The nature of art

It is widely accepted that artworks can contribute to healing in the healthcare environment but, explains Henry Domke, images of nature can have a particularly powerful effect.

Nature art is the best

Nature art is clearly the best choice for healthcare for several reasons. Firstly, it is the people's choice. Many studies investigating people's preferences for art have been done around the world in different cultures and with different age groups. Every study shows the same thing: the vast majority of people prefer realistic nature art. A study by Hathorn and Ulrich found that irrespective of race or ethnicity, patients rated nature art the highest.

A more recent study of art preferences in patients concluded: “A quantitative study with the survey results yielded statistically significant results for the popularity of nature images, over best-selling abstract or unique images.”

By nature art I mean 'happy' nature art in which the foliage is lush, the plants look healthy and the spaces are inviting. Bleak, cold, parched scenes or images with threatening weather are not what people like to see when they are sick. Winter scenes suggest death, while pictures of threatening weather suggest trouble.

This preference for realistic nature art may not hold true for the small segment of the population that is highly visually trained – people like architects, interior designers and art consultants. This can create a problem because such people may assume that their educated tastes should dictate the art selection. Perhaps they think that presenting the general public with challenging art will raise their appreciation for art. This is a worthy goal for galleries, schools and museums, but not in healthcare settings.

Arts and Culture

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Evidence-based design is great, but...

Evidence-based design (EBD) is a revolutionary idea that promises to use design to improve healing. Scientists perform controlled trials and carefully measure the impact of design on patient outcomes. The goal is to find proof (scientific evidence) that one kind of design is better than another.

Using EBD to inform design decisions is tremendously promising. Sceptics are concerned that mixing of science with the art of design is like mixing oil with water – it can’t work. Despite those concerns, academic researchers have already completed several important studies. One of the earliest studies in EBD pertains directly to the use of art in healthcare.

In 1984 Dr Roger Ulrich reported in *Science* that gall bladder surgery patients who got to look out a window at nature went home about one day sooner and took about half as much pain medication when compared to those whose rooms had a view of a brick wall. This lends further support to the idea that nature art is best in healthcare.

Dr Upali Nanda, one of the leading researchers in evidence-based design has written: “Viewing artwork with appropriate nature content has been seen to reduce stress and pain perception, as measured by physiological outcomes such as blood pressure, heart-rate and skin conductance, in addition to self-report measures such as pain-rating scales and surveys.”

Despite the promise of EBD, beware of claims that products or designs have scientific evidence to support them. Doing good research is expensive and time consuming. The researchers that I spoke with said that less than 2% of design decisions are based on solid evidence. Much of what people claim is ‘evidence’ for EBD has not come from rigorous studies and is a preliminary impression. The best places to keep up on this evolving field are the International Academy for Design & Health (www.designandhealth.com) and Center for Health Design (www.healthdesign.org) web sites.

Contemporary art in galleries and museums is often conceptual. In order to understand it, you need to read about it or have someone explain it to you. Nature art is easy for people to understand; they intuitively ‘get it’. They don’t need an owner’s manual. Perhaps that’s because we are hard-wired with an inherent tendency to appreciate the natural environment. Biophilia is the term Edward O Wilson coined to describe this phenomenon. Research across a variety of fields suggests a basic human need to maintain a connection to nature. Author Richard Louv addressed this in his book *Last Child in the Woods: Saving our children from nature deficit disorder*.

In addition to its basic appeal, nature art can trigger positive memories. I had patients in my medical clinic point to one of my landscapes as they were smiling and ask: “How did you find my grandfather’s farm? I used to play in that stream as a child.” Of course the scene was from a totally different location, but it triggered the memory. This positive distraction provided welcome relief from the frightening clinical environment.

Abstract art is worst

The preference studies that show that ‘regular’ people prefer nature art also show that abstract art is the least popular. Abstract art is the least popular; some people actively dislike it. By abstract art, I am referring to art where the subject is ambiguous; it is unclear. When untrained people are presented with abstract art, they often try to find the subject matter. Imagine a small child looking at a painting at a museum looking at a large abstract painting. Perhaps they imagine that they are seeing a flock of birds flying overhead. When people are stressed or in pain, they tend to interpret ambiguous images negatively. Now they may imagine that painting depicts vultures coming to eat them after they die. In this way, abstract art can make their anxiety worse.

Art in healthcare needs to be comforting and reduce stress
Colours and healthcare

There are also many theories about how people respond to colours. Designers are often taught that certain colours are calming while others make the heart race. To determine whether there is any hard evidence to support these theories, Dr Ruth Brent Tole did a careful literature review of all the published articles on this topic. She concluded that “the use of colour in healthcare settings currently is not based on significant research”. In other words, there is no evidence to support any theories on the use of colour in healthcare settings. Designers should be sceptical of colour theories and instead rely on their training and intuition to select appropriate colours for the artwork or the interiors.

Finally, those who select art for healthcare should consider the special needs and preferences of patients and visitors. They need to be careful not to be swayed by their personal preferences as they select art that reduces stress.

The ideas in this article were some of the things I learned when I wrote the book Picture of Health: The handbook for healthcare art. The 217-page book can be downloaded free from www.henrydomke.com.

Henry F Domke MD is an artist and a physician who lives on a nature preserve in the middle of the US. He now works full time creating nature art for healthcare

References


All images supplied courtesy of Henry Domke Fine Art

For a detailed list of references two books are helpful:
Picture of Health: The handbook for healthcare art by Henry F Domke, MD, published by Henry Domke Fine Art, 2009