

Room with a human view

Maurice O'Riordan

I first noticed the soothing tone of Eterpi Soropos's voice, a quality much deeper than the scripted modulations of, say, a cabin attendant's words, and far more reflective. I have come to visit Soropos's 'Disambiguation Room', a semi-permanent sound/light/film-based installation in one of the former family rooms at McCulloch House, a palliative care facility attached to Monash Medical Centre, in Clayton, Melbourne. It's a long way from the kind of settings in which Soropos, a NIDA graduate in technical production and lighting design, initially applied her training – to Sydney's Performance Space, then a crucible for experimental site-specific theatre, and to the burgeoning rave party scene.

Soropos's early fascination for the rave party's 'chill-out room', the mellow interim space for adrenalin- and synthetically-high party-goers, usually with a thrown-together but effective ambience, resurfaced in the mid-'90s when she spent time in hospital with her dying mother. 'I was sitting in that hospital room with my mother for days', she says, 'looking at the lighting, looking at the colours, at the way the room was very overheated. It was just so garish and sterile.' How would the chill-out room translate to the hospital environment, she considered, where patients are also under the influence of drugs, as part of their pain and care management?

In 2006, Soropos set about answering this question for a Masters of Community Cultural Development at Victorian College of the Arts. Despite advances in palliative care and the existence, since the late '70s, of Snoezelen models of therapy, which are also based on sensory stimulation, Soropos's research is totally innovative. After completing the Masters she was appointed artist-in-residence at McCulloch House where she has since been able to put her ideas into practice, consulting patients and staff there to create a mildly interactive and essentially therapeutic space which has been part of the palliative care program for over 200 patients/visitors since July 2008.

The Disambiguation Room is smaller than I imagined but instantly transforming, the translucent

delicacy of the rice paper covered walls and ceiling creates a softening, 'cellular' ambience. As I settle into the central armchair, Soropos makes ready a laptop program of light, film and sound combinations which have been devised in accordance with her initial 'test group's preferences. Blue-pink-purple/Morphing shapes/Tibetan bells is my starting option. As the interview proceeds, I resist the desire for heavy slumber; Soropos later confides that some patients report their best sleep at McCulloch either in or after spending time in the room. What becomes apparent during our session is the subtlety and refinement of Soropos's therapy-installation, the stories of profound change for 'end-of-life' patients, and her vision to expand the concept into other facilities and types of care management, such as mental health, and via more mobile technical set-ups. With the establishment of her aptly named company, Human Rooms, and a view to furthering the project through Ph.D research, Soropos's art has clearly found its calling.

On working in palliative care ...

Eterpi Soropos: I have people say to me, 'I don't know how you can work in a palliative care unit. That must be really morbid.' And I would then say to them, 'No, I think that's just the way that you see it. I don't actually see it like that.' Because the chances that we're going to get very sick and need special care is, you know, it can happen to any of us, and unfortunately we live in a society that doesn't accept death as a part of life, and so in a way I think being able to offer people at end of life or people who are mentally ill, or old, because I think they are the three areas where we express quite a bit of denial as a society, and stigmatisation, then I think ... 'I feel really, really happy that I am doing this.'

On the effect the room has on acceptance ...

There was a lady who'd been hanging on, hanging on, and when she came in here and she talked about her issues and the difficulties that she

was having ... because she had been a religious woman. She was Greek Orthodox, and one of the things I think she found great about coming in here was that she could speak to me in Greek and she was able to express to me that she was very disappointed in God and the Church; she felt that she had been deserted, and this was her greatest time of need. The fact that she could come in here and express that because she didn't want to say that to anyone else, it helped her to die. When she went back to her room she slipped into unconsciousness, and I told the pastoral care worker what she had said to me, and he put a big cross, the biggest cross he could find, next to her bed, so that when she slipped in and out of consciousness she could see the cross there, and that might have helped her to die more peacefully. The nurses said that she died very peacefully, and up until that point she'd been very, very anxious. The thing that I've noticed with patients is anxiety.

Maurice O'Riordan: Is that about accepting death?

