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# The Green Room Project □/500

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Signed  
Pauline Keena

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# **The Green Room Project**

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**Artist  
Pauline Keena**

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01. Pauline Keena  
The Mothers Body  
Water colour on paper



02. Pauline Keena  
Inscribed  
Etch on fabiano paper



# Introduction

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I am a visual artist researching my art practice in the context of the work of linguist and psychoanalyst Julia Kristeva. Her ideas on the maternal, the mother's body and language in the mother's body are central to my enquiry. I am interested in states of being that exist in the mother's body beyond the realm of language and outside the resolve of thinking and speech.

Specifically I wanted to look at the vocabulary of the bereaved mother whose baby has died, the presence and process of her grief as embodied state, how it might be made available to look at, to engage with and to observe. How it might be transformed in that looking and engagement.

I wanted to investigate and explore, through engagement with ideas, processes, procedures, materials and making in a studio setting. I wanted to explore how certain structures both physical and conceptual could become established within which the physicalness of grief could be languaged into a vocabulary specific to the mother's body.

In this way a certain mapping of the maternal imaginary could be materialised into an artmaking that arises out of and is informed by the process of grief as embodied state.

As well as that I had a certain curiosity to extend the scope of my art practice by exposing the work to narratives specific to midwifery that engage the mother's body in such a different way.

**Pauline Keena.**

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# Letters

## 01—03

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**“Bereavement is a  
darkness impenetrable  
to the imagination of  
the unbereaved”**

**Iris Murdoch**

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# Letter

## 01

**Mary Harney T.D.**  
Minister for Health & Children

“Bereavement is a darkness impenetrable to the imagination of the unbereaved” Iris Murdoch

Bereavement visits most of us at some point in our lives. Each person attempts to deal with it in their own way and in their own time.

Each bereavement is different. The loss of a baby must be one of the most lonely experiences that a parent will carry with them through their lives. This is a loss borne every year in Ireland by the parents of 500 infants who die in the period before and around the time of birth. It is a loss that is difficult to articulate. Pauline Keena, through The Green Room Project has been working with women who have lost their babies in expressing their grief through the medium of art.

One of the mothers involved in the project said “It felt wonderful to have a way to express my loss. I felt very supported by our small group. We had all been through the unimaginable”.

I hope this project can help to penetrate the darkness.

Mary Harney T.D.  
Minister for Health & Children

**Mary Harney T.D.**  
**Minister for Health &  
Children**

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# Letter 02

**Dr. Michael Geary**  
Master at The Rotunda Hospital

The subject of grief is extremely complex. Bereavement associated with the loss of a baby can have profound and life long effects. This applies to pregnancy loss at the very start of a pregnancy in the form of miscarriage or ectopic pregnancy right through to a full term baby in or around the time of birth or in the newborn period.

We are learning more and more about bereavement all the time and it is important that we do our best to look after women, their partners and their families at such a difficult, heartbreaking and upsetting time. It has been shown that art can play a helpful role in the area of addressing grief. Pauline Keena has been working with women who have lost babies through the medium of art. The early feedback from this work has been extremely positive and there is no doubt that there is value in exploring grief in this unique way. It is hoped that there will also be value in creating a body of art work to create visibility about this important subject. It is also hoped that this will encourage others to discuss grief and ultimately for individuals to overcome aspects of grief that remain unresolved. This work that Pauline has started has created an energy and an enterprise and it is important that she and the women involved are supported and encouraged.



Dr. Micheal Geary  
Master at The Rotunda Hospital

**Dr. Michael Geary**  
**Master at The Rotunda  
Hospital**

# Letter 03

**Lucina Russell**  
Kildare County Council  
Arts Officer

During The Green Room project workshops, one of the mothers remembered her infant daughter— 'Cassandra had no clothes and no soft blanket, just a hospital tray and a coffin'. This statement illustrates the cold sense of loss for a grieving mother. The Green Room project allowed the mothers to make artworks that, in effect, can become cherished keepsakes to honor and remember their children.

In what seems like an unlikely career path, artist Pauline Keenas' previous work as a mid wife was the impetus for The Green Room project, in the Rotunda Hospital. Her experiences in the neo natal setting, allowed the artist to work with the mothers in an informed and sensitive way. Kildare County Council supports professional artists from the country in the development of their practice, with priority for focused bodies of work. In this instance, the content of Pauline's work has particular resonance with the local authority, given its Arts In Health programme.

