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Hospital practices, art school research

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This presentation explores the complex relationship between an art school (Visual Arts, School of Arts and Social Sciences, Northumbria University) and a hospital (Hexham General, Northumbria Healthcare NHS Foundation Trust). These institutions developed a rolling programme of exhibitions as part of an ongoing arts and healthcare project that began in 1999. This development involves a research-oriented artist-curator (Chris Dorsett) at the University and a project manager (Brenda Longstaff) at the Healthcare Trust. The versatile nature of the programme led to a number of practice-led doctoral studentships, which are embedded within the exploratory nature of the exhibition schedule. The presentation concludes with Ashley Hipkin's Leverhulme residency at Hexham Hospital. Hipkin managed the casting of the two hundred and eighty volunteers for Antony Gormley's Domain Field and his work at Hexham promotes 'participation/production' as an under-exploited curatorial method for arts and healthcare projects.

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Preamble by Brenda Longstaff

As a project manager, I found that the introduction of the arts to a clinical setting can be challenging, requiring a great deal of preparatory work. In addition to full consultation with staff groups and site managers, there are a number of important issues to consider such as the privacy and dignity of patients, confidentiality, security clearance for arts personnel, risk assessments for arts installations, health & safety considerations and in the current climate, special attention to infection control implications. This can and does take a great deal of time to sort out.

Ikuko Tsuchiya's Images of Trust photographic project, which documented a year in the life of Northumbria Healthcare, presented a number of unique problems. Initially the project was to be a research project considering the affect of positive imagery on patients. However, difficulties were experienced in obtaining approval from the local Medical Ethics Committee as the art project posed a number of different issues than those raised by clinical research. The research element of the project was subsequently withdrawn and Images of Trust subsequently went on to win a number of awards. Full details about the project and a gallery of photographs can be viewed on www.northumbria.nhs.uk/charities

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The Teardrop Garden, on the other hand, posed a raft of different problems. Picasso said 'the essence of technique is that it is invisible'. In the case of the garden, it meant moving 40 tons of rubble through a working acute hospital with the Infection Control team behind every move. And later, it involved bringing in tons of construction materials and finally 12 large sandstone sculptures. Today, patients, staff and visitors regularly use this much appreciated amenity as a means of escaping from the clinical environment. You can find details about the garden in the Prospectus for Arts and Health issued by the Department of Health and Arts Council (England).

As a manager it is also important to re-assure the general public that NHS funds are not being diverted from healthcare services to fund the arts. A clear statement is made about the funding source for each art installation, whether the work has been donated or provided through charitable grants or donations. This message is very important to get across.

Similarly over the years, there has been an ongoing initiative to encourage patients, staff and visitors to appreciate the arts in a variety of forms. Exhibitions often evoke mixed reactions and it is this very personal engagement with the arts that can be challenging.

The Trust recently undertook a survey involving patients, staff and visitors to determine public perception of the arts in a hospital environment. The survey results were overwhelmingly positive and provided valuable evidence to the Trust Board that the public welcomed and appreciated the arts within our hospitals.

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We are here to talk about an arts and healthcare partnership. As Brenda has made clear our efforts have been justly rewarded by 'flagship' projects such as Images of Trust and the Teardrop Garden. Both have won prizes and created a profile for arts and healthcare in our region.* However the less visible aspects of these projects also concern us today. We feel it is important to qualify and nuance the top-of-the-line outcomes with an account of the underlying interactive process that, to our way of thinking, captures the benefit of art in a healthcare environment. This process, which we outline here using the term 'participation/production', drives the creative association of an art school with a Healthcare Trust. This is how we arrive at our formula: hospital practices, art school research.

If one of the partners was not an art school, this institutional focus might fail to address the broad socio-cultural interaction appropriate to our topic. But communities such as the Division of Visual Arts are socially extensive. All fine art establishments have social reach through the inclusive, multicultural, and intergenerational nature of a contemporary art school. And because we are not really profession-specific, our kind of creative community probably makes a greater cultural contribution than the handful of successful artists that emerge in each generation of graduating students.