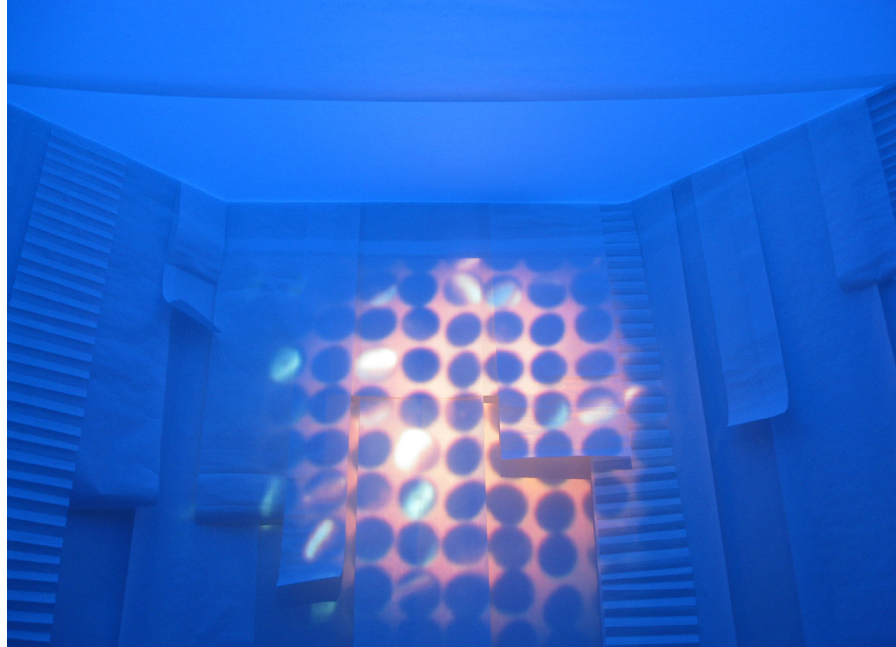
ES: I'd say so. It's about fear and also anxiety about, maybe things that have happened in their life, problems with families, you know unresolved stuff. People can get very anxious about unresolved personal issues or family issues, and also the anxiety about what's going to happen to me, 'I'm going to die' as you can imagine. The other thing they talk about is how they spent so much time worrying about their mortgage or making money or having the right car yet they let their human lives go and avoided dealing with many things.

MO: And I guess the anxiety could also just be related to the level of pain.

ES: And that too, that's right. In this room, people have reported reduction in pain.

MO: I didn't realise the very personal presence that you have in terms of being with the patient in the room. Is that part of the therapy too?

ES: Yes, but I can't sit in every room that I make from now on. It's something that staff has noticed, it has been about my interaction with the patients as well. I think possibly what might happen



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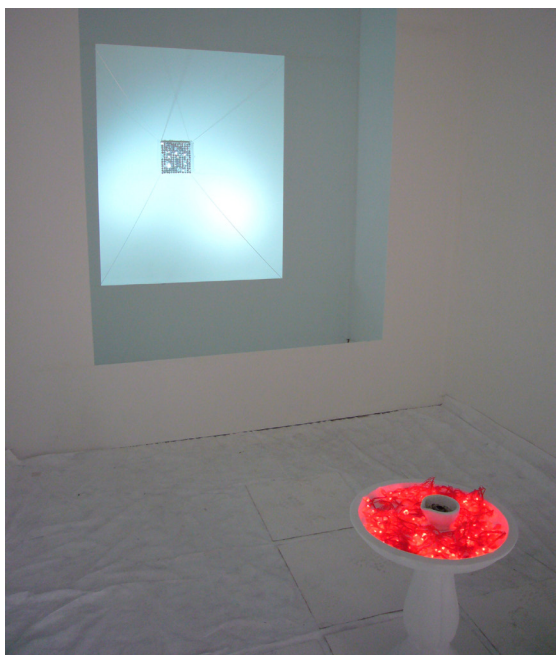


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Image: Vanessa Marshall winner 1999



sense of themselves. When they come in here, they no longer feel like they're in a hospital and become totally immersed in this environment. Immersion is a word that is used a lot these days in art, with varying degrees of meaning. For me with my theatre and performance and design background, immersion is being completely washed over with or surrounded by an environment, which in turn penetrates the outward layer and assists a change either in the mind or the body or both. I feel that I've got a sensitivity to patients' levels of immersion.

MO: Have you had to do a lot of research into palliative care or mental illness related conditions?