'Making Inroads: An Arts Development Plan for Kildare County Council 2006—2011', outlines the commitment in the field of Arts in Health, which was strengthened in 2007, with the appointment of an Arts in Health Specialist. The forthcoming Arts in Health policy prioritizes four key areas for development: The Arts Programme of Naas General Hospital, Mental Health Service Users, Older People and Intellectual Disability Services.

Kildare County Council was delighted to fund the research and development phases of this important project and the subsequent exhibition. We thank the mothers for sharing their experiences of the loss of their children, through these artworks. We hope that this project supports them through 'the unimaginable'.

**Lucina Russell**  
**Kildare County Council  
Arts Officer**

# Article 01

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## Professor Timothy Emlyn Jones

# Creativity and Loss: Are you sure you know what you know?

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Death at birth goes against everything we know, or think we know—or feel we know—of joyfulness. The joy of birth is a knowledge of creativity and a celebration of existence. Creativity and loss, then, are not the most obvious companions. Yet this exhibition aims for the reconciliation of these two profound human qualities by proposing mourning as a creative process.

The striking mission of this project is as adventurous in its methods and processes as it is in its aim. This is a research process, Pauline Keena tells us (1), yet her means of enquiry and the kind of new knowledge she seeks are highly controversial in terms of scientific method. But this is not science; this is art seeking to contribute to understanding within a realm normally associated with the medical sciences. In this brief essay I want to consider something of her terms of operation and their theoretic context, and I do so in the firm belief that art may have something to offer the world of science in coming to know some aspect of the apparently unknowable—a further “co-incident of contraries” (1) that may be of value to the wider study of human consciousness.

Pauline Keena speaks of this project as “thinking through materials” and “the embodiment of knowledge,” in her search for a distinctively feminine narrative within art. This mission is firmly located within a current of thought within which Julia Kristeva (2), Luce Irigaray (3) and Helene Cixous (4), amongst others, have been and remain prominent figures.

In what is an essentially collaborative exhibition, she declines to assume sole authorship and claims to step out of the narrative of the work presented. The author’s voice is not hers alone, but that of her and her collaborators combined, or as she puts it even more self-deprecatorily, “the voice of the narrative of the body.” This voice is essentially maternal, she having worked as a professional midwife as well as an artist, and her collaborators all being mothers who have lost their children before or at birth, and on whom Keena vests the status of co-artists. Her strategy of art as research gives rise to interesting and important questions concerning the place of knowledge in art and concerning the relationship of art to art therapy. For this writer, it gives rise too to a questioning of the concept of narrative as an adequate way of describing what the maternal body comes to know and what the bereaved person knows all too well.

The idea of knowledge is popularly assumed to be cerebral, and with meaning expressed innocent of its medium, a point of view often associated with science. However, in art, content and form have long been understood to be interdependent and this embodiment of meaning in material form has potential beyond the world of art. The embodiment of knowledge, however, has a broader and even further reaching significance when the part the body has in knowing and moving from knowledge to understanding is considered. We often speak figuratively of knowing in our bones and in less figurative terms of knowing in non-cerebral and bodily ways: in our heart or in our gut, and in contra-distinction from knowing in our head. This tripartite distinction of embodied understanding has an extensive provenance, owing much initially to Gurdjieff (5) in his idea of three centres of intelligence and in later years to the epistemology of knowledge and to neurology.

This idea of embodied understanding is relevant to the distinction of “knowing how” and “knowing that” stresses the importance of the body to the mind advanced by Gilbert Ryle (6) in his influential refutation of the body-mind dualism that he describes as “the dogma of the Ghost in the Machine.” It is relevant too to the subsequent tripartite distinction of propositional knowledge, operational knowledge and knowledge of the object of Paul Hirst (7) and to the additional distinction of tacit knowledge advanced by Michael Polanyi (8). Louis Arnaud Reid’s (9) differentiations of multiple ways of knowing and of understanding in and through art are also relevant. Further, this tripartite distinction has been put forward in neurology by Paul D MacLean (10) as the hypothesis of the “triune brain:” in which the brain stem and cerebellum control behaviour such as breathing and heartbeat; the limbic system acts as the source of emotions and the behaviour of fighting, fleeing and sexual behaviour; and the neo-cortex controls reason, speech and sapience. These distinctions, and the relationships between them, have become important in the development of art research and its concerns with the cognitive dimension of feeling and intuition by providing substance for alternative and more complex modes of creative intelligence than the modernist idea of scientific method allows (11).

