

ABSTRACT

A TA reflects on his work with the ill, elderly, and their caregivers, in the context of his own experience with cancer.

Experiencing Art With the Ill, the Elderly, and Their Caregivers

This article is a personal narrative of a teaching artist reaching out to persons ill, elderly, and their caregivers because of his own experiences with cancer. As a teaching artist, the author serves schools and communities as an art critic, that is, one who facilitates discussions about works of art made by the learners or by established artists. Recently, he engaged small groups of people to look at works of contemporary art and to write about those artworks and what they meant to their lives. The article includes brief interpretations of life and art that these people wrote while knowing that what they wrote might be publicly shared with the hope that their writings would help others. The article gives witness to curative powers of art for both the teaching artist and those with whom he worked. The purpose of the article is to explore the effects of illness on a teaching artist, to share the power of art to positively affect lives, and to encourage teaching artists to work with the ill and the elderly, and their caregivers.



(Credit: Brent Hirak)

Terry Barrett

Cancer's Effects on a Teaching Artist

I am now well, but not so long ago I was undergoing chemotherapy to counter late-stage Hodgkin's lymphoma. Three years prior, an accidental discovery revealed renal cell carcinoma—kidney cancer. Both cancers were without symptoms of which I was aware. Both can be fatal. Both diagnoses shocked me. My experiences with cancer changed my life as a teacher, a visual artist, a writer, and as a human being.

With the first diagnosis, the thought of death was immediate. I was not afraid to die; I've had a good life. If I were to succumb to the disease, however, I hoped that I would have some good months first. I wanted to make more art. Beautiful paintings that would provide joy to those who might see them. No edgy art. Only art that was optimistic and energizing. I thought that with luck I would have

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time to finish my manuscript for *Interpreting Art*. I wanted to live on after my death through my art and writing. I'd have to let go of teaching.

In the following months while waiting for more tests, I painted and wrote, but didn't teach. Susan, my wife, is integral to this whole story. As a foreshadowing of how integral, our appointment with a surgeon fell on Susan's birthday. He told us that the best case would be for the cancer to be contained in the kidney, and with removal of the kidney, I would be cured. If the cancer had spread beyond the kidney, I would be at serious risk. The cancer was contained and I was cured. I delighted in my days. I made more paintings. I think they are lovely. I finished *Interpreting Art* and began other writing projects. I taught with renewed vigor. I wanted to inspire people to live fully. I lived more aware, more present, with gratitude for life, and with a new appreciation of all people because of those people who cared for me in many ways during diagnosis, surgery, and recovery.

The second cancer was much more challenging. We did not know if I would survive. Chemotherapy was rough. During treatment, teaching was not possible. I had no energy or desire to paint, although I tried. Nor did I have energy to write, although people told me I should journal. Susan and I watched the best of old Johnny Carson TV shows to laugh. I read comforting books: Jean Bolen's *Close to the Bone: Life-Threatening Illness and the Search for Meaning*; I twice read Rachel Remen's *Kitchen Table Wisdom: Stories That Heal* and also read her book *My Grandfather's Blessings: Stories of Strength, Refuge, and Belonging*; and books by Deepak Chopra and Kurt Vonnegut.

Reading drafts of this article brought up memories for Susan. She reminded me that she began running while I was undergoing chemotherapy,

not to lose weight, or to become fit. I just went outside and started running to clear my mind. I'd run just like Forrest Gump needed to run: for survival. I'd leave in the morning when you were still in your chair. I felt guilty I could run and you couldn't. Running was challenging, times during which I only allowed myself to focus on my breath, blocking all thoughts of cancer.

Susan, who is not a knitter, bought soft dusty rose yarn and knitting needles. In the evenings when I sat in my chair by the warm comfort of the gas fireplace reading or daydreaming, she sat across from me knitting a scarf that she would give to me on Valentine's Day. I was cold from loss of weight. She also built funny little snow

women that I could see out the window. Later she told me that she'd knit while focusing on her breath, trying to let go of things she couldn't control: my health and our futures, or the changes a life as a widow would bring her. She felt sad and lonely, weary and keenly aware of loss. Cancer brought us closer together when we shared our thoughts

and feelings about the mysteries of life and loss, or quietly embraced. We opened rather than hardened our hearts.

