

HEALING THREADS

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ABSTRACT

Healing Threads was a collaborative, multi-faceted art project carried out in 2006-7 by Victorian College of the Arts, the Victorian Tapestry Workshop and Melbourne Health (the Royal Melbourne Hospital). Conceived as part of the Knowledge Transfer imperative operating across the three institutions, the project instigated a number of relational art activities. These activities were understood as important destinations in themselves, but they also generated a rich flow of images and ideas for the Research and Respond Tapestry: RMH past, present and future. This essay traces the evolution of the Healing Threads project, along its methodology and rationale. In the following paragraphs I will identify the research that informed it and I will explore its philosophical positioning in the context of contemporary art discourse. In conclusion I will offer some comments about evaluation and debriefing.

HEALING THREADS

Healing Threads was inspired by the success of previous initiatives developed over the years beginning in 1999, between The Faculty of the Victorian College of the Arts (Melbourne University) and The Victorian Tapestry Workshop (VTW) and later, in 2003 between Melbourne Health (Royal Melbourne Hospital, RMH) and the Victorian College of the Arts (VCA). The project was conceived as a multi faceted art experience involving participants from all three institutions. It was founded on international research evidencing the benefits of Arts for Health, and was guided by documented case studies on comparable projects worldwide. This paper traces the *Healing Threads* narrative along its journey to completion. The first section will focus on our aims and objectives followed by background information, then an exploration of the theoretical base and finally, our methodology, processes and considerations.

Our main aim was to make a worthwhile contribution to the wellbeing of the projects' participants, and in our case that would also include engaging with the public as viewers of the Research and Respond tapestry. The three-fold mission of the project was a) to develop and nurture relationships as a positive response to the climate of significant cultural change, b) to promote Knowledge Transfer¹ and c) to generate visual concepts for the *Research and Respond* Tapestry. In order to achieve those things we had to develop practical methodologies that would promote mutual respect and trust across the communities, encourage a feeling of inclusiveness, enhance the fluidity of communication, and invite creative thinking. Foremost in our minds was the idea of preserving and reinforcing the dignity of all participants, especially with regard to confidentiality around the data collection process, interviewing staff and patients at RMH. The participants would need to feel that it was their project and know that every role and everyone's contribution was an important link in the chain. Using social and professional interests as departure points, we aimed to develop a complex network of collective and individual interactions that could be woven together through art making. It was vital to identify, define and assign roles according to areas of interest, expertise, experience and skill.

The project's immediate participants included a diverse group, involving personnel from VTW, VCA and RMH. There were individuals and special interest groups from education, management, public relations, research and development, plus casual volunteers from RMH and VTW, as well as VTW and VCA artists, RMH patients, clinical staff, ward managers, visitors, infra structure staff, and finally, sponsors and supporters of all three industry partners. Hence there was a rich pool of human resource including experienced, highly skilled people who were prepared to commit themselves to the project for its duration. Based on my experience as artist researcher on previous VCA-RMH-VTW initiatives, I was invited to take a pivotal role as the artist researcher for *Healing Threads*. RMH provided a small studio at their Royal Park Campus where I spent 3 to 4 days per week working on the project, while continuing to manage my department at VCA for the remaining 2 to 3 days of the week. I liaised with the project leaders and facilitators across the three institutions and together we formulated the *Healing Threads* project brief, time lines, and methodology. *Healing Threads* contributed to the VCA mentor program, by funding a VCA graduate to operate as my technical assistant while gaining valuable experience in all aspects of the project, She was instrumental in helping us to document our work and create a web-based resource.

The theoretical basis for *Healing Threads* was developed from discourses that are focused on wellbeing as an important issue both in contemporary health care and contemporary art practice. Recent decades have seen innovative developments in the delivery of health care and in the physical environment of the health care setting. The emphasis on wellbeing has demanded a more creative holistic treatment of illness, prevention and cure.

Since the 1990s Arts for health initiatives have experienced unprecedented growth, and their contributions to wellbeing have been widely documented; but what does wellbeing really mean? The following response by Mike White situates the notion of wellbeing in a helpful perspective to inform the theoretical positioning of *Healing Threads*.

