

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



If patients were more like machines, hospital environments wouldn't matter. Targeted medical therapy would be enough. But healthcare providers and designers recognise the growing evidence that a sense of place, appealing space and human grace do matter in the healing process. And nature art has a role in that whole-patient prescription.

Before I explore the practical side of putting art to use in healthcare settings, I want to share a very personal perspective. A middle-aged woman with cancer made regular trips to her local hospital for therapy. She noticed a picture in the waiting area. It was a photograph of a big oak tree in a summer forest with morning sunlight streaming through the branches, illuminating the forest floor. She started coming in early for her appointments so she could look at the picture and meditate before going in for chemo. She told her cancer nurse that the way the sun shined through the trees she almost "felt like God was going to walk out". Whatever she saw there, it brought her a sense of peace and comfort during an incredibly stressful and frightening time in her life. I don't know the woman's name, but I do know the picture. It was one purchased by Blessing Hospital in Quincy, Illinois. The nurse was struck by its impact and wrote to let me know.

As a family practice physician, I understood the value of treating the whole person. As an artist, I appreciate the support that the right art can provide to the healing process. However, selecting the right artwork is not as easy as you might think. When selecting art for healthcare, it is critical to understand that the viewers of that art are under stress. All people

in hospitals are under stress, whether they be patients or visitors. People are anxious because they are wondering: "Is this pain caused by cancer? Will I be able to return to work after this heart attack?" Even under happy occasions like the birth of a child many people are anxious with questions: "Is the baby healthy? Did the mother have any problems?"

The all-pervasive anxiety in healthcare settings makes selecting the artwork different than in other settings, such as retail or hospitality. In the latter settings, stimulation and excitement are often part of the desired ambience. In contrast, art in healthcare needs to be comforting and reduce stress.

Because of the special requirements for art in hospitals, art selection should not be delegated to a committee of



Top: Red oak leaf; Bottom: Nature art installation in St Joseph's Hospital, St Paul, Minnesota



Deep woods stream, Massachusetts

staff members. Ideally the staff would give input but an interior designer or art consultant with proven healthcare expertise would select the art. They are most likely to be aware of the current research and are more likely to create an appealing and cohesive design. A mishmash of colour, style and inappropriate content is more often the result of the local committee approach. Designers who select the appropriate art for healthcare settings satisfy not only the patients, they also create a more appealing environment for the staff and patient's families.

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 highest¹.

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."²

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

The vast majority of people prefer realistic nature art



Rocky Falls

healthcare settings. Patients don't need to be challenged in new ways. They are challenged enough.

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 phenomenon³. 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*⁴.

In addition to its basic appeal, nature art can trigger positive memories. Many times 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. And not only is it 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 child in a museum looking at a large abstract painting trying to find hidden objects. They see it like a game. 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.

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 wall⁵. 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."⁶

Art in healthcare needs to be comforting and reduce stress

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.



Installation in Mercy Medical Center – West Lakes, Des Moines, Iowa



Nautilus spiral

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 Tofle 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”⁷. 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.

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References

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7. Tofle RB, Schwartz B, Yoon S, Max-Royale A. *Color in healthcare environments*. San Francisco, California: The Coalition for Health Environments Research (CHER); 2004.

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For a detailed list of references two books are helpful:

Putting Patients First (chapter 7). Editors: Susan Frampton, Laura Gilpin, Patrick A Charnel, published by Wiley John & Sons, April 2003

Picture of Health: The handbook for healthcare art by Henry F Domke, MD, published by Henry Domke Fine Art, 2009