The place of knowledge in our understanding of art remains problematic and Keena’s engagement with Marcel Merleau-Ponty’s (12) writings on the embodiment of knowledge explores what has become one of the definitive ideas in art of the late 20th and early 21st century. What do we know when we understand a work of art? Do we really know what we know?

Whatever the benefits of Keena’s project to those of us fascinated by the contributions to understanding that emerge from the women’s movement, it is clear from their written evaluative reports that participation in the project has also been deeply beneficial to the four women who worked with Pauline Keena: Valerie Dunne; Kate Horgan; Kay Kearns; and Linda Wilson Long. Consistently, these reports refer to how participation in the project has helped in reconciliation with the death of an infant and the ensuing feeling of failure in the creative project that is motherhood. This reads very much like successful therapy. However, the comparison with therapy remains incomplete since art therapy is normally a private process, restricted to the artist and the therapist in clinical conditions, and without an audience or expectation of exhibition. In this exhibition the personal process is made public—as is the case with much modern and contemporary art following the feminist idea of the personal being political—and Keena’s collaborators knew from the start they would be considered artists and their work would be considered art intended for exhibition. Keena is firm in her resolve that the women are artists, “even if they don’t see that.” One point of comparison here is the work of Leo Navratil (13), the former leading psychiatrist at the mental hospital at Gugging, Vienna, where patients were designated artists on admission, a point of view subsequently endorsed by the many art museums that have collected the work of these “outsider” artists such as Oswald Tschirtner and Oswald Walla. One difference is that for Navratil the works became artistically significant only at the most acute stage of the artist’s mental illness. For Keena, however, it is knowing participation in the artistic process that bestows the status of art, not the aesthetic qualities of objects and images produced, judged retrospectively, and then exhibited. Keena’s exhibition is not a showcase of works of art coming out of a process, she argues, but the process itself is the locus of the art and it is this that makes the exhibition. “The therapeutic transformation is real, but it is incidental,” Keena told me. What matters is that, “the narrative in the mother’s body would otherwise be unarticulated, and it needs to be heard and seen.” It is in this that her contribution to the embodiment of knowledge holds its potential.

Support for Keena's position can be found in the principle of relational aesthetics and its antecedents, such as the work of John Latham (14) who famously coined the expression, "the context is half the work," and Joseph Beuys' (15) concept of "social sculpture." I do not think it easy to understand Keena's interests and achievement without understanding their context of motherhood, creativity and death: the personal made political in a realm yet little explored. This relational thinking, recently re-articulated by Nicholas Bourriaud (16), enables Keena to cross the boundary between studio art and clinical therapy in ways earlier thought impossible. She makes it possible to think of the clinic as a studio and the studio as a clinic, with profound implications. Art and therapy take on a new dynamic relationship within this frame, as they do in the intensely personal work of several contemporary artists whose work is personally and contextually defined, of whom Tracey Emin (17) and Sophie Calle (18) are probably the best known.

If what Keena refers to as "the narrative in the work" is centred on the knowing viscera, in which the logic is hardly that of the linear thinking associated with the head, nor that of matrixial structures associated with the heart, but is formed instantly and without rational structure in the gut, then it is appropriate to ask whether the term narrative is adequate for the process of which Keena speaks. Perhaps narrative may be adequate, or will be once we have come to understand visceral knowing better. Intuition—and I think this is Keena's real subject—may seem mysterious, but is this not so only because we do not yet understand it well? When we do come to understand intuition—and a specifically maternal take on it seems apposite since we are talking about creativity—we may come to see how this human magic is understandable; and to find it more wonderful for being understood rather than less. Just as understanding the biology of a birth does not detract from the love of the born one, and just as the physics of a sunset or a rainstorm does not detract from their effects on our consciousness, so understanding intuition cannot detract from what we gain from art.