'It is difficult to describe what we mean by well-being without asking the question: What is health for?' Perhaps we should do more to categorize both the intended and actual effects of an arts activity, e.g. better mobility, improved sociability, access to learning, change from adverse lifestyle. The sum total of such effects would constitute an increased capacity for living - and if that isn't health, I don't know what is. Health is expressed not only in the emotional and bodily engagement of participants in an arts activity, but also in the ancillary benefits that can be tracked from this (White 2005).

Among other things, the ancillary benefits can include being able to develop a positive view of one's self and in turn with others. Dignity is an important ingredient here. It plays a leading role in social and personal wellbeing as a self-perpetuating dynamic.

As the epidemiologist Jonathon Mann observed: 'Injuries to individual and collective dignity may represent a hitherto unrecognised (sic) pathogenic force with a destructive capacity towards physical, mental and social well-being at least equal to that of viruses and bacteria.' (Horton 2003). The ability of the arts to help counter this is worth demonstrating. (White 2006)

Ongoing debate about the ability of art to help us address some of our most challenging personal, social, and political issues has produced a range of responses and instigated research that has delivered some compelling evidence, much of it in the affirmative. Creative thinking in itself has prompted us to discover new and better ways of solving problems, and with regard to the *Healing Threads* project, it is pertinent to focus our attention on Nicolas Bourriaud's theory of Relational Aesthetics² (Relational Art), as it is notionally if not in practice, directly aimed at the issue of social wellbeing. Relational Art practices were prevalent in the 1990s and remain with us today as viable ways of developing positive relationships, and prompting creative thinking.

Relational Aesthetics has become a persuasive conceptual framework for comprehending the relational tendencies in much of the art of the 1990s. First published in French in 1998, and translated into English in 2002, Relational Aesthetics is not an entirely new idea. It owes much to the aesthetic philosophies of Kant and Marx and there is an uncanny resemblance between Relational Aesthetics, now called Relational Art, and performance art of the 1970s, often described as an art 'Happening'. Further, in Relational Art we are reminded of Joseph Beuys's 'social sculpture' and his claim that everyone is an artist. The important theoretical link between *Healing Threads* and Relational Art is their mutual aim of fostering social wellbeing through art works that invite sociability; and this is exemplified in the Relational Art of Rikrit Tirivanija and Mark Dion. Tirivanija is well known for organising on-site art works that are actual situations where people are invited to cook and eat a meal together.

Relational artist Mark Dion has created art works that operate as social encounters intended to counterpoint the global suppression of meaningful exchange. One of Dion's best known works is the *Tate Thames Dig*. The artwork imitated a real archaeological dig and was performed by volunteers including local residents, who were asked to collect anything that caught their eye. The collected items were then cleaned, conserved and classified for display using systems quite unlike the usual archaeological approach, according to qualities such as typology

or formal similarity. The exhibition, like the dig, was a performance where the public was invited to offer an opinion, ask questions or make comments. Dion's work is located in human inter-relations and is less concerned about the production and value of art objects.

In Relational Art, the audience is envisaged as a community. Rather than the artwork being an encounter between a viewer and an object, relational art produces inter subjective encounters. Through these encounters meaning is elaborated collectively, rather than in the space of individual consumption. (Bourriaud 2002, p. 17-18)

Contrary to fixating on the art object as the primary destination for art expression, the sum total of art process and a consumer item, the notion of producing meaningful encounters and enriching relationships has become a serious business in itself. This announces a slight yet significant shift of focus and it provides some meaningful clues as to why health care and relational art have proven to be such suitable bedfellows. Artists are investing their ideas and actions in creative pursuits aimed at building social capital. Theorising *Healing Threads* positions it firmly within the contemporary art discourse identified as Relational Aesthetics and the following remarks confirm our segue:

When doing arts in health work with communities, we may also focus on the concept of social capital where 'unity is health'. These are arts projects that start from the point of using creativity to enhance social relationships, reflecting growing evidence that good relationships are a major determinant of health (White 2006).

