

## **A creative challenge - the curatorship of contemporary art practice in an acute hospital context**

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**Conference paper presented at the International Conference of the Society of Arts in Healthcare, April 2008**

### **Introduction**

This paper will consider varying approaches to curating contemporary art in acute hospitals - the gallery approach versus more socially-engaged practice. It will raise issues around the 'appropriate image' and will present a set of guiding principles based on the speaker's research and experience.

One approach to placing art in hospitals is in line with gallery curatorship. Art that fits the physical environment and perceived needs of the audience is installed, often taking the form of temporary exhibitions and permanent collections. The artwork is not produced specifically for the hospital context and equally could be found in a gallery context. The relationship is directly between the artwork and its viewer and there is divergent thinking around the most appropriate art for this kind of intervention.

An alternative and more contemporary approach is contextual art practice whereby the artist engages with the physical, psychological and social dimensions of the hospital, which in turn becomes the very stuff of the artwork. The artist is afforded the opportunity to forge a relationship and, in some cases, collaborate, with the hospital community.

*What exists ... is an unknown relationship between artist and audience, a relationship that may itself become the artwork.*

Lacy, 1995

Contextual art practice is explored here through examples of site-specific commissions and residencies. While not advocating one approach over another, this paper will consider how each determines the nature of the relationship between the viewer and the artwork.

### **Challenges**

Acute hospitals pose a number of challenges for artists and curators. Busy corridors, on which there are trolleys and wheelchairs, can make hospitals a hazardous place for art. High noise levels have implications for sound and multi-media artworks. Infection control and health and safety can also limit the kind of work that can be shown. The high traffic of people through the hospital and attendant security risks means that insurance can be difficult to get in place.

However, more significant than any of this, are the emotional and psychological aspect of hospital life. A hospital is an involuntary site for art. People do not, for the most part, expect to engage with art when they enter a hospital. A patient's anxiety about his / her illness can reduce his / her willingness and even ability to engage with art. In some cases, art, in an unmediated form, may be an unwarranted intrusion.

Given this, careful consultation with the users of the hospital must pave the way for any arts in hospital programme. However, in the light of the high turnover of patients passing through an acute hospital, it is difficult for such consultation to reach further than the staff. The staff becomes the spokespeople for the patients. An arts programme is therefore reliant on the staff to take on a feeling of ownership towards the works. The challenge for the artist is to reach beyond the staff to the patients, and to engage both the staff and the patients.

In other contexts, community arts are used as a tool of consultation and empowerment. It is often based on a trusting relationship between the facilitating artist and the group developed over a period of time. However, the average length of time spent by a patient in an Irish acute hospital is 6 days. Therefore, a community arts model of regular participatory workshops will not work. Other models of engagement must be found.

## **100 Names & Dates, Aine Nic Giolla Coda, National Maternity Hospital, 1994**

In 1994, I curated an extensive, multi-disciplinary arts programme for the National Maternity Hospital (NMH), Holles Street, Dublin, the impetus for which came from the hospital's celebrations of its centenary, and its desire to raise its public profile in the context of a perceived competitive climate between the three main maternity hospitals in Dublin. The programme commissioned seven site-specific artworks produced in response to the hospital context and installed throughout the building.

*Probably the most dramatic thing was the [site] visit of 60 artists to the hospital. Once you let all of those people walk all over the hospital, things would never be the same.*

Matron Maeve Dwyer, 1995

The artworks generated a stream of responses from patients, visitors and staff, and from the wider community, most of which could not have been anticipated at the commissioning stage. People engaged with them, often as something other than art, in a way that illustrated very forcibly how we bring our personal experiences to bear on the process of viewing art. Through these responses, which were often unexpected and always revealing, the artworks raised issues about the nature of the institution, which up to that point had not been articulated. This is demonstrated by *100 Names and Dates*, the first of the site-specific commissions, whereby artist, Áine Nic Giolla Coda sign-wrote 100 names and years of birth of babies born in the NMH, or delivered by NMH nurses, over the previous century, throughout the building. Each name denoted all the babies born in the hospital that year.

Approximately 2,500 names and dates were offered to the project by the users of the hospital and members of the public. Many of these came with special requests and anecdotes relating to the birth, some of which were of social and historical significance. The artist selected the 100 names, one for each year since 1894, at random. However, the question of the selection of names became a highly contentious one among members of staff, as many asserted a right to having their name on the wall. The names were seen as some kind of reward or accolade. Up until that point, the names on the walls were those of the Masters, emblazoned in gold in the front hall. Unlike the Masters' names, the only achievement that was celebrated through *100 Names and Dates* was, quite simply, the achievement of being born.