I felt vulnerable and found wearing a seatbelt while driving comforting rather than constraining. I sought sympathy from a few trusted people and got it. I empathically identified with anyone ill, whether or not I knew them. I had a new sense of the courage of handicapped people when I saw them shopping in grocery stores alone or negotiating their other tasks. I took delight in little things, like wind blowing over my hairless head.

I savored the days I felt well and dreaded the days scheduled for chemotherapy. Susan arrived early at my chemotherapy appointments, standing in front of the clinic smiling as I drove up. She wanted to offer some comfort to the unpleasantness of

One woman had locked-in syndrome: She was paralyzed, in a wheelchair, and could perceive and think but could not express herself in words, only in strained movements with her head and with guttural sounds. She was most eager to participate. She remained intensely engaged throughout the session.

chemotherapy. Before the early treatments I'd whisper to her my fears about which nurse I would get and if she would be able to put the needle in right the first try. Later, Susan quietly asked the head nurse for the nurses we trusted. Sometimes I'd ask Susan to go on a milkshake run for me—Graeter's chocolate.

Throughout, I counseled with Patrice,¹ a cancer nurse and psychologist. I made it through chemotherapy, posttraumatic stress disorder, temporary cognitive disorders, and with work in a gym, I eventually regained muscle mass and tone and endurance.

During and after recovery, yes and no decisions were easy. I would spend what time I had judiciously and consciously. I returned to making pleasant paintings. I chose to be with people who were positive and to avoid those who tended toward negativity. When I returned to teaching, I was gentler and kinder with a new sense that we are all living precariously. I was also more selective about whom I chose to teach. I wanted learners who were intrinsically invested in learning and not those who were not invested in their work.

My philosophy of interpreting works of art changed. Before cancer, I sought interpretations from learners that were in line with those offered by learned people in the art world. Since cancer, I am also encouraging people to find meanings in artworks that are personal to them and that will change their lives.

My writing changed. I now want to tell my stories and to gather stories from others. I have a new sense of everyone having stories to tell, secrets to share. I newly discovered an area of research, narrative inquiry, and have begun pursuing it. I have come to realize that to make sense of experience, we construct narratives about experience; we live the narratives that we construct about our lives; others see us through narratives

they have constructed about us. The telling of narratives is telling about life and how it can be lived. Narratives are infinitely mutable. By hearing our own and those of others, we may opt to alter the narratives we construct about ourselves, others, and life.

Interpretations From the Ill and Their Caregivers

While ill with Hodgkin's lymphoma, I learned of the Wellness Community,² a service provider to people with cancer and their families. It offers free counseling, yoga, chi gong, reiki, and seminars by health professionals. Susan and I joined. After becoming comfortable there—as they say at the Community, "it's a safe place to cry"—it occurred to me to try my art interpretation work as a teaching artist with fellow cancer patients and caregivers. The director accepted my proposal of offering three consecutive sessions once a week for an hour and a half. I posted fliers at the Community center. I asked Patrice,

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I wanted to make
more art.***

the cancer nurse and psychologist with whom I was counseling, to accompany me in case emotional issues arose that were beyond my capabilities. She was happy to comply.

About ten people showed up, and most attended all three sessions. For two

sessions, one woman observed intently but did not otherwise participate, and during another session, a woman happened by, stayed, and joined us in our activities. Susan joined as a caregiver, and I was encouraged by her interest. We looked at recent art by Rimma Gerlovina and Valeriy Gerlovin, William Wegman, and Stephen Althouse. I didn't explicitly teach art criticism, art appreciation, or writing about art. We simply described aloud what we saw in the art

works, and then in writing we related our experiences with the art to our experiences with cancer. I asked the participants if I could keep and publish their writings but gave them the options of keeping their writings private, letting them be shared anonymously, with first name only, or with first and last name. Following are some of the narratives we wrote and read to each other about a photograph made by the Gerlovins and called *Grail*. *Grail* is a mystical image that shows the profile of a woman's face with eyes open and looking upward. Her head and face are contained in a chalice that is made of her own hair. Her face and the cup of the chalice are covered with a transparent veil.