The ambition of the artists in this exhibition is heroic and the potential rewards reach far beyond the personal understanding of the participants. Pauline Keena has begun a fascinating and intrinsically worthwhile journey of enquiry—an important one—and it is a journey that could not be undertaken in any other way. This example of an artist working with others in a relational context is not a side track from the artist's practice, but is part of the practice itself, transforming the experience of all its participants – artists and viewers. This dynamic creates particular challenges to any viewer who would like to judge what is before them as much as to understand it, in the manner of a connoisseur. In relational art the transformative effect of the work comes through engagement and understanding of its process rather than on supposedly autonomous formal values of its products. In this way the viewer is a participant in the process and a willingness to engage with suspended judgement is supposed. The achievement of this exhibition can only be understood by such engagement directly through the gut as well as the heart as well as the head – for it is in the relations of the three that knowledge in art may be found. This act of immersive engagement by the viewer is necessary for the narrative of the body to come through: for words such as these can take us only so far into understanding what we see in art, and no further. We may return to judgement and to language after the fact, but first there must be the fact, in this case the fact of what can emerge from mourning.

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Professor Timothy Emlyn Jones is a Welsh artist who has settled in the Burren, Ireland. He has exhibited internationally and is represented in public collections in a number of countries. His most recent exhibitions have been in Beijing, Galway, Sydney and Venice, and in 2008 his semi-permanent installation *The Idea of the Rain*, after Ando Hiroshige and Vincent van Gogh was commissioned by the National University of Ireland, Galway. He was recently short listed for the Jerwood Drawing Prize. As an educationist he is well known internationally as a pioneer of the idea of art as a process of enquiry and of doctorates in studio art. He is currently Dean of the Burren College of Art, Ireland and formerly Deputy Director of Glasgow School of Art, Scotland. He is also an honorary professor of the National University of Ireland, Galway and Xi'an Academy of Fine Arts, China.

# Project background

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## Pauline Keena Visual artist & project coordinator

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The idea for this project developed over a period of time spent working as a midwife and neonatal intensive care nurse at the Rotunda Hospital. I wanted to develop a studio in a clinical environment to work as an artist directly and experientially with the mother's body. So I set up a residency in the hospital to work directly with a group of mothers all of whom had lost an infant (some as long ago as twenty five years).

My ambition for the project was to find a way, in a studio setting, through the medium of materials and making to allow the process of grief and all the circumstances and feelings around that experience to create a way, its own way, of saying what it was for the mother.

During the ten month period of studio work, carried out at the green room in the basement of The Rotunda Hospital, we created a body of work which arose out of and was informed by the process of going around, returning to, looking away from, trying to look again at what the experience of such profound separation and loss was in all its aspects and circumstances.

In his opening comments about this project Dr. Michael Geary, Master at The Rotunda Hospital, had this to say "the subject of grief is extremely complex"

Perhaps the complexity is compounded by the very unique and heartbreaking events that occur where the grief begins. As we know, not every pregnancy ends with a healthy crying baby. It often happens that instead of returning home with the intense joy of a new baby many mothers leave hospital empty handed to face into a profound loneliness, loss and sense of failure.

Grief begins most often in a busy clinical setting where the demands on professionals time is excessive and could not possibly allow for the very specialised attention required to deal with such catastrophic loss. Grief requires time and distance, tentatively at the mother's pace returning to that place of unmanifest and very private pain.

The Green Room Project provided a place in the hospital building and a safe space to go where mothers could get together with an artist to begin a process of relationship and engagement. The structure that slowly came together was formed from several different strands, the incredible trust that the mothers placed in me and my work, a deep commitment to the process, great courage and that inchoate and primal need to reconnect with the lost baby. These fragile fragmented threads formed the basis of the relationship through which the first faltering steps back to pain took place. Over a ten month period of working, of drawing, of writing and stitching, of talking, of listening, of silence and waiting, a body of work emerged.

The work attempts to locate grief and name it in the world in which it exists by creating a visibility around the physicalness of the most unspeakable separation and loss. What has been important is the process of the work, the atmospheric nature of working something out in the physical, through the activities of making, of thinking and speech. In this way a certain availability to language and vocabulary has taken place, and a mapping of the maternal imaginary to locate in our consciousness a constructed knowledge integral to the discourse of the mother.

