Creative Reverie

meeting the person as an artist
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Mayo County Council

I am pleased to welcome this publication which documents an extraordinary project now in its third year, initiated under Mayo County Council’s Artist in Residence scheme. This project has now developed into a successful partnership, jointly funded by Mayo County Council and the Western Health Board.

Mayo artist, Deirdre Walsh, has been working in the Sacred Heart Hospital, Castlebar, with older people aged 60 - 95. The project participants are all residents of the hospital, who have been given an opportunity to paint and learn to see the world differently. The work has resulted in successful exhibitions, and Deirdre has travelled throughout the country to talk about the project and describe her experiences.

This publication is being launched in tandem with a large exhibition, which is being held simultaneously in three locations: Mayo Education Centre, Castlebar Library and St. Fionnain’s Community Nursing Unit, Achill. Through the broad reach of both the exhibition and this publication, it is hoped that this excellent model can be replicated in other care settings, locally and nationally.

Mayo County Council, under the leadership of Mr Des Mahon, County Manager, has been supportive of progressive arts projects and former Arts Officer, Mr John Coll is to be commended for his vision and trust in setting up this project. Our sincere thanks to all who have been involved, at all levels, with this project.

Mayo County Council wishes to acknowledge the support of the Arts Council of Ireland, An Comhairle Ealaíon, for both The Artist in Residence Scheme and Arts and Health Programme.

The success of the project is testament to Deirdre Walsh’s belief, hard work and integrity. She has been supported by staff in the hospital and arts office staff. Furthermore, she has earned the complete trust of the groups she works with, who have all been open to learning new skills and participating in something completely outside of their previous experience. Their openness and courage are an inspiration to all.

Cllr. Jimmy Maloney
Cathaoirleach of Mayo County Council
Four - Eileen McNulty
When I was asked to contribute to this excellent publication from the Western Health Boards perspective, I asked myself, "how art generally was established as an important component of the health and wellbeing of the residents at the Sacred Heart Hospital Castlebar".

The Board are privileged to have the service of Ms. Deirdre Walsh, Artist in Residence the principal driving force in developing art at the hospital. It is now generally accepted by all involved that it has enhanced the quality of life of the residents in the hospital and their self esteem has improved considerably. Mr. Mike White, later in this publication, refers to the other positive health outcomes that are now emerging.

Up to recent years I would have taken the view that art was the preserve of a select group. However, under Deirdre Walsh's direction I can now see its potential in developing the many talents that older people possess and were unaware of until now, and the value of sharing their achievements with friends and colleagues at the hospital. The Board acknowledges the commitment provided by our resident artist in partnership with Mayo County Council.

Tony O’Boyle
Manager, Mayo Mental Health Services
Services for Older People
Introduction

Twenty years ago, a young student of English named Deirdre Walsh found a holiday job in the kitchens at the Sacred Heart Hospital in Castlebar. With her hands in the dishwasher she daydreamed...of the possibilities of art in a care setting such as this. In 1999 she returned there as the hospital’s first artist in residence. As the Aborigine saying goes: you do not make the journey, the journey makes you. The same might be said of the hospital residents today whose efforts at art, with Deirdre’s encouragement, express a quiet summation of their lives. As Deirdre explains, “It’s about the person finding the person in the work”.

In the 1990’s, the English poet Tony Harrison movingly chronicled his mother’s decline into dementia, observing that when occasionally she became calm and lucid there would emerge snatches of song and verse in which she took pleasure in reciting. It seemed as though the core of her being remained poetic and the last thing to pass from her was an innate sense of rhyme and rhythm. There is something akin to this in the artwork produced by patients in the St. Anne’s Dementia Unit at the Sacred Heart. The works are framed and prominently displayed in the main corridor. They are strongly coloured and textured, like abstract lithographs, some with repetitive whorls and spirals that seem at once the origins and relics of mental images. However, as the Assistant Chief Nursing Officer, Patricia Moran, told me: “We like to keep it simple and not over-analyse this. Nothing needs to be proven here. The patients’ pleasure in doing the work is evident, and the amazement of staff and relatives when viewing it says it all.” An exclamation made by an early participant in this arts in health project, on completing her picture, still rings true: “I don’t know what it is, but it’s beautiful!”