The rarefied atmosphere of the health care setting might be understood as a hot house of opinions and feelings. It was clear that managing our responses to these would require creative lateral thinking and the presence of well-developed Emotional Intelligence³. This in turn would also help us to develop positive ways of functioning relationally within the context of the project.

The Arts Council 'how to...' workshops held prior to the International Arts in Health Conference, 24-26 June 2004, Dublin Castle, were set up to discover the practical issues affecting arts workers in healthcare. In workshop 2, titled 'Good Practice in Artist Employment in a Health Setting'⁴ there were a number of insightful suggestions that are particularly helpful in understanding our approach to *Healing Threads*. One of the most important was the necessity of training on the sensitivities of each other's roles, the health care environment, and each other's areas of expertise. It is worth acknowledging that while there was no formal training on this issue, *Healing Threads* was characterised by a clear presence of Emotional Intelligence and a sound practice of appropriate briefing and debriefing, when and where required.

The role of Emotional Intelligence in any Relational Art activity, including Arts for Health projects, is implicitly understood, but a further definition of the term and an understanding of its application in the field, helps us to appreciate its intrinsic value in the *Healing Threads* project. For our purposes here, I refer to Salovey and Mayer's ability based model of Emotional Intelligence whereby emotions are seen as useful sources of information that assist one in making sense of the social environment, and to navigate it. All of the four types of abilities identified by this model were relevant to *Healing Threads* but 'the ability to manage emotions', was of particular importance.

...The ability to regulate emotions in both ourselves and in others...the emotionally intelligent person can harness emotions, even negative ones, and manage them to achieve intended goals... (Salovey et al. 2005)

Healing Threads found further guidance and inspiration in the Berman Kelaher Report titled *Measuring health outcomes of engagement in the arts: the Arts Health Strategy for the Australia Council*. Examining the practice of Arts for Health activities, The Berman Kelaher report published recommendations that are mirrored in new, and pre-existing documents on the subject. Those recommendations identify aims that are centered on creating a suitable (sic. psychological and physical) atmosphere and or activities, to promote wellbeing, developing and expanding the research on Arts Health. It advises:

...The expansion of Arts for Health research, with the goal of confirming the importance and centrality of the arts experience for the individual, and by extension the community.... There exists a role for the arts in community health and social inclusion which is beyond the medical model (Berman et al. 2005).

Let us explore that recommendation around cultural change. Cultural change exerts pressure on our relationships with each other and the feeling of insecurity associated with the uncertainty of change, particularly in its initial stages, can also have a negative impact on our confidence and thus our capacity for personal growth. Participating in culture, via relational art activities and can be a positive way to enhance relationships; it can promote creative problem solving, and personal empowerment through self-expression, thus contributing to social and individual wellbeing. Documented in numerous reports, Arts for Health participants claim they experienced self-development, personal growth and purposeful engagement, all of which have a positive impact on both mental and physiological health. These are important factors in assisting people to cope with change. Oblique strategies used in art can be subsumed into life strategies. Problem solving presents opportunities to do things differently and to break the cycle of habitual thinking. Suddenly there are new possibilities for invention and innovation.

This corroborating passage from the conference paper titled *Towards Transformation: Exploring the Impact of Creativity, Culture and the Arts on Well Being*, is a valuable point of reference in support of the above, and it echoes the findings emerging from other comparable projects cited in this paper.

Engaging in culture, creativity and the arts significantly improves health and well being by engaging people in challenging activities and giving them the opportunity to be creative and experimental. This in turn gives people the confidence and capacity to see and do things differently. This leads to raised expectations, and a greater inspiration and motivation for learning and personal growth, which were felt to be central to promoting feelings of well being. It was acknowledged that well being is not always about feeling good and in fact many processes of change involved experiences of great personal challenge and difficulty. In gaining the capacity to rise to those challenges, by learning and developing personally, and gaining more control and mastery of their environments, people experienced a resultant 'Eudemonic'⁵ form of well being... Ryff et al 2004. (Kilroy et al. 2008).

How could we develop suitable working and research methodologies to address our theoretical framework and achieve our goals?