It was an immense privilege to be involved with this unique project and to have the opportunity to work with Kate, Val, Lin and Kay. Their work has been inspirational to me and has extended my own practice in an entirely new direction.

# Journal entries

## 01—02

Linda Wilson Long  
Journal Entry

## Journal

## entry

## 01

We were working with material - making a lace garment. I struggled so much to do this. I brought material with me on a Tuesday but could not even put it on the table in front of everyone. I felt lost and did not know what to do. I had no instinct in me about what to do make or how to do it. I also knew I had the choice to not do anything but this was an important challenge for me. I almost gave up. I almost said I cannot do this. I brought material and hid it away. I remembered Cassandra had no clothes and no soft blankets. A memory shared in group reminded of the lack of softness to surround Cassandra - just a hospital tray and a coffin. I made her her only dress - perfect for a beautiful baby girl. I made her a blanket that would have been so comfy to lie on. For the first time in my life I made gifts for my daughter, my eldest child, my first born. Making them at home allowed me to realize how privately I have held my loss for all these years. I could not bear anyone in the group to watch me and my struggle even though I knew I would be supported in my dress and care. I brought my work with me but felt very vulnerable showing them to everyone.

# Journal entry 02

Kay earns  
Journal

I wake up this morning and realize that it is 6 weeks since I had my boy. I wonder always since you had the baby, would it be in a routine by now? Would I know what I was doing with him at 6 weeks? Then it hits me. The doctor at the hospital told me that still born births had to be registered before 6 weeks. I could get a birth certificate for him, a document with my baby's name on it. For the first time I feel like I can do something positive for him. So I go to Diego's to the births, women's & pediatrics. I am stuck at how cold and gloomy the place is. It's buzzing with activity yet the place is gross and dark. Lots of queues, women pushing prams and pushing strollers. I feel like I stare out as I have no room to walk or hold on to. I could do with something to hold on to. When my turn comes the bone assistant asks my details without looking at me. I tell her what I am here for and supply the details. She looks over the papers and asks me to confirm the date of the birth, the name of the hospital, asks me what my baby's name is. I see that she cannot find the details and is getting impatient with me.

I feel panic rise up inside me, there's something wrong here. The queue is building up behind me and I sense their grainy redness. Then for the first time the woman behind the counter looks at me accusingly and asks, are you sure you had a baby? I feel like she has winked me, I can't have one I tell her, I am not the type of person that would give up - a dump like this, I bet that I had a baby, then I realize that I have no proof, I have no pram, I burst into tears at the injustice of this latest slap - I feel and flee the building feeling like an impostor where everyone looks at me like I'm lying. Maybe I am a mad woman, I was pregnant but have no baby, that's mad isn't it?

# Documentation of process

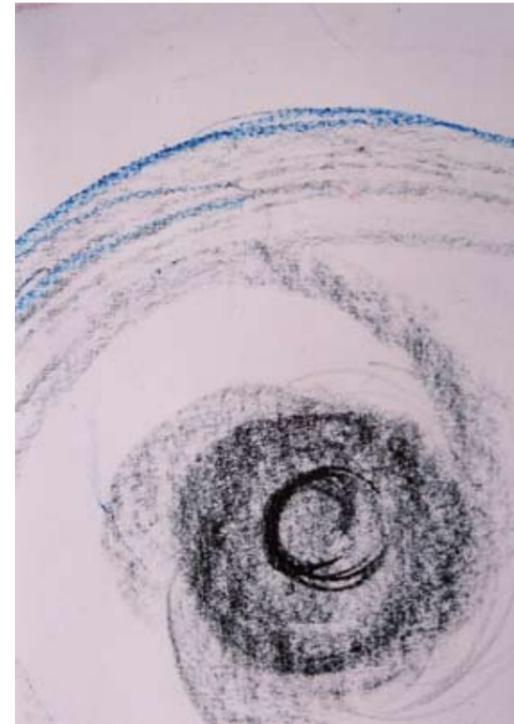
# Selection of images from working process