The face and head are sacred but also a sacrifice. She is a willing sacrifice with her hair as the altar or chalice in which she will be offered up. The veil also is part of her because it grows from underneath her hair and follows the contour of her face. We make our lives as we choose. Life becomes a part of us like the veil. She offers herself through her life.

— Patti Petrella, caregiver

I felt like this when I was first diagnosed with cancer. Not in control of my body, that even my mind was in a haze that just existed without purpose. Just getting by day by day. I felt there was a veil covering me at all times. I had feelings of hope and easiness. I felt there was no future ahead of me. Due to the chemotherapy, my body and mind became listless. The hair in the photo at the base makes me feel the strength that was given through family, friends, and church members. They were my strength.

— Lida Kaufman, cancer patient

The chemotherapy months: I remember sitting in my chair in our living room, hours on end, thinking about whatever came to mind. Some call it "mindless meditation." I let thoughts come and go; fears, hopes, doubts. Hours passed. My mind functioned well enough but I did not know what was happening to my body. I felt sadness about the poisonous medications I was taking into my body. Sometime I only had energy to sit and wonder. I gave myself

over to chemotherapy, but I held onto my thoughts, wondering about life and if there is an afterlife; wondering about the meaning of my being on earth. In these meditative states, I maintained optimism. I see Grail as optimistic.

— Terry Barrett, cancer patient

Grail reminds me of a personal sacrifice which could be seen in a situation where a person feels she must give up the personal life to support someone or something else. I actually feel that way about serving as caregiver for my husband sometimes, although this role was basically thrust upon me. I made the decision to stop working because he was needing me. I am also helpless to do anything to actually halt the course of the disease and am left to contemplate the situation, so I can relate to not having body parts, only a head to think, but no way to do anything about the situation.

— Joan Wintermantel,
caregiver to husband with terminal cancer

As individuals read, the rest of us listened carefully and silently, nodded, shook our heads, smiled, and sometimes cried. I knew the writings were powerful to us. Prior to cancer, when I facilitated responses to art, I usually asked for evidence for interpretations, and worked toward a degree of consensus seeking to determine which interpretations seemed to best fit the image. In this situation, I let a respectful silence linger. I made no comments except to say "Thank you" after each reading, and I did not invite comments or questions. We let the writings stand on their own.

We had intuitively adopted some of Deepak Chopra's ideas in *The Book of Secrets* on How to Relate When Someone Else Is in Pain: "I have sympathy for you. I know what you are going through." "You don't have to be afraid that you are driving me away." "I don't expect you to be perfect." "You can have all the space you need, but I won't let you be alone. I will be as real with you as I can be." "I won't be afraid of you, even though you may be afraid of your pain." "I will take your healing as seriously as my own well-being."



© William Wegman, *Intirely*, color Polaroid.

During the second session, we looked at about ten works by William Wegman. Some chose to write about *Intirely*:

I haven't tried this before. I see my special place. Mouth meet bottom. Me meet cancer.

— Susan Michael Barrett, caregiver

I see the circle as the universe surrounding me (the dog), that I am not alone with having cancer. There are others out there that have cancer just like me. I am not alone, there are others with cancer to lean on and they lean on me. We can learn from each other in our own universe.

— Lida Kaufman, cancer patient

When one becomes entirely immersed in treatments, one is involved to the point that it seems never ending, as if going in circles, not feeling, or knowing if the end is in sight. And, oh, how I tired. One becomes exhausted and one almost becomes immobile from the fatigue and pain.

— Ann, cancer patient

The dog is almost entirely in the tire. It is hard to see where she is going, but she can still get there because her paws are free. This reminds me of not being able to see into the future. All I can do is guess what will happen to us as a family, and keep moving forward.

— Joan Wintermantel,
caregiver to husband
with terminal cancer

Putting my back into it. This is how it feels. Nose to the grindstone. There is a feeling that I must push up the mountainside, only to roll back down again, and once more put my back into it.