And so, in setting up a string of doctoral projects and research fellowships we have utilised a special kind of institution that exceeds its nature as a learning environment. At the very least we have diverted academic resources to healthcare and wellbeing that would have otherwise been used in another way (one would have thought this fact alone should quieten the anxieties described in Brenda's preamble). But our optimum has been the sustained facilitation of talented practitioners such as Christina Kolaiti (seen here exploring portrait photography) who has been able to engage with healthcare through a sequence of projects as she moved from a master's degree at the University to an AHRC funded 'New Collaborations' doctoral studentship working between the two institutions.

* For example, Ikuko Tsuchiya's work as Jo Spence Fellow within the Images of Trust project has gained international recognition winning the Nikon Salon Miki Jun Award (2005) and The Observer Seeds of Change photographic competition (2006).

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Christina's PhD is about the role of narrative in the development of clinical skills. Her notion of a 'photographic re-narration method',* developed through an interest in the nature of the portrait, is about taking pictures in order to uncover psychological depth. She works with medical students on SSC modules helping them understand the power of visual narrative in conveying life stories.

* For the source of this concept see Josselson, R., ed. (1996), *Ethics and Process in the Narrative Study of Lives*, Thousand Oaks, Cal: Sage.

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As the students become familiar with the performative space of a photographic studio, they begin to explore the potential of controlled lighting and pictorial arrangement, often with startling symbolic and iconographic effect. Christina is helping her student collaborators push out beyond the boundaries of verbal communication. It is a form of knowledge transfer from an art school to a medical training environment. This kind of PhD work arises within a practice-led research culture that has little interest in the one-off professional commissions often found in hospitals. The goal of this presentation is to separate our efforts from expectations which may mislead and confuse the reception of our work.

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Our partnership succeeds in a rather modest fashion. Our core activity is a rolling programme of exhibitions that avoids the simplifications of highly visible, environment-commanding pieces of public art. This process is intrinsically collective but would have no creative credibility without the focussing influence of a person we are calling a research-oriented artist-curator. This job has mostly fallen to me (Chris Dorsett) although the role has now been developed as a PhD project for the purposes of further research. As a result we are continually correcting our ideas about the nature of 'audienceship' as we address sustained forms of 'engagement' and narrative afterlife emerging within the ongoing curatorial process. For example, Christina has successfully explored visual narrative in the context of clinical training but once we try to inform healthcare staff and patients about her work, another set of issues arise in relation to more general concerns about the role of exhibitions in hospitals. If there is a therapeutic dimension to hospital audienceship we feel sure that it involves 'participation/production' and in order to illuminate what is meant by this term we must

make a short digression to my previous work as an artist-curator organizing temporary exhibitions in museums.

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This is the Pitt Rivers Museum in Oxford. From the mid-eighties I arranged a sequence of interventionist exhibitions in this extraordinary environment, which since the late 19th century has been dedicated to the comprehensive display of material culture. I made artworks myself and was also joined by many art school colleagues and associates. To begin with we were all sculptors although I should qualify this statement with a reminder that this was the heyday of Rosalind Krauss' 'expanded field' of sculptural practice.* We were thus an extremely heterogeneous group of interventionists and, given the nature of the Pitt Rivers environment, it was entirely appropriate to keep enlarging the compass of this curatorial idea. As a result, I quickly developed collaborations with writers and various kinds of performers and then moved on to outreach activities with local schools and events that facilitated informal contributions from the general public.

* Krauss, R., (1978) *Sculpture in the Expanded Field*. In R. Krauss. *The Originality of the Avant-Garde and Other Modernist Myths*. Cambridge, Mass.: MIT Press. 1987. 277 – 290.

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This museum, and the unique form of exhibition experience it generates, has its origins in the ideas of Colonel Augustus Lane-Fox Pitt-Rivers, a 19th century expert on the history of the smooth-bore percussion musket, who applied Darwinist gradualism to the development of cultural objects (the survival of the fittest materials, processes and skills). This photograph of a billiard table serving as an instrument of taxonomic organization shows just how visual his idea was. We see how he gathered and classified objects using likeness and dissimilarity (in this case he is working with archeological finds after founding the Oxford museum). This technique allows us to explore every imaginable way of securing and locking up our homes and possessions...

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... every way of engaging in currency exchanges. This display has tins of corned beef used as money during the Korean War and safety pins that stood in for small change in Oxford market during the 1930s. The Pitt Rivers is a cultural leveler.

