built momentum and community spirit. That was why it was important to have the work-in progress on continual display in the Day Hospice, so newcomers were inspired by the creative offerings of previous patients. The act of making paper flowers is visible evidence of community spirit, because this gesture celebrates and memorialises each patient's contribution and speaks of the trace we leave behind after death. A volunteer carer who was a regular participant in the flower-making workshops summed up her experience in a card she presented to me on the last day of my residency:

> Making paper flowers doesn't sound like a great endeavour, but in so many ways it was, and is. So many people have had a hand in it, the goal has been reached, that's wonderful, and yet I feel a little sad. It was the process that was so significant, the doing of it together. We sighed and laughed, encouraged and applauded, admired and agonised, struggled and achieved – together. (Figure 4).

This statement reinforces the range of emotions experienced over the duration of the project. The making of the paper flowers was the vehicle for coming together as a group and inspired the title of the exhibition, *The Gathering*. The feelings this carer described are not always positive; 'struggled' and 'agonised' refer more to the loss along the way of patients who had contributed to the group activity, rather than the activity itself. However, these adjectives emphasise how art-making can be both cathartic and exhilarating. We would often have group discussions about having enough flowers to fill the tower and 'agonise' whether it would be finished before the residency ended. The 'struggle' was often coming to terms with the reality that many of the patients who contributed would not see the work completed and installed in the gallery. The unexpected outcome of the communal artwork with palliative care patients was a sharing of death as an integral part of sharing creativity.

The participants felt comfortable to make suggestions in their interviews about the title of the work; some of those suggestions include Palliative Life, Flowers from the Heart, Totem of Life, The Beginning and the End. Participants also provided input about what colour to paint the column, and decided where they would embed the flowers on the totem. I also received constructive feedback on installing the work in the exhibition and the importance of having an accompanying wall text stating where the work was made and by whom. I posed the question to one participant:

> Q: Do you think it is important to say that the work was made at a day hospice?
> A: I think the public won't believe people with such a terminal disease can do such beautiful things.
> Q: Do you think it is important to say on a label next to the work so the public understands where it was made?
> A: Yeah, they must know who did it. People have got to be made aware why it was done, where it was done and what people it was done by, that we are all fighting cancer, in one form or other. It shouldn't be made just for the people who are doing it. It should be also a tribute to the patients who weren't able to do it who passed away. It should be made as a monument to all the people who have died of cancer.

There was a shared understanding that this flower totem memorialised those suffering with cancer, and it was important to the participants that when *Flower Tower* was finally presented to the public, the community who created it and the place where it was created would be made explicit. The participants also mentioned when they started the workshop that they had no creative ability, or had never made art before, but at the end of their involvement

they identified as artists. They reported feelings of pride for what they had achieved, and the flower-making provided a form of escapism and instilled confidence to continue making art for personal satisfaction. The mother of one of the participants, who attended the flower-making workshops with her daughter, sent me a letter after she had seen the exhibition and to inform me of her daughter's passing. She emphasised that making art can transform lives in ways that contribute to individual and collective well-being:

> My daughter enjoyed her involvement with you at Caritas Christi, as I did. I thank you for the pleasure you gave us and for your interest in our well-being. You broadened our perspective and gave significant meaning to simple everyday happenings and things.

Stage 3. Floral tributes: Community spirit and building momentum

At the halfway mark of the project, when the flower workshops had been running for five months, it was time to consolidate how to present the outcome. Each week the group would discuss how we would display the increasing number of flowers accumulating in the Day Hospice. Reflecting as a group about commemorative floral wreaths influenced the final display. Wreaths are usually placed on the ground, leaning against something so they can only be viewed front on and from above. We imagined floral wreaths stacked on top of each other so they would reach to the heavens and encourage people to look up rather than down. A column of flowers also encourages people to walk around it and discover the unique beauty of each handmade flower. The adaptability of this modular, totem design allows new sections to be added, so it would grow taller with each addition. The structural outcome was a cylindrical totem made of cast polystyrene, 0.8m in diameter, and in three 1.2m segments designed to reach 3.6m from ceiling to floor. When I had confirmation of the gallery space and knew the height of the ceiling, I ordered a 0.7m wedge that would ensure that *Flower Tower* would reach from the floor to the ceiling. The foam had a 8mm hollow core, so it could be stabilised by inserting foam rods when the four segments were positioned on top of each other.

It was only when the foam structure was delivered that the participants realised the epic scale of the project. I noticed a remarkable shift in the participants' energy and determination to complete the project on the day we painted the foam columns green and added the pre-made flowers to the structure (see Figure 5 overleaf).

One participant exclaimed:

> Actually before I came today I was thinking about the number of flowers needs to be increased because we need a lot of flowers to fill this tower. That is in my mind on the way to the hospice, I don't know how many ladies will come in and be doing this project. I don't know how much time you have to finish.

When patients whom I had seen sit for months in their wheelchairs stood to place their flower or to paint the columns green, I was convinced of the transformative power of art to generate hope and communal energy (see Figure 6 overleaf).

This is evident in the following exchange:

> Q: Last week we painted the foam columns green and I noticed you and others stood up and did some painting?
> A: That means hope the colour green for us.
> Q: It was very touching for me to see you stand up and paint. Did you feel painting gave you energy?
> A: Yes, yes, otherwise I would lie down in my bed, when I was doing that I forgot the pain.
> Q: I am interested in how you feel about contributing to this work?
> A: I can think back when I was in hospital I never thought I could do this. That means I am getting better.

There was also a sense that the flowers were not only being made for the fulfilment of the individual. One participant commented that the flowers represented a symbolic gesture

of friendship, substantiating how the project generated community spirit:

> Q: You have mentioned you are making flowers for people who can't participate?
> A: That's right, it is a gesture of companionship. When I am making a flower I am making it for everybody not just for me.