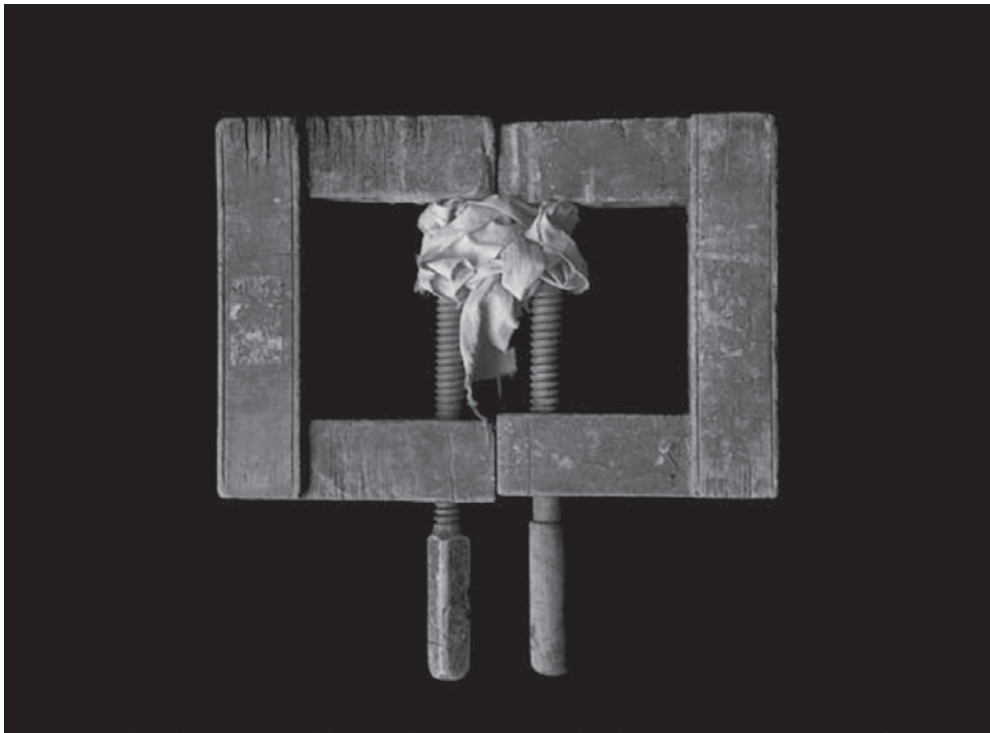
— Patrice Rancour,
professional caregiver

I feel stuck—this has happened before and it is no fun. How did I get here again? I need to get my head out of my ass. Just release myself. I know I can do it. First my head, to see where I am going, and then just walk on out and away entirely.

— Elaine,
professional caregiver

I also showed Wegman's delightful photographs of puppies that he had hidden amidst rocks or in the crevasses of fur. Susan later told me that these gave everyone a chance to laugh and to fulfill some of their longings for fun and play. While describing the works and while listening to written interpretations, we felt a comforting sense of community. We wrote what was in our hearts, and when we read we knew that we were heard.

As a teaching artist, I feel that these sessions are the most important and gratifying I have facilitated. I now believe we were practicing what philosopher Nel Noddings refers to as "an ethics of care." We were simultaneously "carers" and "cared fors." We demonstrated our caring for one another by being open about the vulnerabilities we were feeling, thus lessening isolation. We all felt cared for by the respect we felt from one another as we read our interpretations and as we listened to each other's experiences with respectful attentiveness.



© Stephen Althouse, *Clamps*, 2003.

Stephen Althouse was the featured artist of the third week. I think of his photographs as beautiful metaphors for aspects of life. Patrice wondered if his images were too “dark” for the group. I thought not. The participants embraced them and wrote meaningfully about them. One writer, the first quoted next, however, was a drop-in during the meeting and wanted to quickly drop out because she did find Althouse’s images dark and oppressive. I encouraged her to stay by promising her some “lighter” images at the end, and she stayed but was uncomfortable while contemplating *Clamps*. She wrote this:

Oh my soul, what have you learned from your brush with cancer? I have learned I have to go through it, not around it. The picture feels dark to me. I want to run. I hate looking at it. I feel imprisoned.

— Female cancer patient

Others who were more comfortable with the process were also more comfortable

with the images. They wrote the following paragraphs.

My life is held by something larger than me. In this case, let’s call it cancer! I have had to learn acceptance of what is. I could not deny that my situation was serious. During chemotherapy, I felt suspended in the clamps of health care. I learned to accept peace in what I could not change without the help of others. The loving clamps of others kept me secure and in a peaceful place.