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... every way of effecting spells. The Colonel wanted the Museum to collect the ordinary and the everyday but ordinariness is a relative term. It seems hardly credible that these magic charms were collected in Oxfordshire during my grandparents' lifetime. A label informing the museum-goer that the dark mis-formed lump before them is an 'object said to be a toad' is bound to create a feeling that almost anything could be found in here. This encourages flights of the imagination.

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And so, what if I now tell you that some of the 'material culture' you have been looking at is the product of a contemporary artist's imagination.

At no point have I lied to you but some of the objects you have seen are artworks put there by me. If you are suddenly experiencing uncertainty, you are re-engaging with the Pitt Rivers Museum. The effect is best described using a piece by the sculptor Kate Davis. You can see the work, called *Foreign Case*, above the display of musical instruments. It's a birdcage full of fresh lemons (the brightest thing imaginable in the Pitt Rivers). Kate's interest in newness would normally serve as the fixing point for our interpretations but because *Foreign Case* was merged with the Museum, the attendants felt free to improvise (it's an air freshener) and this captures the sense of liberation that interventionism seeks to stimulate. We think of the results as a kind of creative afterlife. When an audience is unable to apply interpretative conventions or customs, it appears they fill the gap with new stories. Michael Bracewell, writing in the *Guardian* about a later exhibition, thought the feeling of suspended belief worked best if you forgot about art.

It is important to add that the effect has remarkable longevity. In relation to *Foreign Case* we learnt of further re-narration occurring as people recalled its presence in the Pitt Rivers ('a friend put it there for a lark, and the museum didn't even notice'). At this point the intervention was no longer an artwork but a narratological unit, something like a rumour, lodged in the public imagination.

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In the background of this story is an idea about participation from the 1970s. The experimental installation work of David Medalla sought to exploit the creative power of exhibition-goers. The piece we are looking at was based on an Inuit tradition of communal poetry in which words, phrases, and sentences were contributed at social gatherings to form a joint-authored saga. Medalla provided gallery visitors with scrap material and invited them to invent and label their own exhibits. The result was a parody of an anthropological museum like the Pitt Rivers. The art critic Guy Brett coined the term 'participation/production' to describe Medalla's approach and, at least since the publication of Brett's essay *Unofficial Versions* in 1991, this term has served as a source for my curatorial ideas.*

From 1985 until 1999 I explored a parallel version of participation/production as an idea about museums and their audiences. In the past decade I have begun to recognize an overlap with healthcare. Silverman talks about the beneficial aspects of museums, about the depth of feeling they create, about the enthusiasm for learning and reflection that museums generate as a form of social bonding.**

* Brett, G., 'Unofficial Versions', (1991) in Hiller, S., (ed) *The Myth of Primitivism: perspectives on art*. London: Routledge.
** Silverman, L. H., (2002), 'The therapeutic potential of museums as pathways to inclusion' in Sandell, R., (ed) *Museums, Society, Inequality*, London: Routledge.

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Perhaps participation/production is a way of promoting the precociousness of audience reception in hospital environments. For Silverman 'time spent' in a museum generates an expanding sense of function that can be linked to a more general sense social and personal wellbeing. Despite the post-colonial anxieties of many of the artists I worked with in the Pitt Rivers, perhaps our interventionist ventures (which sought to subvert) ended up conforming to Silverman's notion of the museum as a 'promising tool for therapy'.

We are looking at a curatorial focus group at Hexham Hospital in which members of the public discuss the paintings of Tuesday Nesbitt, currently a graduate fellow at Northumbria University. The new forms of healthcare participation stimulated by these meetings have been developed by photographer-artist Poyan Yee whose doctoral research explores curatorial dialogue as a means of 'spending time' in hospitals. A feeling of Silvermanian wellbeing informs her engagement with the concept of participation/production and it seems that we are successfully translating museum ideas to hospital ideas.

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Poyan's focus group is a successful idea but it would be wrong to see it as the importing 'good practice' from other arts and healthcare projects. Many healthcare projects employ focus-group techniques, but Poyan has hit upon the idea within the context of our participation/production research. Indeed, Poyan's table-top engagements with artworks emulate the laying out of objects on Pitt River's billiard table. Silverman's case for the therapeutic museum is built around the idea that "objects possess an undeniable power to elicit responses... [they] serve as symbols of ourselves, our relationships, and our lives..." This focus group is about spending time with objects in the manner Silverman suggests. Spread across the table like this, artworks are made available in a way not possible in an exhibition. It is easier to discuss the range of emotions that might be evoked. This is particularly important with abstract works such as Tuesday's paintings which we find attract more aggressive criticism than art that requires the viewer to stop and give attention (as would be the case, for example, with text-image works).