Our research made it apparent that embarking on a series of well planned Relational Art activities would provide a creative, multidimensional way of engaging a range of stakeholders. The Berman Kelaher report stresses the inclusion and participation of all key players (Berman and Kehler 2005). All of the documents cited in this essay make that message very clear. We responded to this by activating the staff photographic project titled *A Day In My Life At RMH*, and we devised a series of communication based Relational Art activities encompassing a range of interview techniques that could be adjusted according to the wishes of the respondents. Hospital Staff were provided with cameras and invited to document their own experiences and contributions to the space. They reflected on the positive and the negative aspects of their work, and in this sense it was both a celebratory and cathartic process. Many hundreds of images were generated via this project and these were exhibited in the hospital wards. Staff members were thus engaged in their own relational art activity where the artwork instigated social and professional interactions that added other positive dimensions to the kinds of relationships already existing.



There were additional activities that operated more subversively but were complimentary to these. One of the additional activities was *The Name Game*. It involved writing down and remembering the first names of everyone I met at RMH during the project. There were hundreds within the first month! The fields of text it produced ultimately instigated a number of related drawing explorations and these were eventually exhibited as a separate body of work in my 2007 solo exhibition titled *Feel*. Later we will see how this activity contributes to our discussion around debriefing and evaluation. Originally I intended to inscribe the names into the matrix of the tapestry image, but as the work evolved I realised that it might alienate anyone whose name was overlooked. Nevertheless the project fulfilled the important objective of developing familiarity and trust with the community. Addressing people by name helped to promote friendly relationships. In part, my role was about being a conduit along the chain of relationships, thus contributing to the development of a receptive atmosphere in the current project and for future projects.

As I have already stated, *Healing Threads* was focused on developing relationships across communities to achieve a transfer of knowledges. Those knowledges and relationships had a ripple effect, prompting further research, instigating follow on projects, and introducing participants to new or other ways of knowing and doing. In order to help facilitate and enhance this, my studio was made accessible to visitors. I scheduled visiting times on my studio door, next to a timetable of my movements and scheduled activities. Glancing at the information on my door, anyone could observe the plan of action and track its progress. This helped to make the project transparent and manageable.

Documenting Relational Art activities and research involving human subjects, whether they are located in the health care environment or elsewhere, invites certain ethical considerations. *Healing Threads* participants whose activity was recorded, gave their written consent allowing edited video interviews to be played only for research and development purposes within the project. The interview style also needed to be sensitively adjusted, case by case, in order to respect the dignity of respondents and to encourage a comfortable psychological space where personal stories could be shared uninhibitedly. We therefore devised a multi-layered model for our interview and communication activities. Participants chose to involve themselves in the project in a variety of ways, each selecting an approach that made them feel most comfortable. Some people preferred a casual encounter, while others wanted to tell their stories on audiotape, and there were those who embraced the opportunity to be interviewed on camera in formal video interview activities. The respondents included patients and clinical staff, security guards and food technologists. My technical assistant recorded the narratives and did the editing. I kept notes on my casual conversations with people in the café, in the entrance foyer, and in the hospital grounds. I exchanged stories with receptionists, cleaners, cooks, and the postman. I shadowed music and speech therapists on their rounds, and sat with people waiting for treatment in outpatients. I spent hours observing, sketching and interacting with patients, staff, and visitors. Images and ideas emerged from all over the hospital. Together we were all engaged in creating a series of living Relational artworks.

The role of artworks is no longer to form imaginary and utopian realities, but to actually be ways of living and models of action within the existing real, whatever scale chosen by the artist (Bourriaud 2002, p.13).

Ongoing conversations with the weavers took place on site at RMH including in my studio, the café, and other meeting places, as well as at VTW and VCA. These exchanges commenced at the outset of the project and continued throughout its duration. The communities of our three industry partners were drawn together through a number of social and professional interactions in the process of relationship building and Knowledge Transfer: exchanging stories, learning about each other's roles and working environments, developing shared visions about the project and celebrating our accomplishments along the way. When the tapestry design was completed the weavers made samples, 'tapestry sketches'. They produced color swatches using nuances of hue to manipulate the color relationships, and pictorial space expressed by the artwork. We tested selected areas of the image until we arrived at agreement on weaving approaches that would interpret and articulate our ideas most successfully. We experimented with the surface quality of different weaving materials and to adjust relationships between pictorial space and tactility, object and illusion. We didn't have the luxury of being able to see any of the architectural plans for the new foyer, nor any of the color samples for the area; but this was a relatively minor issue if we remember that the intention of the tapestry image and more importantly *Healing Threads*, interior decoration was never the main game.