## Working process 01

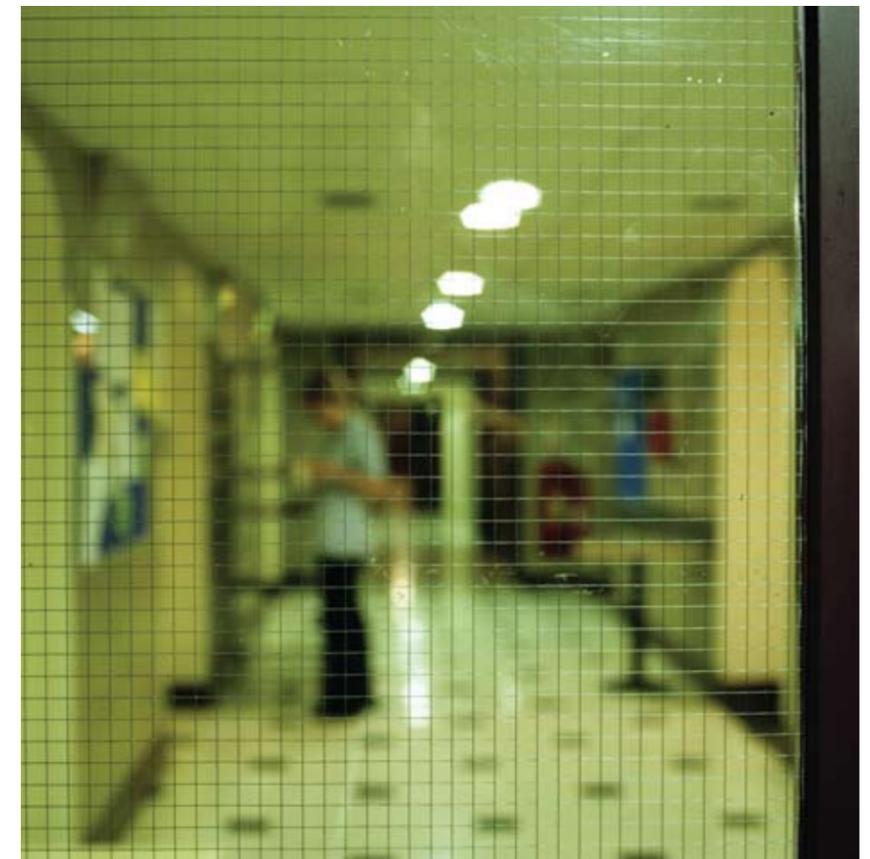
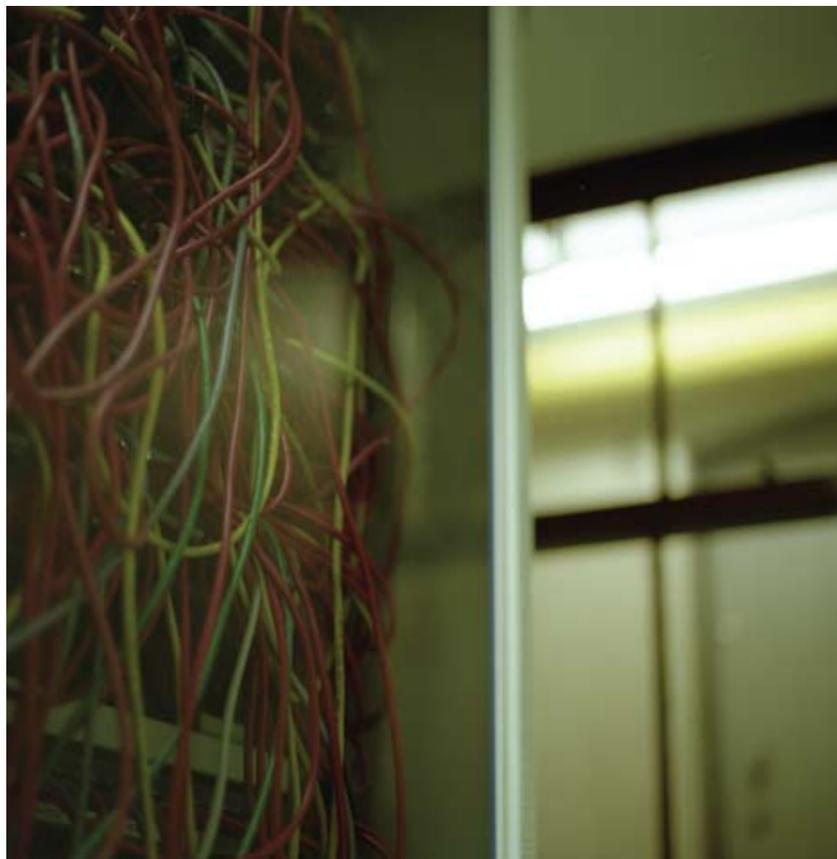