ES: Well, actually, I spent six months talking to people about this project and I asked questions relating to how they felt about their environment, and I showed images of colour and gardens and furniture and talked about tactileness and smells and all sorts of things with patients, and recorded interviews and transcribed them. I interviewed about twenty-five patients, I also interviewed about fifteen family members who were there spending time with patients, and I interviewed about ten staff. One of the things that struck me in my situation with my mother is that when a person is dying or very, very ill, it's the people around them as well that are part of that. So I think when I started this site-specific project I did take into consideration what the illnesses are: there's delirium, there's severe pain, there's a lot sadness, a lot of fear, anxiety and stress; whereas in the mental health setting, it's different. So with the child and adolescent mental health project, the 'self centre', I needed to look at the psychological illnesses and the psychological impact of a room like this on someone. So the films that we made for the Disambiguation Room, some of them won't suit kids, say; for example, the autistic children will respond to the film that has the big graphic blocks of colour. I had some autistic children come here the year before last and they really responded. One of them hadn't spoken a word apparently for a couple of weeks, and when he came in, the room was red, and he just immediately went, 'How did you do that?' And I think the psychiatrist was gobsmacked.

MO: How do you try and get around any particular cultural bias in the elements that you're composing?

ES: Well that is a really good point. There was one patient-referral who was Irish Catholic and when I went to speak to him he said, 'What is it?', and I said, 'It's like a room, it's white, and it changes with colour and there's film', and he said, 'Oh, no, no, no, that sounds like something spiritual. Oh, no, the only place for spirituality is the church. I only ever go to the church for that.' And then he gave me a bit of a rave about, 'I would only ever go to a church, I wouldn't go to a mosque, I wouldn't go to anyone else's sacred space because that's offensive.' So I said, 'Well, okay, that's fine, everybody has a choice in this so you don't have to come.' Anyway, Peter, the man who's on the DVD, the short doco [on Soropos's website: <http://humanrooms.com/>], he was sharing a room with this man, and they became great mates, and Peter used to come here every day, and he used to go back and go,

'Oh, I love that room, I get in there and I watch the forest and I watch the sea, and it makes me feel so relaxed.' And anyway, one day I went to get Peter for his daily visit and he said, 'Oh, Patrick' wants to come too'. So the both of them came here together. It was so cute 'cause I hadn't had two patients before in here together. And Patrick sat on a beanbag. I hadn't had a patient sitting on a beanbag, and he was ... really mesmerised.

MO: How do you think doing the overall project has refined your sensitivities?

ES: I think my ability to get a sense of what a patient is suffering has become more acute. I know that sounds strange. I'm thinking more about what I can do in aged care, particularly people with dementia and Alzheimer's, so have decided that one way is through exploring their external and internal environments. So when the patients go into the past, which is what often happens with people in that situation, maybe culturally specific films and sounds that are specific to their cultural background might assist them to calm down and relax and bring them back into the present. So those sorts of ideas are coming to me more; the more I think about it I seem to be accessing more sensitivity as to what people might need.

MO: Has the project changed your approach to art?

ES: I think art is a very important part of life, I really do. I think that what I do as an artist is not going to work or have any relevance if it doesn't have an impact on its audience, or more specifically in that it helps them to reconnect with themselves at a time of great despair, when they're not coping or they're very ill, old, or they're about to die. If I can do that, that would be the best thing, I no longer feel that I can sit and create something or be a part of something artistic that others are not going to enjoy or understand. It challenges me and the work that I do to not think of myself and what I want but to think of my audience and what they would like, and how their receptiveness makes a new level, and that relationship they have with the artwork also creates a new level of interaction that goes beyond to something we know nothing about yet. ■

1. This name has been changed for anonymity.

1/ Image of the 'Shimmer' footage, The Disambiguation Room, McCulloch House, Monash Medical Centre, Melbourne.

2/ The Disambiguation Room in its former life as a family visiting room.

3/ The Disambiguation Room.

4/ *Divining*, 2006, installation at Fresh Gallery, Fitzroy 2006. *Divining* was a sacred space inspired by Soropos's visit to Greece, where among a site of ancient ruins she first felt a spiritual connection to her ancestry.

All images courtesy Eterpis Soropos.

in the future, if this is something that is useful as a therapeutic option in hospitals, like the training that occupational therapists have, it may be that they'll be incorporating this type of work into their practices. I've trained the occupational therapists, the social workers, the pastoral care workers, and am hoping to train the nurses how to use this room. And I'm trying to find funding to develop a modified version of the system, which is projection, sound, lighting, to be installed into a patient room, to continue my research using this in a patient room.

On patients' options and the idea of immersion ...

Because we're talking about people who are in a situation where they've lost control over their lives, and they have become consumed by an illness or a disease or impending death, so they've lost a



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