'The contemporary artist is a semionaut, she (sic) invents trajectories between signs.' (Bourriaud 2002[1998] p. 113). *'The task of art is to produce "signs" that will push us out of our habits of perception into the conditions of creation.'* (Deleuze 2005 b [1981])



The notion underpinning the tapestry image finds an important point of reference in Bergson: Time only moves forward. Events taking place in the future will be determined by events occurring in the past. Thus, in order to develop concepts for the future we must interrogate our histories, develop a critical eye, and test the alternatives with lateral vision. (Grosz 2005) I wanted to acknowledge the dynamic relationships between past, present and the future. In order to retain a fluid movement of time I avoided names, faces and naturalistic images of buildings. I used numerous visual metaphors in the tapestry design to convey a seamless interpretation of RMH, as a complex and diverse organization spanning 160 years. Above all I wanted to activate an elliptical relationship between 'researching and responding'.

...one makes a division or "cut" into differences in kind: into matter and spirit, for instance. Then one shows how the duality is actually a monism, how the two extremes are "sewn" together, through memory, in the continuous heterogeneity of duration. (Bergson, 1992 [1946] p.200)

Finally we arrive at the challenge of evaluating the project's success and I thank Mike White for his inspired thoughts on this.

The problem with well being as an outcome of arts activity is that it too easily equates with well meaning... How can we better substantiate claims of improved well being so that participants' testimony is not dismissed as anecdotal evidence...? Some projects may focus on the therapeutic benefits of the arts, some on environmental improvements to support health staff in delivering their care services, and others look at producing more creative kinds of health information.... The point is that such diversity of

practice requires distinctly different approaches to evaluation...that in these early attempts to evaluate arts in health we embark on a process of discovery, not proof, and success is predicated on the quality of relationships built up between all involved in the project. It is not the arts activity alone that provides health gain – rather how it is delivered, and the environment and conversations around the activity, provide the intermediate indicators of perceived benefit. Which is why the artists, agency partners and participants can help by together tracking closely the evolution of a project to measure it against its objectives but also allow for the influence of befriending and unforeseen outcomes. (White 2005)

If we compare our objectives against the outcomes, *Healing Threads* was a successful project. Amongst the recommendations from reports cited in this essay there is special emphasis on the inclusion of all stakeholders in each step of the project, clear agreement and communication regarding aims and objectives, and the implementation of sound networking. The success of *Healing Threads* owes much to those specific recommendations and to the insight and dedication of our project leaders who guided us through the practical solutions needed to address them. The following paragraphs will summarise pivotal points of documented research used to compare and evaluate *Healing Threads*. The Report of the Review of Arts and Health Working Group, Arts for Health (Cayton et al 2007), lists a number of key characteristics for successful work. Those being, senior level support and the advocacy of champions, sustained commitment from all those involved (often in the face of major difficulties), having people who are appropriately trained and experienced, and having an 'arts coordinator'. Similarly, the *How to* workshops at Dublin Castle (cited earlier), identified the need to create a representative body to lobby for funding, to develop and maintain a web-based resource, to encourage peer-support and networking opportunities, and to provide project information in accessible formats for the public. Under the heading *Working Lives* the Cayton report highlighted the importance of including a program of participatory arts for staff, encouraging staff to try something new, debrief after work, meet colleagues in a different environment and diminish stress. *Healing Threads* provided an excellent opportunity test these recommendations and evaluating our methodology, we were able to check the boxes affirmatively.