## Working process 02





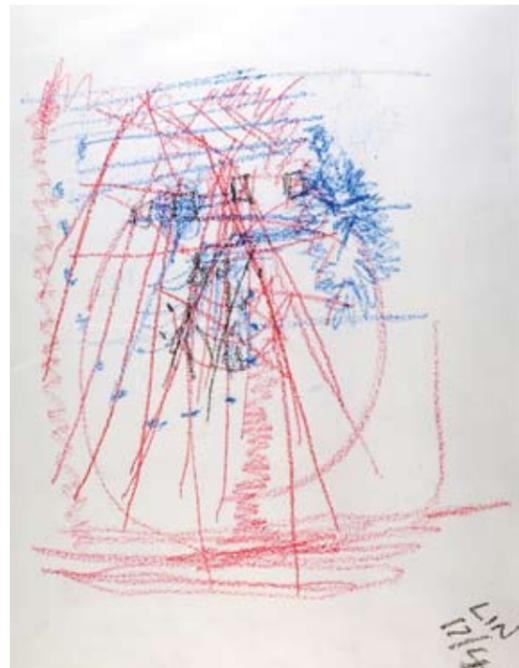
01—04. Rich Gilligan  
Photographic Documentation  
of the Rotunda





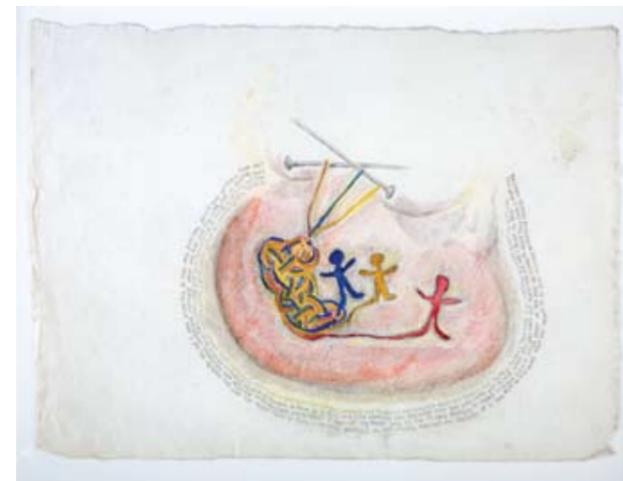
# Linda Wilson Long

“Cassandra had no clothes only a hospital tray and a coffin”



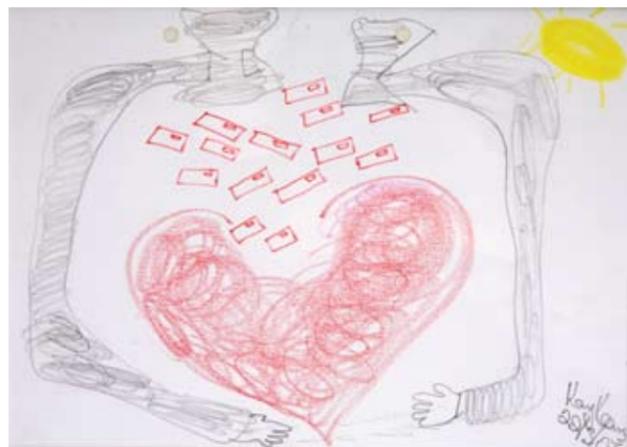
# Valerie Dunne

“It felt good to share some of the anger and enjoy the memory without feeling I was making anyone uncomfortable or feeling the need to apologise for bringing my daughter’s name into conversation”.



# Kay Kearns

“For a while after Niall died I stopped talking”.