In some cases, the project called people to draw upon their personal histories. One woman, whose name had been included in the artwork, travelled from Co. Donegal in the north west of Ireland to see it and attend the coffee morning we organised to celebrate the completion of the project. She was the only survivor of triplets and she brought with her memorabilia relating to her birth and the birth of her siblings, such as receipts from the B&B her father stayed in on the night of the birth. This project was a testament to the birth of the siblings she never knew.

In looking at maternity hospitals as places for positioning art, this project reminds us that they do more than house and enable the process of childbirth. They also form an important part of people's history and identity. The place of birth has significance for us for life. It is written on our birth certificate and becomes part of our formal identity. It can determine a number of socio-economic and cultural factors in our lives. We are born into places. They are part of our inheritance.

*I think that the Names and Dates project challenged people to consider who the hospital is here for, who matters and who has power in this institution. Every time you pass one of these names, it's a very strong, powerful message coming across ... that this person matters.*

Matron Maeve Dwyer, 1995

Like many site-specific artworks which explore and excavate a site, the democracy of '100 Names and Dates' was a catalyst for something greater than the artwork itself. In this case, the project created a debate about issues of ownership, control and power within the hospital. Art became 'the leveller', facilitating points of contact and dialogue between the various strata of the hospital hierarchy and contributing to a sense of community whereby no viewer is an expert and every viewer is an expert.

### **Viewer, Kate Malone, National Maternity Hospital, 1994**

Another NMH site-specific artwork was *Viewer* by Kate Malone which took the form of a series of photographs presented on light boxes and placed throughout the hospital - the Special Care Unit, the gynaecological clinic, the gynaecological ward, the mother and baby room, the delivery ward, the private post-natal ward, and the foetal assessment unit. These were produced over a period of six months which Kate spent in the hospital, meeting staff, parents and babies, and photographing the hospital environment and its babies. Kate was particularly taken with the Special Care Unit and the question of dependency and independence of the premature baby.

Despite a considered and sensitive placing of images, they generated strong responses from the users of the hospital. The nursing manager of the foetal assessment unit asked Kate to remove the image of a woman's naked pregnant abdomen which had been placed in the unit, which she said was not liked by the women waiting for their ultrasound check-up. She requested instead, on behalf of the women, that Kate replace the image with a photograph of an ultrasound scan Kate had taken, which suggests that the expectant women were more comfortable with images of the interior of their womb than the exterior of their abdomen.

The boundaries between the various types of contextual art practice are becoming increasingly blurred as artists explore the relationship between their work with its audience. Áine Nic Giolla Coda and Kate Malone's projects began as public art commissions and evolved into residencies, whereby the artists had a visible presence in the hospital and built a working relationship with the hospital community. This model of residency can accommodate the sort of dialogue and negotiation we experienced in Kate's project, *Viewer*.

### **The Wishing Balloon Project, Waterford Regional Hospital, 2003**

In 2003, Brigid Teehan became artist-in-residence at the Waterford Healing Arts Trust. Brigid spent six months in a studio in the premises of the Trust, working towards a solo exhibition which went on view in the hospital in November 2003 and in Greyfriars Municipal Gallery, Waterford, in January 2004.

In addition to this, Brigid devised a project she named *The Wishing Balloon Project* whereby she invited people passing through the hospital, including patients in wards to take time out to write a few words expressing their wish for the future, their hopes and dreams or thoughts for a loved one. The wishes were attached to 300 white balloons and released at 12 noon on World Mental Health Day, 10<sup>th</sup> October 2003.

*This project recognized that the physical release of feelings is the mind and body's way of healing, and as such, a central part of everybody's mental health. By inviting people to express and release their wishes and hopes, the connection between communication and mental health is made.*

Brigid Teehan, artist, 2003

The response was overwhelming. We received 500 wishes and I was struck by the trust that people placed in us by giving us their very personal wishes.

In planning this project, we formed a working partnership with the Mental Health Alliance, Waterford Mental Health Association, and the local Health Promotion Unit who were all incredibly supportive. The Mental Health Alliance set up an information stand in the foyer of Waterford Regional Hospital for the three days leading up to World Mental Health Day. Side by side, members of the Alliance and Brigid worked, the former giving information on the Mental Health Services in the area, the latter inviting people to make a wish and engage in an art process.

*The Wishing Balloon Project* became the visual manifestation of World Mental Health Day. People were attracted to the information stand by the white balloons and the invitation to do something – in this case, make a wish. The project also succeeded in galvanising the relevant partners to raise public awareness about mental health issues and services in the lead up to World Mental Health Day.

The balloons were released in a courtyard in the hospital for patients to see from their beds and outside the main door. Watching them floating up into the sky was a moving and hopeful image which has been documented in a series of three large scale photos which are now part of the art collection of Waterford Regional Hospital and a lasting legacy to the project. The project is also documented in a short video which became part of Brigid's exhibition.

*The Wishing Balloon Project*, is an example of a project which is integral to the artist's practice, which came from the artist, and yet which linked very closely to the work of the Mental Health Services and Health Promotion Unit, by raising awareness of World Mental Health Day, and by communicating the message that Mental Health is everyone's business.