On 1 November 2012, there was an open studio at Caritas Christi and the public was invited to view the work. I set up *Flower Tower* in the corridor leading to the studios and prepared a questionnaire for the viewers to complete. This questionnaire was a rehearsal for when the finished work would be exhibited at the end of the residency. Some of the words the public used to describe *Flower Tower* were: optimistic, a totem leading up to heaven, festive, strength and fragility at the same time, healing energy of colour, power, monumental, life, colourful, bright, personal, happiness, invitational, confident. Many of these words matched how the participants described the work. A content analysis of the questionnaires verified that the artwork provided greater insight into the role of the creative arts in palliative care. One viewer commented: "Yes it can stimulate thought on the multiple levels of meaning and experience embedded in sickness, aging and death." Another wrote:

We can understand flowers as remembering someone. This work reaffirms my existing belief in the role of creative arts in health settings. The scale of the work makes a strong statement. A tower expresses confidence yet contains individual intimate art objects. The viewer is given a chance to link with the artists who created the flower pieces. Seeing this artwork has reinforced my belief in the value of creativity for well-being, communicating feelings, learning new skills and a sense of achievement at any stage of life.

The activity of making the flowers, painting the column green and positioning the flowers on the structure enabled participants to take their minds off their illnesses, as one participant revealed: "Just for a while there, it stops you thinking about what you are going through". There was also a general consensus that presenting *Flower Tower* in a formal exhibition setting, as the centrepiece of the show, was a source of pride and achievement. The staff at the Palliative Day Care Centre organised an excursion to see the exhibition on the day of the opening. When the patients saw it they exclaimed, "We did it!" with beaming smiles on their faces (Figure 7). The Age newspaper and the Australian Catholic University sent journalists and photographers to cover the project, and this recognition further validated the participants' sense of achievement. The effects of public display in a formal setting on participants and their sense of well-being are reflected in the comments of one of the three participants who worked on *Flower Tower* throughout the project, a 60 year old patient who was quoted as saying that the project helped him believe in himself:

> This is the first time I've ever had anything in a gallery, and I never thought I was any good at art. My doctor gave me three months to live, and that was eighteen months ago and I'm still going strong and getting on with things. The *Flower Tower* has kept us all going and I can't believe what we've managed to achieve! (Coen, 2013).

Conclusion

It was my aim to demonstrate through the final exhibition that, even though specific health-related benefits are hard to prove, the finished artwork represented sustained community engagement. I provided a questionnaire at the show because I thought hearing the public's response to the community artwork would be beneficial to the patients and staff who had worked on the project, and that these testimonials would support future art and healthcare initiatives. I designed the questions to gauge audience response to the community artwork and to raise awareness about the role of creative art in palliative care. Surprisingly, the questions also garnered profound insights into how the communal art work made viewers empathise with the patients and their families;

several responses also reflect on death and dying. The questionnaire responses testified to how the artistic achievement promoted healthcare: "The communal art work is a great tool to inform and educate about art, death, illness and dying", "This project enables people to experience the value of art and sharing by bringing it out of the hospice community and to the broader community" and "The *Flower Tower* shows the ability and possibility for positive, playful and beautiful action in palliative care".

My goal with the community engagement project was to make a contribution to the psychosocial services in the hospice. The project demonstrated a sense of achievement among patients, and positive attitudes to creative experiences. Patients also testified to forgetting their pain and sickness when they worked on the project, and to feeling closer as a group. The public presentation was an important aspect of the value of the research and how it was received. There has already been a lot of research into identifying how creative art improves healthcare, and there is evidence that exposure to art in hospice settings improves well-being (Fenner et al, 2012). The artworks created in these locations are rarely displayed in a formal exhibition setting. Having this collaborative artwork on public display as a work in progress during the residency and as a finished work in an art gallery, contributed to new knowledge about the role of the artist and arts in the healthcare setting.

This article presents a persuasive argument for artists' residencies as community engagement in healthcare settings. I used my residency at St Vincent's, and the outcomes of the studio-based research, to build credibility and experience in using art as a vehicle to work with communities to create healthier responses to death and dying. This experience also encouraged interaction between the participants, alleviating boredom by providing an interesting activity to discuss. The process of making the paper flowers diverted patients' and family members' minds from daily concerns about their illnesses or social

Figure 5: Participant embedding the handmade flowers in the polystyrene base of the *Flower Tower* (2012-13). (Photographer: Catherine Bell)

Figure 6: Participant standing to embed the handmade flowers in the polystyrene column of the *Flower Tower* (2012-13). (Photographer: Catherine Bell)

Figure 7: A participant at the opening of *The Gathering* exhibition admiring the *Flower Tower* (2012-13) on display in the gallery. (Photographer: Sara Coen)

problems, reinforcing Allen's statement that "the healing aspects of art making arise from the making and doing, the trying and failing, the experimenting and succeeding, alongside others" (Allen, 2008, p.11). This statement not only attests to the therapeutic benefits of art but also as to how creativity has the potential to develop connectedness, which is the beginning point in further adventures in creativity.
This project has established a foundation for developing future partnerships with other healthcare organisations that are part of the community supporting palliative care services both in Australia and abroad. The following statement by one of the participants reinforces the objectives of this project, to use art as a vehicle for fostering social inclusion and well-being: "This flower comes from the patient, comes from their heart, you can imagine the energy they put in when they do this, it repays them with hope, thank you, it gives us hope, and what we need is hope to survive, so we benefit from this project" (see Figure 8).

Figure 8: Participant's hands holding a paper flower made in the community art workshop at the Palliative Day Care at Caritas Christi Hospice, Kew, Melbourne. (Photographer: Catherine Bell)

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