Regarding advocacy by champions, participation and sustained commitment by all parties, we were very fortunate to have skilled professionals who were instrumental in bringing everyone else on board: at RMH, at VCA, and VTW. I am particularly grateful to the RMH Head of Public Relations who was immensely supportive in helping me to negotiate with hospital personnel in the critical environment of the hospital. She was able to enthruse ward managers and others who could help me access complex situations. The interview activities were adjusted case by case to suit individual needs. Some wards were more vulnerable to sensitive issues regarding critical medical care and these demanded special consideration. We had to ensure that my presence would not be intrusive nor pose any risk to the parties involved. She facilitated meetings with specific groups to explain the project, get feedback, and sequester a flow of contributions: Outpatients, Emergency, and Allied Health. We set up an ongoing information site on the RMH intranet to reveal the progress of the project. It included videos of edited interviews, and regular updates of my studio diary. With help from the head of personnel and staff at RMH Royal Park, I also put out an email inviting staff to send me their stories, images etc. Although this seemed like a good idea at the time, people preferred more direct ways of exchanging ideas and sharing stories. Our coordinator of Knowledge Transfer at VCA conceived the title *Healing Threads* and assisted RMH and VTW with fund raising. As part of their advocacy our project leaders and champions instigated published articles on the project's progress in the VTW, VCA and RMH news. Our project leaders organised opportunities for me to deliver a number of visual presentations throughout the duration of the project, some for rarefied stakeholder groups, some as briefing sessions, and others as public forums. They provided an empathic atmosphere where briefing and debriefing could take place informally when needed, and be determined on an individual or collective basis.

My final point concerns debriefing and the impact of Arts Health initiatives on individual researchers. *Healing Threads* had a profound psychological affect on me. The health care environment produces highly emotive experiences and I found myself being drawn into the circle of feelings. It was overwhelming! In response, I developed a post project studio practice that functioned cathartically as way to debrief after the fact. The work I produced culminated in a body of text based *drawings* titled *Feel*. It extended the experiments I commenced in *Healing Threads* around the *Name Game*, and provided me with the opportunity to wind down a little, and laugh at myself posing as the beauty pageant 'queen of feelings'.



In conclusion we are able to report that there was enthusiastic participation throughout the communities involved. There was overwhelming support for the all aspects of the project in progress, and the tapestry has been well received by the viewing public. If successful projects are characterised by the utilisation and development of creative and participatory approaches to research, *Healing Threads* is exemplary. It thrived on relationship building and working partnerships across stakeholder groups. The journey of *Healing Threads* encompassed both individual elements of practice as well as collaborative art making and relational activities, thus promoting a sense of unity among stakeholders and a mutual understanding of the intended outcomes. The *Healing Threads* project initiated further tapestry commissions in the Health environment and has encouraged the continuing development of Health Arts projects at RMH. It has contributed to the important research objective of Knowledge Transfer at VCA. Additionally, the project has been a valuable resource for my research in Relational Aesthetics. The 2x4m Research and Respond tapestry was completed in 2007 and installed in the new entrance foyer at RMH in November 2008.

In Arts for Health, as with any other serious public or community art initiative, we must expose our practices, processes, and the outcomes of our projects to public scrutiny. Besides helping us to evaluate our work and to address the issue of accountability, this provides us with the opportunity to celebrate and interrogate our work in the broader cultural and sociopolitical arena. In order to develop the theoretical basis for *Healing Threads* in the context of contemporary art discourse, we have explored segues between it and Bourriaud's theory of Relational Aesthetics. We have discovered convergent methodologies and a mutually understood imperative that urges us

to question our preconceptions, refocus our perceptions and reinvent our responses; particularly along the journey to developing positive human relationships, promoting wellbeing, encouraging Knowledge Transfer. There are no singular outcomes in the practice of Relational Art, and just as the outcomes of holistic health care are inherently related to one another, so are the outcomes produced by the *Healing Threads* project.

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NOTES AND ACKNOWLEDGEMENTS

1. Knowledge Transfer: An activity, usually interdisciplinary, developed across a number of industries and is of particular interest to Melbourne University due to the implications for research, pedagogy and community relations. Knowledge Transfer uses processes of engagement and relationship building to facilitate resource sharing for the ultimate purpose of extending existing knowledge, ways of knowing and generating new knowledge.