The main aim was to give the artist a voice
A theologian, Hans Kung I think, once defined health as “the strength to be fully human”. In art this can be the capacity to work at the limits of expressive capability despite infirmity. Artists who work in healthcare settings for elderly people frequently comment on this, noting the small victories of artistic freedom granted to those who have tapped into their dormant talents. They find a soulful pleasure in making art, gaining the self-esteem that comes from being able to make creative decisions despite functional restrictions of body, mind and institution. And you can see this for yourself any ordinary day in the Sacred Heart Hospital.

This is much more than occupational therapy. It is what Dr. Phil Leather of Nottingham University has termed “cognitive distraction”, a creative reverie in which self-administered therapeutic activity can be explored. But it needs the right conditions in which to thrive.

A key requirement for a successful arts in health project is the provision of a congenial space. It is an atmosphere as much as a place, and it has been defined by John Angus, a King’s Fund researcher, as consisting of:

“…a spirit of energy, laughter, purposeful creative activity and the beginnings of trust, credibility and confidence. In a way, this space is a privileged ground between a community’s potential for action and change and its alienated and deprived members. It is an embryonic focus for well-being. It is also, hopefully, a space in which health and social workers can meet community members on their own terms”

How can a congenial space be developed in the more confined community of the Sacred Heart Hospital? Primarily, through the continuity and commitment provided by a resident artist supported by Mayo County Council, the Western Health Board and the hospital itself. Deirdre’s facilitating role, as she

There was a lot of laughter, stories and generally a nice atmosphere
unassumingly puts it, has been “to keep the integrity of the palette, to not let it get muddy”, and by focussing on such a small practical detail that helps the residents to paint she has also coined a metaphor for the activity as a whole. She speaks of their work as having a purity of spirit which professional artists strive to attain. She guides them towards an aesthetic clarity, realised through the provision always of good quality art materials. Deirdre frames and displays the resulting artworks in a way that shows respect for the effort with which they were created. The naïve charm of the patients’ artwork does not mean it is devoid of thought and skill. Peter’s donkey pictures, for example, have visual depth and tonal range, a persistent memory exactly expressed in proliferating colour and with sweet humour.

The art room has become a haven for contemplation, chat and interaction – these are often scarce attributes of institutions for frail elderly

It gives me great pleasure to come from Our Lady’s unit to the art room. I do my best – Mark and Deirdre are so helpful. I hope the art programme goes from strength to strength.

Martina Hughes Sacred Heart Hospital
and dementia patients. It is testament to the qualitative benefits of this arts initiative that a permanent dedicated space has now been found in the Sacred Heart for the art sessions; a space with the makings of a well-lit studio where patients can leave and return to their work at leisure. This is a safe place for serious creative activity. As Bridie, a resident recovering from a severe stroke put it, “it gives you something to think about, some inspiration. Otherwise all I see around me is sick people.”

This congenial space raises the spirits of staff and visitors, as well as patients. Achievements are marvelled at, conversation comes easy here, and for some the artworks provide a respite for familial affections, “something to be remembered by”, pictures that will carry meaning through impending bereavements. Cognitive distraction can become grace abounding. This is a healthy place. And we need more of them because within a generation our increasing numbers of elderly will approach one third of the population of Western countries.

How do you measure the benefit of this kind of arts activity, justify its value? Because arts in health proceeds from the personal it poses subtle problems for evaluation. There is often a tension between the aspirant nature of art and the collection of empirical data – one wings its
way forward, the other wants to retrace steps. It is important to be clear whether we are considering the art as a therapeutic activity in itself, or as a tool or medium to generate intermediate indicators of health gain, such as environmental improvement in healthcare buildings or improved medical consultation. The evaluation may tend to be largely qualitative, based on accumulated testimony and observation. It is harder for an arts project to deliver quantifiable clinical outcomes. It is unlikely to have sufficient resources to undertake the statistical rigour required, and it may require the longitudinal or randomised trial studies that are in essence at odds with the time-limited, emotion-driven nature of arts in health. Furthermore, the research agenda is difficult to pre-determine; it tends to emerge in the process of doing a project. The benefits of arts in health may always need to be championed, even as an evidence base emerges. And clinicians are not always looking for systematic proof; as an oncologist who has been keen on having arts in her London hospice asked me, “How can we measure hope?”