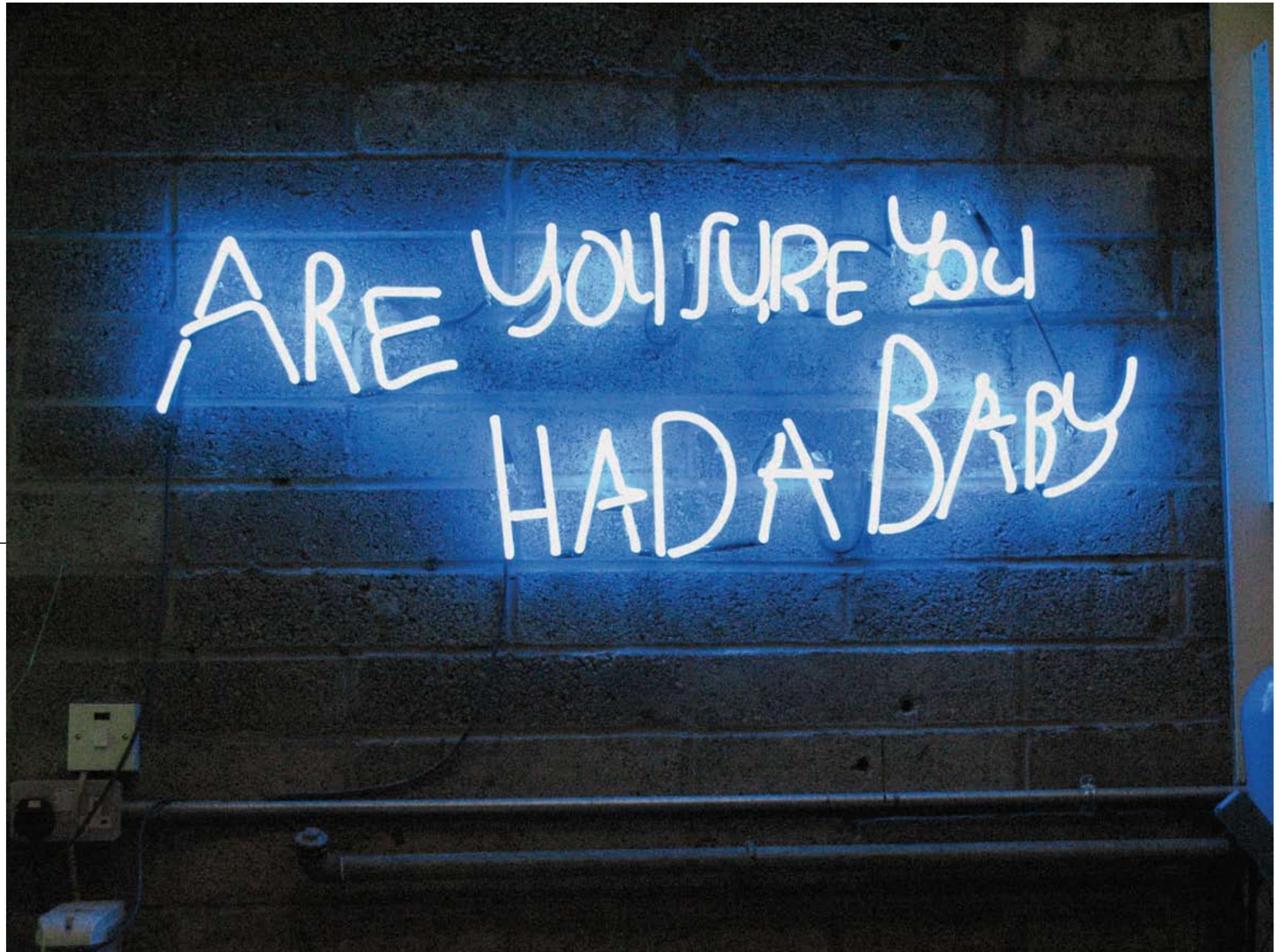
# Kate Horgan

“The art I made was basically many many different ways of saying the same things: I think of you, I miss you and I love you”.



Baby's breath  
J Cloths  
Blue blanket  
White coffin  
Rosebud  
White face  
Blood  
Grace  
Lilac in May  
Green scrubs

03. Pauline Keena  
The Named Body  
Neon tube light



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## The Design/Photography team

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## Graphic Design

Jamie Delaney & Keith Nally  
 Make it work  
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## Photography

Rick Gilligan  
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## Printing and Finishing

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