

Robert Pope: Towards a New View of Art and Health

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Robert Pope explored complex issues of living and dying through art, while dealing with his own fatal illness. His images communicate his experiences and observations in a direct, emotional way. Historically and cross-culturally, the relationship between art or artists and medicine has been viewed in both negative and positive ways. Artists have been seen as visionaries and healers. Artwork has been scrutinized for pathognomic signs of mental illness, and many artists have been labelled 'mad geniuses.' Robert Pope's work moved beyond these restrictive labels by acting as a 'voice for his illness' and conveying personal and transpersonal ideas about illness and healing. His message should be heard by medical professionals, and has been directed towards medical students so that they may appreciate a new view of art and health.

INTRODUCTION

Robert Pope had cancer, and he used art to explore what cancer meant to him. He was diagnosed as a young man, in the 1980's, in his home province of Nova Scotia. He was treated for his Hodgkin's disease in Halifax and Toronto. He painted, drew and made woodcuts documenting his experiences of illness and healing, from diagnosis, tests, treatments and hospitalizations, to the return home. After finally being discharged from the hospitals where he had suffered, he returned to them to observe other people confronting the same challenges he had faced. His art expresses pain, fear, hope and love, and it raises some complex questions about his motivation to create these moving images. Did sharing his experiences and observations with a broad audience help him in some way? And can his art help other people?

Some clues to these questions are contained in *Illness and Healing* (1). The book is a collection of Pope's most probing art, accompanied by his own reflections on the works. His writing style is casual and intimate, giving the reader the feeling of glimpsing his diary and sharing his inner thoughts.

Since Pope's death in 1991, the foundation which bears his name has worked to ensure that people continue to see his art - in galleries, hospitals, and medical schools. The Robert Pope Foundation funds research and art projects, and provides medical students with copies of *Illness and Healing* (1). Like Pope himself, the Foundation believes strongly that the realms of art and medicine should form a close relationship.

Historically and cross-culturally, art and medicine have had a variety of relationships. Many cultures have associated art with healing, strength and hope. Artists have been seen as powerful and knowledgeable healers. In the past century, Western medicine took the opposite stance, and scrutinized art and artists for signs of illness and degeneration. Today, art and medicine are probably most frequently conceived of as separate disciplines, lacking any significant relationship. Research and hospital programs largely ignore art as a therapeutic possibility, considering art on hospital walls just decoration and art therapy mere recreation. The contrast between these views of art - a part of healing, a sign of illness, or irrelevant to medicine - is extreme.

ART AND HEALING

Traditional Chinese medicine is an example of a healing system which believes that art affirms life and stimulates healing energies. The body is viewed as a system of

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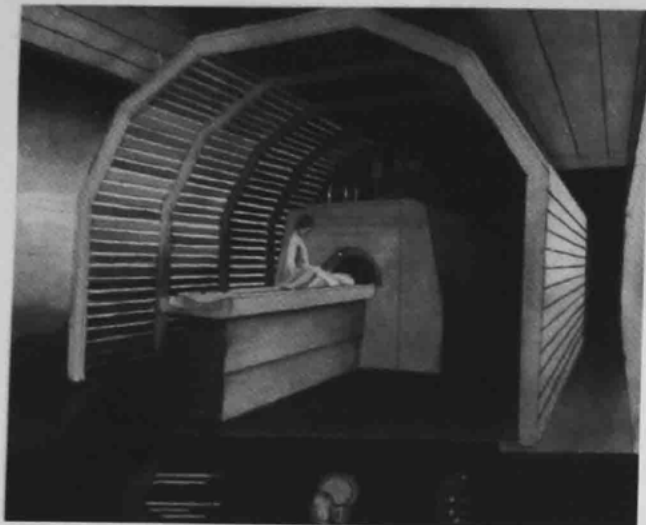


Figure 1: "Magnetic Resonance Imager"

vital energy, called Chi. The philosophy of Chi teaches that health is generated by exercise, meditation and appreciation for balance in temperament and lifestyle - a balance which has been depicted in work of art (2). Chi values art as a means of teaching about how to achieve health: "Centuries ago they started to make pictures about how people should move to keep the body healthy" (2).

Early Christian art also played an important role in teaching about life and death, illness and healing. Hildegard of Bingen, a 12th century Christian abbess, was a mystic, an artist and a healer. She had many visions which she vividly depicted in art. Her works include diagrams of the cycle of life and death, including the causes of suffering and its remedies. In this way she confronted timeless human questions about the meanings of life, suffering and death (3).