— Joan Wintermantel,
caregiver to husband with terminal cancer

Cancer has actually helped me to conquer the unraveling or fear in my life. It has made me feel that I can contain and control my fear with help from God and others around me. The fear is being crushed by the power of love. The clamps resemble the shape of a person’s chest and the ball of cloth could be seen as a softness and formable substance so that it could be

changed or reshaped as in a "change of heart."

— Female cancer patient

Two clamps bind together, us.

One clamp, Terry.

The other, Susan.

Good.

Together held by the woven experience

of renal cell carcinoma and Hodgkin's

lymphoma. Intertwined by the challenge.

Transformed. Fear to love. Doing to being.

From unconsciousness to awareness:

Of cancer,

Of each other,

Of oneself,

Of this moment.

Forever together, with each other. With new

life: strength in now. Stay here. Right now.

Strength in now. Stay. Here.

— Susan Michael Barrett, caregiver

While I was writing this article, Susan told me that the interpretation experiences brought her and me together as equal participants. She felt appreciated as a caregiver. She said,

Sharing communally benefited me because other caregivers put words to feelings I had not yet verbalized. I felt less alone, more understood, and eventually saw that though I did not have cancer I did realize that the pain I felt from watching someone I love hurt was part of my larger pain of wondering if this was my last month with you and how life would be as a widow without my partner and best friend.

Within the health community, supportive attention goes to the ill, and their caregivers are often overlooked and underappreciated. Susan recently reminded me, "In a misguided effort to encourage me to take care of myself, you told me that I looked ten years older. I felt angry. Then I went to the bathroom to look in the mirror. Awakened to a physical stamp of the process, I saw circles under my eyes, frown lines, and a gentle sagging from the weight of worry."

After the third session, I wished that we were not finished. There was comfort and joy in our group despite the difficulties we faced. We felt understood. We were not alone. As a

teaching artist I knew I would seek out other opportunities to engage people with art in ways that it connected with their personal lives. I want to help build communities of care based through discourse about art.

Interpretations by the Elderly

Although I knew I was not afraid of dying, during my personal therapeutic work with Patrice I articulated a deep fear of getting old, infirm, and unable to work. She suggested that I work with older people so that I would face my fears. She set up encounters with elderly persons at an assisted-living facility. She made contact with the director of the elderly people's home and established two dates for us to work there. We asked for an initial group of participants who were physically and mentally acute enough to see, hear, talk, and write. We also wanted only those who were interested enough to volunteer to participate: We did not want forced participants.

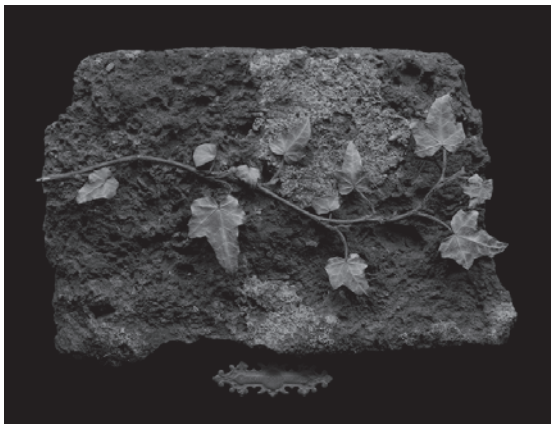
My experience with elderly people is limited. I was nervous before the first meeting but also expectant with hope. The elderly came in unassisted, or with walkers, or in wheelchairs. Patrice and I introduced ourselves and welcomed the group. I gave a brief introduction as to what we were doing there, explaining that we wanted to have an interesting conversation with them about some recent works of art. All but one man seemed interested. I spotted him sitting toward the rear of the room with an expression of skepticism, and I thought to myself, "trouble." I asked his name (John) and teasingly asked him if he was sitting near the door so he could escape if he wanted. He nodded affirmatively. We each smiled at one another. I proceeded.

The participants in this group first described what they saw and talked about what an image might mean in itself. After describing what they saw, they wrote about what any one image meant to them personally.