2. Relational Aesthetics: Aesthetic theory consisting in judging artworks on the basis of the inter-human relations which they represent, produce or prompt...'

Bourriaud (2002) [1998] *Relational Aesthetics*. Trans. Pleasance, S and Woods, F. les Presses du Reel, Dijon, France. p.112

Relational (art): A set of artistic practices which take as their theoretical and practical point of departure the whole of human relations and their social context, rather than an independent and private space.'... Bourriaud, (2002) [1998] *Relational Aesthetics* p. 113

As a term Relational Art has become accepted over Relational Aesthetics by the art world and Bourriaud himself as indicated by the 2002 exhibition *Touch*.

Relational Art from the 1990s at San Francisco Art Institute curated by Bourriaud.

3. Emotional Intelligence: Salovey and Mayer's conception of EI strives to define EI within the confines of the standard criteria for a new intelligence. Following their continuing research, their initial definition of EI was revised to: "The ability to perceive emotion, integrate emotion to facilitate thought, understand emotions and to regulate emotions to promote personal growth."

The ability based model views emotions as useful sources of information that help one to make sense of and navigate the social environment. The model proposes that individuals vary in their ability to process information of an emotional nature and in their ability to relate emotional processing to a wider cognition. This ability is seen to manifest itself in certain adaptive behaviours. The model proposes that EI includes 4 types of abilities:

Perceiving emotions — the ability to detect and decipher emotions in faces, pictures, voices, and cultural artefacts – including the ability to identify one's own emotions. Perceiving emotions represents a basic aspect of emotional intelligence, as it makes all other processing of emotional information possible.

Using emotions — the ability to harness emotions to facilitate various cognitive activities, such as thinking and problem solving. The emotionally intelligent person can capitalize fully upon his or her changing moods in order to best fit the task at hand.

Understanding emotions — the ability to comprehend emotion language and to appreciate complicated relationships among emotions. For example, understanding emotions encompasses the ability to be sensitive to slight variations between emotions, and the ability to recognise and describe how emotions evolve over time.

Managing emotions — the ability to regulate emotions in our selves and in others. Therefore, the emotionally intelligent person can harness emotions, even negative ones, and manage them to achieve intended goals.

Salovey P and Grewal D (2005). *The Science of Emotional Intelligence: Current directions in psychological science*, Vol.14-6.

Locke (2005) [27] claims that the concept of EI in itself is a misinterpretation of the intelligence construct, and he offers an alternative interpretation: it is not another form or type of intelligence, but intelligence--the ability to

grasp abstractions--applied to a particular life domain: emotions. He suggests the concept should be re-labelled and referred to as a skill.

Why emotional intelligence is an invalid concept. Journal of Organizational Behaviour: 26, 425-431.

4. Workshop 2, titled *Good Practice in Artist Employment in a Health Setting*' outlined in the Report on The Arts Council 'How to...' workshops (2004) held prior to, International Arts in Health Conference 24 – 26 June 2004, Dublin Castle, Dublin.

5. Eudaimonic: wellbeing encompasses ideas of self-development, personal growth and purposeful engagement and has an impact on both mental and physiological health.

Ryff C.D., Singer, B.H., Love, G.D., (2004). Positive health: connecting well being with biology. The Royal Society, London, 359, 1383-1394. pp. 4-5

KEY NAMES AND CO-AUTHORS OF THE HEALING THREADS PROJECT

Director of the VTW, Suzie Shears

Workshop manager Kate Derrum

Tapestry artists from the VTW, Chris Cochius, Louise King, Rebecca Moulton and Emma Sulzer

RMH CEOs, Peter Brennan and Linda Sorell

Head of RMH Public Relations, Jan Sharrock

Director of the VCA, Andrea Hull

VCA coordinator of Knowledge Transfer, Celia Roach

Head of the Art School, VCA, Su Baker

VCA graduate Danielle Freakley

The tapestry is the second Delacombe tapestry, the series named in honour of Lady Delacombe, who was instrumental in the establishment of the Victorian Tapestry Workshop in 1976.

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Image of *Feel*, courtesy of the Dianne Tanzer Gallery, 108-110 Gertrude St. Fitzroy.

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