In shaman cultures, illness is attributed to loss of soul. By drawing soul maps on cave walls and skins, composing songs, and developing rituals, shamans try to recover lost souls. The Navajo perform elaborate ceremonies called sings or chants, which involve the friends and family of the sick in healing poetry, song, mythology, and symbolic sand paintings (4). One becomes a shaman only after transcending an initiatory sickness of one's own. One has to lose and then recover one's soul in order to help others through times of pain and suffering. Common symptoms of an initiatory sickness are withdrawal from society, headaches, fainting spells, and confused sexual identity. The recovery of the shaman transforms him or her into a healing artist (4).

ART AND ILLNESS

During the 19th and early 20th centuries, the predominant medical view of artists was based on an illness model: artists were commonly associated with the concept of 'mad genius'. Psychiatrists had begun to study the relationship between insanity and creativity, by collecting and studying the 'art of the madhouse' (6). Although mental hospitals were socially isolated and uninspiring, without occupational or art therapy, art was nonetheless being created. Patients drew with ends of matches on waste paper, unfolded envelopes and bits

of rag. Despite such effort, their artwork had previously been disregarded as meaningless (6). The new recognition of 'madhouse art' focused on its potential to aid in diagnosis, rather than what its creator was trying to communicate.

One of the earliest collectors, psychiatrist Cesare Lombroso, 1835-1909, most often used patient's drawings to support the diagnosis of "hereditary insanity" (7). According to Lombroso, all artists were a short step away from insanity. Perverts, moral degenerates, criminals and those suffering from the "congenital and less readily curable" conditions were most likely to draw spontaneously. Artists and madmen had in common many characteristics of degeneracy, including: stammering, left-handedness, somnambulism, amnesia, stupidity, originality, fondness for special words and genius in inspiration (7).

The individual with a meaning to communicate through art began to be heard by psychiatrists through the influential perspective of Sigmund Freud. According to Freud's psychoanalytic theories, art reflects childhood experiences, individual conflicts and repressions. It moves its audiences when they share the artist's unconscious conflicts and neurotic tensions (8). As an analyst, Freud deciphered the hidden or latent meaning of patients' artwork, saying that "...it is essential to gain an understanding of such psychodynamic principles of mental life as the defense mechanisms that transform the primary content and disguise its instinctual and socially unacceptable nature from the artist as well as from his audience" (8). For Freud, art was highly individual, and, in a hidden way, meaningful.

Lombroso's diagnostic viewpoint and Freud's interest in the individual makeup of artists combined to foster a new field known as psychobiography. Historian and psychiatrist John MacGregor argues that for the artist, this means "the humiliation of having psychiatric bloodhounds poking about in their private lives, and of being diagnosed and rediagnosed, on the basis of their work, as suffering from one or another form of mental disorder" (6). Psychobiographer Dr. Robert Pickford provides an excellent example as he summarizes his views on modern art: "none but an incipient schizophrenic could have done the work of van Gogh, just as Cezanne's peculiar gift to art was the unique product of an obsessional, and possibly Gauguin's was that of a hypomanic" (9). Vincent van Gogh is unquestionably the most famous 'mad art-



Figure 2: "Chest x-ray"

ist' of our times. In addition to schizophrenia, he has been posthumously diagnosed with epilepsy, absinthe poisoning, Meniere's disease and manic-depressive illness - and interpretations of his work have been tied explicitly to those diagnoses (10).

TOWARDS A NEW VIEW OF ART AND HEALTH

The first physician to write about madhouse art in terms of beauty and meaning was Hans Prinzhorn, a Swiss psychiatrist. From 1890-1920, Prinzhorn collected his patients' artwork - and wrote about it in terms of positive creative values rather than diagnostic clues (6). He believed that the artwork of patients with schizophrenia had individual meaning and healing power. They represented "eruptions of a universal human creative urge which counteracts the disease's autistic tendencies toward isolation" (6). Prinzhorn's book, *Artistry of the Mentally Ill*, 1922, was enthusiastically received; it opened up a totally new realm of artistic creativity to an audience well beyond the fields of psychiatry and medicine (11).

Later, Carl G. Jung articulated the idea of art as a fundamentally human part of psychic health and balance. Dreams and spontaneous art were direct expressions of the unconscious, a realm rich in symbols which held both personal and collective meaning. Jung explored with his patients "the creative potential of the mind as a method of healing" (12). He encouraged patients to express fleeting dream symbols in spontaneous paintings, drawings or models. Ideas expressed in art were more coherent and more easily assimilated into consciousness, on each person's "voyage of discovery into the inner world of the psyche" (12).

Many artists - from mystics and shamans to Robert Pope - have portrayed the human suffering of life and death. A writer on pain, Jean-Paul Natali, describes what he calls 'the tradition of representation of pain', saying that "the experience of life and death and the terrible fear that ensues is at the heart of artistic work" (13). Natali believes that when artists depict pain and misery, they are addressing the ques-



Figure 3: "Wheelchairs"



Figure 4: "Food"

tion: "What is left of the human when we happen to venture within the limits of the inhuman?" (13).