Evaluation of this work is still in its infancy, the age when we learn most and fastest. Accumulation of testimony is a firm grounding for qualitative evaluation, and arts in health projects are good repositories of stories. That is why publications such as this one, published by Mayo County Council’s arts office, provide useful documentation in the gathering of secondary data for research. It is important that arts in health projects share their experience with one another. The number of health-focussed arts projects in care settings has increased exponentially
in recent years, (there are over 50 specialist arts for older people agencies in the UK alone). Both artists and health professionals are intrigued by the emerging qualitative outcomes and they want to develop together more research-driven practice. Arts in health seem to have a unique ability to both identify and address health needs at the same time. As a practitioner said to me recently, “I just wish the arts funding system could grasp the enormity of what we’re discovering out here”. As more emphasis is placed on better design in healthcare buildings and a more patient-centred approach, the complementary application of arts and humanities to health education and health service delivery becomes more pertinent. The methodologies for evaluation are becoming more sensitive to the needs of both the arts and medical/health sectors, and corroborated evidence is now emerging that successful integrated arts in health projects can result in, for example:

- Faster recovery times
- Reductions in medication e.g. anti-depressants, pain-relieving drugs
- Reductions in incontinence
- Fewer patient/visitor complaints
- Improved and more effective clinical consultations
- Improvement in health awareness
- Better staff morale and staff retention

Caravans -
Myrna Heydon
• Ease of orientation in healthcare buildings
• Reductions in mild anxiety and stress
• Increased attention span
• Better environmental design
• Increased mobility and motivation in long-term patients

...and to top it all, the fledgling science of psycho-neurology is providing fascinating insights into the relationship between emotional intelligence and physiological processes.

But you cannot put formula equations of cost benefit to all this – every arts in health project has some unique qualities that are its inherent strength. The art critic Ellen Dissinayake has described the essence of art as its ability to ‘make special’. The art project at the Sacred Heart Hospital has affirmed identity in the patients and lent identity to the building by expressing a culture of care. Every member of staff I spoke to about the project recognised the value of the activity in itself, not to have too many expectations but just to let it happen. That lightness of touch characterises this project, enabling the participants to be calm and centred in the making of art.

Over two years the project has grown from tentative beginnings in the face of hardline scepticism – “It'll last a week”, Deirdre was told – to the provision of a dedicated workroom, and a second artist/facilitator to ensure its daily use. When I first entered here I noticed how Myrna, a regular user of the art room, put down her brushes with a satisfied air and, having done with painting for the day, literally skipped off. So self-evident was the pleasure of being able to call a temporary halt to something, with the busy mind that comes from having unfinished purposeful activity. There is quality of life here. As regards creative practice, the Sacred Heart Hospital has become a house of recovery.

December 2001

Mike White, Director of Projects,
Centre for Arts and Humanities in Health and Medicine,
University of Durham
The Travelling Woman

I remember how she stood inside our kitchen door
A buxom travelling woman with skirts that touched the floor
Her hair was smoothly combed, her brown face sweetly mild
And underneath her paisley shawl she had a sleeping child

"May God bless you Ma'am and look on all your care,
Have you got a grain of tay or sup of milk to spare?
I'll say three Hail Marys for the heel of soda bread
And may the light of Heaven shine on all your nearest dead".

My mother put a scoop of flour into her cotton 'poke'
And filled a bottle for the child as all the while she spoke
"Your brother has the praties dug, he was looking grand today
With the wife and childer helping to thatch a rick of hay".

"That's just as well", my mother said, "there'll be a storm soon".
"You could be right", the woman said, "there's a changing in the moon".
She shuddered at the sudden thought of camp and sodden floor
"But God is good. His will be done, we couldn't ask for more".

"But what about a little house?" was mother's gentle query
The woman shrugged, "It's fine for some, staying put is dreary
You get used to travelling and fond of many places
You can't pack into one small room a thousand different faces"

My mother understood her point but on the other hand
To her the things most precious were hearth and home and land
"There's room for both," the woman said, "and we all must win and lose
But the greatest boon of all is a body's will to choose".