One woman had locked-in syndrome: She was paralyzed, in a wheelchair, and could

perceive and think but could not express herself in words, only in strained movements with her head and with guttural sounds. She was most eager to participate. She remained intensely engaged throughout the session. Patrice, with her professional training and experience, was comfortable with the woman and communicated with her and to the group on the woman's behalf.

Most of the elderly people's writings about Stephen Althouse's photographs clearly communicated thoughts and feelings about life in one's later years. Four exemplary responses to *Brick and Ivy* are quoted here. These writings have a calmness about them without the urgency expressed in some of the narratives from the cancer group.



© Stephen Althouse, *Brick and Ivy*.

Brick and Ivy meant to me the "everlasting" solidarity of the rock with what looked like years of wear, fossils tucked into crannies in the rock; then the ivy symbolizes if not "life everlasting" at least the "beings," earth's inhabitants (me included) that in some form keep on living.

— Barb, age 80

In these days, in my 80s, I am deeply involved in questions of life's meaning in the largest possible context. How do I find my place in the Cosmos? And how do I find language for the deepest of all issues? There is something ineffable in experience with Ultimate Reality that is perhaps more mystery than objective phenomenon. So

the brick and ivy represent the permanent and the temporary, the Cosmos and the living, nature and human nature. And they are inevitably interconnected, interrelated and interdependent. Related integrally—integrity personified.

— Greg, age 84

Brick and Ivy makes me realize the fragility of our life spans—it also impresses me with the durability (stone, brick) contrasted with the ivy (changing life cycles). The human spirit's ability to withstand and overcome some of life's trials as well as the blessings—as expressed by the light as well as the dark—sunshine—shadow—hope and despair—optimism vs. pessimism. The overall feeling is one of antiquity and eternal life.

— Lila Brewer, age 94

Skeptical John, age 88, did not participate in the discussion or read what he wrote, but he stayed throughout. Afterwards, he showed me his index card that said, "Althouse's images didn't say anything to me. I thought, what a waste of time and talent on what will be called *art*." At the bottom of his card he added: "P.S. I learned a great deal." He said that he especially learned about his housemates and how differently they saw the images that he could not appreciate. John knew that I respected his decision to stay or leave, participate or not, and I believe this freedom let him lose some of his defensiveness.

The group remained engaged throughout the hour and a half, and some could have gone longer. They all agreed to let us publish their writings. Several asked us to come back and work with them some more. The director was pleased with the session and invited us to return. Patrice and I were eager to return.

Patrice's suggested therapy of working with the elderly was effective for me. I saw that the group was lively and engaged; John was playfully feisty. They seemed happy. They enjoyed one another during our session. I was particularly inspired by Barb's, Greg's, and Lila's writings. If I can write like that when I reach 80 or 90 I will be pleased. I was moved by what the

elders wrote and was eager to share their narratives with others in order to offset misconceptions many of us hold about abilities of older people. These people are bright, are articulate, and have wisdom that

could benefit all of us. Susan accompanied me as an observer. As we drove away from the home we quietly cried with relief and joy because we could imagine ourselves happy in a home like this sometime in the future.



© Tony Mendoza, *Flowers*, color photograph, 2004.

During the second visit to the home, by request of the director, Patrice and I agreed to work with twelve elders who were experiencing degrees of dementia. Patrice's comfort with the participants and in their environment gave me encouragement to try yet another new experience. I showed a color photograph of flowers by Tony Mendoza and asked for descriptive responses: "What do you see?" Individuals in the group

observed the following: "The stem is holding the flowers so they point up ... dark sky ... bunch of flowers ... different flowers ... differences in height and color ... most of them are on stems that are up and down, but one is on a diagonal stem ... fascinating cloud—I think I see a face in it ... a piece of the cloud is floating away ... some of the flowers are dead, some in full bloom, and some are falling apart ... I am intrigued by

the flower in the front ... some of the blooms are out, some of them are just coming in ..."

Such a basic descriptive activity was safe for both the elders and me. From their responses and from those not responding, I quickly assessed that there were different degrees of cognitive abilities in the group and what individuals were capable of doing. Some were not articulate, but they observed with obvious interest. They were all engaged with the art and one another's responses.