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Many of the art objects Poyan uses are loaned by local artists. This is the opening of Hexham Hospital and you can see that even at a grand event like this, the presence of our rolling programme of exhibitions is appropriately incidental and certainly not like a commission-based project. Silverman says that "people with more social contact and more involvement in local activities seem to have better health." Perhaps we are trying to do something like this with Poyan's project. Her engagement with the networks of artists in Northumberland aims to make local creativity a healthcare resource.

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As the artist-curator who has set up these PhD opportunities I initiated the venture with a monthly comic strip and an accompanying Healing Arts Letter in the Hexham Courant, Northumberland's leading newspaper. I was experimenting with new ways of encouraging artists to loan works. I also wanted to start redefining the

cultural identity of Hexham Hospital in the public imagination. This is a variant of the participation/production idea.

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And this is what happened. The Fahnsson family offered to lend us works by an unknown local artist who had spent his life drawing self-portraits in his collection of antique mirrors. He seems to have believed that different types of reflective surfaces generate diverse imaginings of personal identity in different cultures and historical periods. Some of Fahnsson's later works led us to mount a celebratory exhibition in the Hospital café. This is what the large label on the right says:

Self-portrait by Fredrik Fahnsson drawn in a well preserved bronze mirror from Ancient Greece (drawing dated 1960).

"It's not easy to picture the taste of good food".

In his mature years, Northumbrian artist Fredrik Fahnsson turned his attention from drawing mirrors to the problem of visualising the pleasure of eating. He found a novel way to communicate his love of unexpected flavours and unfamiliar cuisine. By drawing his own reflection in bowls of soup (his favourite dish) he developed his own unique method of expressing culinary experiences. Once again Fahnsson combined the perspective of an anthropologist with the skills of a self-portraitist. He explored the soups of the world with the observational power of the artist's eye. The resulting technique catalogues recipes through the facial expressions reflected in the soup as it was consumed. This small exhibition features a selection of Fahnsson's soup drawings and the journal notes (from his Soup of the Day diary) made to accompany each image.

This is what the small label on the left says:

Fredrik Fahnsson and his Soup of the Day diary. June 6, 56.

Tom Yum Soup.

Today I tried my sister's recipe from Thailand. The result was a spicy, clear, refreshing taste with a hint of prawn. On the busy kitchen table lay the old silver ladle loaded with my first tasty helping. This offered an opportunity to make several quick self-portraits. Returning to these images after I had finished my meal I felt that the anticipation on my face was palpable. I look happy with both my artistic and my gastronomic endeavours.

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And so let's conclude with our current version of the participation/production approach to arts and healthcare.

This is Antony Gormley's Domain Field project, shown here during its period of production at BALTIC Centre of Contemporary Art in Gateshead. It is, we think, a contemporary heir to Medalla's experimental work in the 70s because it attempted to generate ambitious forms of local engagement that combine both production and reception. In the Northeast, the project caught the public imagination and two hundred and eighty volunteers came to the gallery to have themselves cast.

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The resulting moulds were used to fabricate these steel sculptures. A team of forty-five assistants - all art school-trained - realised this huge task under management of the sculptor Ashley Hipkin who is currently the Leverhulme Artist in Residence at Hexham Hospital for our arts and healthcare partnership.

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And so what is Ashley doing?

He has designed and installed a system of glass fronted display cases that will contain personal collections and mini-exhibition projects. Here we see one case containing a recent studio experiment by Ashley. The cases will later feature participatory events that can be self-curated by community groups in conjunction with Poyan's focus group.

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Because artists are free to retrieve loaned artworks as and when they need them, we are sometimes left with rows of empty fixing holes. In answer to the difficulty of maintaining constant displays throughout the hospital, I have worked with Ashley to develop this device: a disc-like object with a single bolt on the back

that can be quickly spun into an empty hole to temporarily replace a missing artwork. We call them roundels and this prototype by Ashley shows one of the creative possibilities. We intend to create an endless supply of roundels through outreach projects with local groups such as the Hexham Embroiderers' Guild. The slide also shows a Healing Arts Letter about the Guild's engagement with our rolling programme of exhibitions. The value of the participation/production approach is its accumulative and collective nature.