She packed the poke of flour, the bottle and the child
Underneath her paisley shawl, as she left she smiled
"God bless you and yours Ma'am, may He increase your store
You have an open heart Ma'am, as open as your door.

by Bridie Molloy
The people I observed who have dementia were quite clearly making a decision about what type of painting they wanted to make, they were not just covering the paper with brushstrokes. You could see while they were painting that they had an image in their minds of what they wanted to paint and what materials they wanted to use, which was not what I expected to happen with people who have cognitive impairment. The pleasure and enjoyment of the activity was clearly evident in each person. I learned a lot about the abilities of people with dementia while observing the art session. The participants were making choices, making decisions, were able to plan what they were doing, able to sustain the effort to completion and able to produce something beautiful.

Assistant Chief Nursing Officer
Patricia Moran, St Anne Unit

Achill Figures - Tom Lynchechaun
We all need help as we face the tomorrows that become today, but none so urgently as those of us who are ageing. So that this process will not be simply induced, but faced with genuine joy. I think there is nothing that can accomplish this so amazingly well as involvement in art. Age we must, but to age with joy is really possible through art. Art is so therapeutic because of the sense of fulfilment that one gets on creating pictures. It is so gratifying to take a paintbrush in hand or even a pencil and paper and let your memory and imagination take you where you will. How often are we told to enjoy the present moment and that undoubtedly becomes a reality through the power of a paintbrush. This has been my experience with the residents of the Sacred Heart Home since commencing art.

Sr. Dominic, ex-Matron of Sacred Heart Hospital
Deirdre Walsh –
The Artist’s Thoughts

interviewed by Sean Walsh

beginnings...

“This project came about when I took up a Residency with Mayo County Council. I remember the interview and being asked what I would be interested in doing. I said I’d like to work with older people in a care setting, because a lot of my previous work had been with people with mental health issues in a care setting. Having seen the success of that, I felt that generally in care settings, there was an opportunity, or great possibilities, to discover artists in people, older people especially, who might have missed the opportunity to discover their artistic potential.

I started in April 1999, and did one day a week over a period of a number of months. I wasn’t quite sure how things would work out, because these were people who were in their eighties and nineties, who had been in care for many, many years. Most of them would have come from a very rural background. So when I arrived with my art kit and paint and brushes and all that, I just wasn’t sure how they would react to me. Many of them said that they wouldn’t be able to paint, that it was for children and that they didn’t think they’d be any good. That was the general trend. But what I

I don’t know what it is but it’s beautiful
My concern was meeting the person as an artist
found then was that most of them became distracted by the materials that they were using. Soon, that Friday morning session became a very social thing as well, where there was a lot of banter and chat about what they were trying to achieve and what they had achieved. There was a lot of laughter, stories and generally a nice atmosphere.”

**background...**

“I started in 1992 in St. Michael’s Day Hospital with Mayo Mental Health Services. I had a room there, set up a programme and worked two days a week. Previous to that I had worked as a teacher, as a painter myself. My love of painting, coupled with the fact that I almost missed the opportunity to study it, fuelled my desire to seek out those who didn’t have the chance to explore their creativity. That was the driving force behind it for me. So in ’92 I began the programme in St. Michael’s and a lot of extraordinary work happened from that. It has also taught me more about teaching, because I had been in a teaching situation previous to that but I hadn’t seen that amount of progress in a short time. So the environment I think, is very important, a very safe studio space where people could come and sit down if they wanted to. If a person had a particular illness, that wasn’t of primary concern to me. My concern was meeting the person as an artist. So it was the same thing in the Sacred Heart Hospital. Age or disability didn’t matter to me. It was meeting the artist in that person. And creating the right environment to allow that artist to have his or her voice.”

**expectations...**

“When I went there, I didn’t have any particular expectations. I just went along with a conviction that these people were artists. So all of the outcomes were a nice surprise for me. The social side of it, initially, I found a little slow-moving because there were a lot of stories – talking and chatting. Then I realised that was really a very important part of it all actually. And they would joke about each other’s work or laugh about something, and there would be so much discussion about what was going on. And then there would be nice periods of silence. It was a nice
atmosphere to work in and very encouraging as well. Another thing I found interesting was, staff in the hospital would come in and they had something else now to talk to the group about. It wasn’t just a hospital situation anymore. Now they were talking about personal stuff in the artwork, a lot of which came from their own memory. You’re working from observation and you’re also working from memory. There’s something very pure in the images.”