After the activity of naming what they saw, I tried an interpretive activity and asked them to identify with one particular flower, to "pick a flower and be that flower," and to talk about themselves as if they were the flower. Those that spoke offered these responses:

"[I'm the] white one because it isn't open yet—looks fresh and will take a longer time to die." "[I am] the flower on the bottom with big leaves because it is very interesting." "Underneath the white flower, there is a chalice-faced

yellow flower—I was that, years ago." "[I'm the] big yellow one on top because it is in full bloom where you can see it." Although these responses are limited in comparison with others with whom I have done this exercise, their joy in the exercise was delightful. Their eyes brightened as they spoke. They smiled. They listened, enjoying others' responses. They were cognitively and emotionally alive in response to the art they were seeing.

I moved on to Wegman's photographs of puppies hidden within environments. The group delighted in seeing these images. Providing them this happiness with works of contemporary art was satisfaction enough for me. The puppies are hard to see. I challenged the elders in finding all the puppies within a photograph. I asked for numbers of puppies in an image. They arrived at different numbers. So I further

challenged them to achieve consensus and correct answers, which they were eventually able to do by helping one another. They delighted in this finding and counting exercise. We ended the session after an hour of looking and talking. Participants, the sponsor of the home, and Patrice and I were all pleased with the afternoon.

Patrice, more adventurous than I, told a therapist at a local hospital about our activities, and he invited us to work with patients of his who were experiencing cognitive disorders as the results of accidents. They were in short-term or outpatient care and in need of cognitive recovery. With the assurance of Patrice's extensive nursing experience, I showed

them Mendoza's photographs of flowers and Wegman's photographs of puppies and engaged them in descriptive activities—"What do you see?"—and in finding and counting exercises—"How many flowers

are there?" "How many yellow flowers?" "How many white flowers?" "What else do you see?" "Can you count the puppies in the photograph?" Some were only able to observe, but they observed intently. Others were able to participate and communally arrived at correct responses to matters of fact. Although they were not able to construct narratives, they were able to laugh at Wegman's photographs, indicating cognitive engagement and understanding. They were enjoying themselves. Some had caregivers with them, and husbands and wives experienced hope for recovery of their loved ones. These sessions lasted about twenty minutes. The therapists who observed the sessions noted "extreme engagement" by this group. Patrice and I left happy. It felt good to me as a teaching artist to be helpful to people in great need. Patrice stretched my capabilities, for which I am grateful.

My philosophy of interpreting works of art changed. Before cancer, I sought interpretations from learners that were in line with those offered by learned people in the art world. Since cancer, I am also encouraging people to find meanings in artworks that are personal to them and that will change their lives.

Conclusion

I think one needs to work within one's comfort zone. That zone, I learned, can be broadened. Having had success with cancer patients and their caregivers I was able to go on and work with those I thought would be a more difficult for me, the elderly. With Patrice's assurance, I was able to successfully and enjoyably work with older people, and am now comfortable to proceed on my own. Without Patrice's nursing experiences I would not have worked with those hospitalized and recovering from serious injuries. I am renewed with the knowledge of the power of art to enliven our lives. I more deeply trust the process of looking closely at art and responding to it honestly.

Work such as this is very gratifying to me because it is helpful to those directly involved, and then later, to a broader

audience that will read or hear the respondents' experiences of life awakened by art. Such conversational work is a way for participants to connect with themselves in new ways, and to connect to others with whom they share their thoughts and feelings. Loneliness and isolation are lessened. The conversations and writings quickly help form communities of care. I was crucial to each of the communities that formed. I was putting my knowledge and abilities to work as never before. I have grown from these experiences. I am more empathetic with all people. I have less fear of aging. I have new respect for the elderly. I gained hope for future work. As a teaching artist, I am more confident and willing to take risks with people with whom I might not otherwise engage. These sessions are a way of experiencing life because of contemporary art. They are an honorable use of art, enriching for all involved.

Notes

¹Patrice Rancor, MS, RN, CS, Faculty and Staff Wellness Program, The Ohio State University.

²The Wellness Community, Dublin, Ohio. The Community also has facilities in Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Iowa, Kentucky, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, New Jersey, New Mexico, New York, Pennsylvania, Tennessee, Texas, Washington, Wisconsin, Washington DC, Canada, Israel, and Japan.

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