For literary critic Anatole Broyard, the limits of the inhuman begin where modern technology intrudes upon the experience of illness - in his case, cancer (14). He described in *Intoxicated by my Illness* (14) how depersonalized he felt by sterile gadgetry, jargon and procedures: technology impeded his great desire to feel intimacy with and ownership of his illness. Art, he mused, might be a way to achieve this, if sick persons would realize that: "Being ill and dying is....not the end of their world as they know it, that they can go on being themselves, perhaps even more so than before. They can make a game, a career, even an art form of opposing their illness....I would advise every sick person to evolve a style or develop a voice for his or her illness" (14).

Developing a voice for one's illness serves a fundamental human, and artistic, need: to share and communicate. A striking example of the strength of this urge is the Swedish artist, Carl Hill, who was confined to his room by mental illness. In order to remain connected with others, he threw his drawings out of the window to passers-by (10). Natali reminds us, though, "that pain can be shared but not exchanged. ...We cannot really communicate at this level. All I can do is guess, through recollections of my own suffering, what the other person is desperately trying to express....Thus pain appears as one of the measures of this double limit: firstly, our need to communicate and, secondly, our inability to satisfy this need" (13).

Robert Pope's work in *Illness and Healing* can be seen as an assault on that double limit. After he became ill, his craft as a painter offered him a means of sharing and communicating. It gave him a voice for his illness. He wrote, "It was a great help to me to be able to meet and talk with other cancer patients in the hospital. Suddenly, I was no longer isolated; sharing the experience with others somehow diminished cancer's fear-making power" (1).

Like Broyard, Pope depicted for others "what a serious illness is like, the unprecedented ideas and fantasies it puts into your head, the unexpected qualms and quirks it introduces into your body" (1). His paintings, "Magnetic Reso-

nance Imager" (Figure 1) and "Chest x-ray" (Figure 2), seem on one level, to answer Broyard's question: "What goes through your mind when you're lying, full of nuclear dye, under a huge machine that scans all your bones for evidence of treason?" (14). With "Wheelchairs" (Figure 3), he responds to Broyard's demand: "How do you appear to yourself when you sit with bare shins and no underwear beneath a scanty cotton gown in a hospital waiting room?" (14).

Pope shows us coldness and depersonalization. In the line-up of wheelchairs, he felt that he was on an assembly line. Receiving radiation, he tells us, he felt like he was in a 1950s science fiction movie (1). But there is also a human side to the hospital experience - Pope finds love, solace and nourishment in the relationships that survive amidst cold technology, in the city. "Food" (Figure 4) is an exaltation of the power of a single family to sustain hope (1). And beyond the "horror-movie appeal" (1) of "Magnetic Resonance Imager" Pope sensed a redemptive value, and a deeper meaning. The enclosure of the machine is likened to an ancient cave, and the images it produces to the cave paintings of ancient healers. Both kinds of images, Pope says, "create an atmosphere of wonder. They perform helpful functions to their respective societies and embody some of our deepest beliefs" (1).

Calling Pope's work "research into the human condition," his physician Dr. Ross Langley "assumed that Robert Pope's purpose...was to depict for all of us, patients, families, physicians, and friends, what actually happens during the diagnosis, treatment and recovery from a life-threatening illness" (1). Art, it seems, can ultimately be seen as a deep and powerful form of communication. For medical students, art can "help us to focus our own experiences and sort out our values...in our concepts of health and illness; in our attitudes towards the body, aging, sexuality, or the family; in our understanding of the complexities of the human life stages of childhood, adolescence, adulthood, and old age; and in our grappling with the processes of dying and grieving" (15). By supplying medical students with a copy of *Illness and Healing*, the Robert Pope Foundation offers this opportunity.

When a young cancer patient in Nova Scotia put brush to canvas to show others what he thought and felt about illness and healing, he painted bodies young, old, ill and well; showed us the bonds between lovers and families; explored suffering, healing and dying. Robert Pope has died, but the spirit of his art invites us to do what he did with so much beauty and eloquence: strive to find meaning in our life experiences - and communicate that meaning to other people.

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Lynne Peters became interested in Medical Humanities during her undergraduate studies at McGill and Concordia Universities. She received a Bachelor of Arts degree, Major in History, in 1993. She has presented this and other topics in Medical Humanities at Memorial University, University of Calgary and the annual meeting of the Royal College of Physicians and Surgeons of Canada. Her current research interest is the pathways by which patients experiencing a first episode of psychosis enter into psychiatric care.