**underlying beliefs...**

“The main aim was to give the artists a voice. In my opinion, there is an artist within everybody. People also seem to be able to overcome their physical disability. I’ve had people with very restricted movement as a result of a stroke, and I’ve seen them push themselves that bit further. And in doing that, in a way, they’re creating their own therapy. Just trying to stretch that bit further, really making the effort.

I believe we all have a creative side or an artist within. The artist may not always be a painter, but I have a conviction that everybody can paint. Everybody can be taught to see. I think learning to paint is about learning to see. And we have the ability to see things that we haven’t seen before, if we are allowed to go through the process. It’s a whole new world really. I often encourage people to just try it even. Try a painting course, because I think you see the world differently after. You see objects, landscape, light differently. In a way, as an art teacher, I would always have seen myself as somebody who is trying to cure a certain blindness.

I had complete and absolute faith and belief in the fact that if people are allowed the opportunity, then it can’t fail. Because there is an artist in each of us, if you create the right conditions you can create work. So I had a conviction, I have to say, complete conviction. If there was any space for doubt, I don’t think it would have worked. We’re conditioned really, if you see someone sitting in a wheelchair at ninety-four years of age, with limited mobility, you think that maybe it’s not possible for that person to become an artist.”
Working in an atmosphere free from expectation removes all anxiety and fear about having to achieve

Paddy - Eileen McNulty
the process...

“I worked in St. Anne’s Unit, which is a unit for Dementia within the Sacred Heart Hospital. I had to let go of a lot of my preconceived notions about things, because I was working with people who wouldn’t remember the next day what they had done and they wouldn’t remember me. But I think that the process was good for them as well. And the philosophy at St. Anne’s is that people should still have choices, even though they have this particular illness. And I found that when working, they were making choices. They were choosing colours. And they seemed to be deciding what to put down. Much of the work was kind of repetitive. One lady had a whole series of doors. Each little painting looked like a doorway. She had done them in different pastel colours. They were wonderful.

One of the things I made sure of was that we weren’t going to analyse the work. We accepted it for what it was. One particular lady did quite an abstract painting and she looked at me and said “I don’t know what it is but it’s beautiful”. That said it all for me. There was no need for me to try to figure out what was going on in her mind. Just to accept what she had done and accept that she had been through this process. So I did have to let go of a lot. There were times when I wished that people could remember that they had done a painting but I found that by letting go and concentrating on trying to create a nice environment for people to work in, that was important. Some people would need a lot of assistance. But I was quite surprised at the ability people have, what they can come up with. They haven’t had any art experience before and now they’re coming up with all of this really, really interesting painting. One thing, which has been of enormous benefit, I think, is having a budget to use the best possible materials. We don’t use lower grade paint, brushes, anything. We use artists’ quality stuff and I think that has had a huge effect on what we’re doing. Even during the process of painting, it is easier and much more satisfying to work with good quality materials. The whole process becomes a better experience. You’re not struggling with cheap paint that dies on the paper in less than fifteen minutes.”
philosophy...

“I have to say the administration of the Western Health Board were very open to it, because they had seen what we could do in the mental health area. We’d had exhibitions in that area as well. It’s the same type of philosophy, creating a safe space for people to experiment and be creative, an environment that is non-judgemental and free of expectation. You have an artist in there as a facilitator rather than as a teacher or therapist. That was the philosophy. And they [Western Health Board] knew and were aware that it worked. Some of the staff at the Sacred Heart Hospital said to me that they wondered what could be done and they were quite surprised at what they saw. They were very supportive. It was an incredibly friendly atmosphere to work in.”
professional approach...