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Here is a list of Northumbria University doctoral projects that are directly involved in our arts and healthcare partnership. The titles emphasize the desire of these artists to engage with healthcare but, as practice-led investigations, their central aim is to correct assumptions about the vocation of an artist. They target expectations within and beyond the art school and try to modify and improve the realms in which creative people can be active. Participation/production adjusts our ideas about the inventive nature of an audience (indeed it changes the inclusiveness of 'creative people' in the sentence above) but whilst we certainly observe the impact of this approach, the methods by which we make this research persuasive are not respondent-based.

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Afterword by Chris Dorsett

Within this presentation the concept of participation/production has, I think, continually provided a symbol for what I mean by art school practices (the title of my readership at the University). We began by evoking a picture of an educational and social institution that exceeds its nature as a learning environment. The participation/production approach, like an art school studio, is an opportunity for creative people, once working in the midst of other creative people, to find interesting ways to follow each other's subjective experiences with vivid empathy and imagination. This ability is a form of ethical engagement in which moral issues are always internally compelling. It is different from the sense of duty that requires us to submit to ethics policies, which are always externally compulsory. The partnership of hospital practices with art school research, presented here in the light of work undertaken in collaboration with an anthropological museum, is very much concerned with the contribution of the moral subject to an ethically regulated environment.

Here is an example of what happens. We have already met the Japanese photographer Ikuko Tsuchiya who documented healthcare provision in the region at the millennium. Her project led to her becoming a founder member of the first Japanese photo-therapist group. This is art school research changing preconceptions and expanding opportunities. But in what sense is the transmission of creative ideas from one culture to another effected by details of audience reception? The image above shows two Northumbria Healthcare employees in a hospital laundry. Having signed a consent form they deeply regretted the exhibiting of this photograph because their colleagues used the image to tease them about their changing hairstyles. After several months they felt harassed enough to ask for the photograph to be removed. If the creative afterlife of Kate Davis' artwork in the Pitt Rivers says something about the nature of audienceship, we could now extend our understanding of participation/production to include malevolent engagements. By deliberately ignoring the personal ethical responsibility described above, it seems the hospital staff felt free to re-narrate the image in a hurtful way.

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Another version of this story concerns the work of Apichart Pholprasert, whose PhD at the University explored the theme of rural art to help in order to develop non-metropolitan arts facilities in Thailand. To do this he produced many lively, colourful works based on photographs of farmers in his home village. Several of his images were exhibited at Hexham Hospital. In the one above somebody picks vegetables in a garden. In others we also see busy hands preparing food, planting rice and weaving traditional fabrics. The artworks were widely enjoyed but one member of the Hospital's staff felt it was possible to interpret the close-ups of hands as severed limbs. In the end we removed the picture from her department.

It is difficult not to be fascinated by creative acts of reception. I wonder if there are parallels with Zimbardo's infamous Stanford Prison Experiment in the 1970s.* Perhaps we all step outside the principle of charity under certain types of situational pressure (i.e. fearing for the wellbeing of vulnerable people). Zimbardo has recently expanded his ideas about bad behaviour to include a balancing role for the individual moral conscience (somebody always needs to find a way to be a good actor in a bad situation). In this presentation I have suggested that those doing research based on art school practices will follow their internal moral compulsion and be less likely to see themselves as anonymous heirs of a system or a group. The

participation/production process tries to erode divisions between creative action and creative reception so that all concerned see themselves as individuals who perceive others as similarly individual.

* Zimbardo, P., (2007), *The Lucifer effect: how good people turn evil*, London: Rider & Co

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We want to leave you with one more thought about the participatory character of audience creativity. In relation to our topic, Johnson* has written interestingly on the evolution of what he calls 'listening culture'. As a cultural historian he is concerned with the developing character of Parisian opera audiences throughout the 19th century. The century-long socio-cultural shift he describes begins with audiences turning up simply to be seen in society, then sitting down to follow the narrative structure of the operatic plot, and then fostering voluptuous feelings by "nudging dozers, discouraging applause between movements, and glaring at coughers". Disconcertingly Johnson sees the origin of this aesthetic sensitivity in the communal concentration generated by the public spectacle of the revolutionary guillotine.

* Johnson, J. H., (1995), *Listening in Paris: a cultural history*, Berkeley: University of California Press.