“We had an exhibition in January 2000, ‘Through the Looking Glass’. That opened in the Galway-Mayo Institute of Technology (Castlebar Campus), it also went to the Linenhall Arts Centre (Castlebar). Pieces of that work then went around to various conferences; a Cross-Border conference in Dundalk for instance. It had the same magical effect everywhere it went. People were amazed at the work. The other thing of course was that it was well presented. We had it framed professionally. There was a whole professional approach to the work. So it wasn’t just an activity. It wasn’t just to pass the time. It was strictly a journey to find artists who were sitting in care settings and give them their voice in a professional way. Best materials. Best presentation. A proper opening.”

progression & practical considerations...

“We have progressed in the sense that we’ve now got a room specifically for art. We want to cultivate a studio environment in there. Recently, through the help of the Friends of the Sacred Heart, we have been able to adapt easels for people with disabilities, because we have a number of people who are wheelchair users. We had a wonderful carpenter called Séamus Byrne come in and make all these additional things that could be attached to the easel to make it far easier for people who were restricted.

You need a specific room, which must be well lit and comfortable. Then you need to gradually build up an atmosphere in that room that is conducive to creativity. I think that atmosphere comes once the work is in progress, with a variety of colours, of materials, and interesting things to draw. The space is number one. Number two is proper equipment. Proper easels, proper tables, sinks. We’re talking about a properly equipped studio with good lighting. And I suppose, ideally then, if you had an exhibition space within the hospital setting as well with proper space and lighting, where the work can be viewed.
I am happy with it, but if I could wave a magic wand, I would like to have more art spaces throughout the care settings in the county. I think bringing in artists, or musicians or poets, to places like these creates new life and it ignites a creative spirit in people. Age and infirmity do not hinder creativity ... it transcends all of that. Something of the soul, I suppose, that should be given space to develop.”

Rewards...

“The greatest reward for me is seeing people stand in front of their artwork, when it’s framed and hanging, and admire it. And coming back again the next day and admiring it. And again the next day. The joy that this group of people have, going through the creative process as well, the smiles on their faces when they have achieved the images and succeeded with something that is now very personal for them. That’s where the joy is. In the process, and in people’s response to what they have achieved. A lot can be written about it and you can talk about it forever, but that’s the reward for me really.

The second great joy for me is that I started out with a belief that it was possible and seeing it come about and be successful, to the extent that people have created artwork, that there is an artist in each person. That’s the proof of the belief which I started out with.”

Age and infirmity do not hinder creativity ... it transcends all of that. Something of the soul, that should be given space to develop
the future...

“I would like to see the project continue. That it goes on and develops, and that maybe more spaces develop. I would like to think that all of those who have started painting, and are resident there, would have access to an art space. I’d like them to continue to paint, that they wouldn’t stop. I think sometimes with short-term projects, you get something started and then you walk away. It’s quite difficult for people. This is, luckily, continuing because the Western Health Board is supporting the project and they have already given me an artist to work two days a week down there. So, with the help of Mayo County Council and the Western Health Board, the project is ongoing and this is also giving me space to see how we can develop it in other areas.”

standing back ...

“I would be reluctant to say that it has been myself, that I have done this. I have been present with this group with a belief and something else happened. So I’d
almost stand back from whatever has happened there. I don’t feel that I totally engineered it myself. I think that the artists have come out of these people without a huge amount of engineering on my part. What I have done is, with the help of Mayo County Council and the Western Health Board, provided the space and been present with people. I have provided the right materials and given encouragement, with my own experiences and belief about art and painting. So I can’t stand here and wave a flag and say ‘I’ve done this!’ It’s almost like it’s something greater than myself. I have been lucky to have been present and see this come about.”
We don’t use lower grade paint or brushes...
We use artists’ quality stuff and I think it has a huge effect on what we are doing
Core elements of the project

- Experienced artist / facilitator.
- Support of hospital staff and arts office staff.
- Space to work in - ideally designated for the purpose of arts activity, so that it is available to participants between sessions.
- Excellent materials: artist-quality paint, paper and brushes.
- Accessible equipment which is practical for ease of use by participants and adapted if necessary.
- Long-term commitment to the project so that sufficient time is given for development. The same artist should be available to develop a relationship with participants.
- The Arts project should be free from the pressure of funding-oriented objectives. An open approach should be adopted to engender organic development.
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Participants of the project

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Some of these participants are no longer with us and we would like to acknowledge with fondness, their contribution to the project.
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