### **Maria Casey, Waterford Regional Hospital, 2005**

In 2005, Maria Casey was Artist in Residence in Waterford Regional Hospital. During this residency, Casey observed the laundry at work. Inspired by the notion of the laundry as a melting pot for the operations of thirteen hospitals in the South East, she used uniforms and pyjamas as a material for exploring the notion of identity and how hospital roles are defined by clothes.

*I see a strong association between hospital pyjamas and the patient's experience. In using pyjamas as a canvas for words, I am attempting to convey feelings and thoughts related to the patient's experience in hospital.*  
Maria Casey, artist, 2005

Contextual art practice in the form of residencies and site-specific artworks is not unique to a hospital context. Artists are now working in schools, factories, and even police stations. This can be attributed to a '... *shift of attention from what an [art] object is to where it is (and how the two are inseparable)*' (Huberman 2005). Almost like a documentary filmmaker, through the residency the artist casts an independent eye over the institution, innocent to a large extent of the internal politics, the tensions, the hierarchies and the power play. Also, like a documentary filmmaker, it is the process of observing the institution and all its members as one unity that can create a sense of collective identity, where one may not previously have existed.

*As a temporary 'resident', the artist still remains a 'stranger'. But the presence of a stranger may be just what it takes for the rest of us to feel at home.*  
Buchler, 1999

### **The Appropriate Image**

Unlike contextual art practice, the curatorship of art in hospitals in line with gallery curatorship is not based on the presence of the artist in the hospital. Art is introduced to a hospital through loans, donations, acquisitions and temporary exhibitions. This is not a new activity. For example, Paintings in Hospitals has been lending original artworks from its extensive art collection to NHS hospitals, hospices and other healthcare facilities in England, Wales and Ireland since 1959. Within the field of arts and health, this approach to art in hospitals is seen to fulfill a number of diverse and sometimes conflicting functions, including diversion for patients (Ulrich 2002), enabling patients to deal with their experience by reflecting it through art (Moss 1987), humanising the institution and enabling it to build relationships of trust with the wider community (White, 2002).

Roger Ulrich's study on the impact of different types of artworks on the recovery and health outcomes of post-operative coronary care patients demonstrated that patients who were shown an image of a nature scene of still water surrounded by trees were less anxious within two days after surgery and handled pain medicine better. This led Ulrich to prescribe images he considers suitable for hospitals such as smiles, grassy fields, blooms, foliage and verdant vegetation, which he claims are positive distractions across different cultures and personality types and which have in scientific terms 'hard wired biological preparedness' (2000). Ulrich says that an ambiguous stimulus produces a projection of the emotion the viewer is experiencing. 'If we are happy, we see happy. If we are sad, we see sad. If fearful, we see frightening'. Ulrich concludes that only the 'unambiguously positive image seems therapeutic' and differentiates between art which is suitable for the gallery and that which is suitable for the hospital.

*...even if art is good or great in a critical sense, - a Pollock, a Picasso, a Renoir, a Van Gogh - it will be bad art if it adversely effects health outcomes.*  
Ulrich, 2000

Contrary to Ulrich's position, Art Historian, Linda Moss states that

*The intention of using the arts in hospital is almost never to distract people from the medical or personal problems that they face in hospital. Rather it is the opposite: to allow people to face their problems, sort their experience through the arts as a personal, private alternative to the more defined communication of conversation.*  
Moss, 1987

### **Doing the Rounds, 2007 - 2008**

*Doing the Rounds* is an exhibition of extracts from the art collection of the Waterford Healing Arts Trust in Waterford Regional Hospital. The exhibition was curated and presented in the format of a gallery exhibition and went on tour to four hospitals in Ireland, in the tradition of a gallery tour. The artworks were selected by the Arts Directors who work with the four participating hospitals. The selection reflects two main strands of work – the first strand comprises artworks which were produced in response to the hospital context by previous Artists in Residence, such as *The Wishing Balloon Project* by Brigid Teehan and the *Pyjamas Series* by Maria Casey. The second strand comprises artworks which were acquired for the hospital environment but have no obvious connection with it in terms of content.

These diverse strands sparked the debate during the selection process around what work is deemed most appropriate for a hospital context – should art shown in hospital reflect the hospital experience or should it be about anything but the hospital experience? This exhibition, nor this paper, does not promote a curatorial policy that prescribes the exhibition of certain types of artworks in hospital over others. Rather it promotes curatorship in hospitals as a careful balancing act between presenting art which engages and stimulates the viewer and avoids provocation at a time when viewers may be emotionally vulnerable.

This is the first time for the Waterford Healing Arts Trust art collection toured to other venues. The tour posed a series of challenges which differ from those that arise in touring art to more traditional arts contexts such as galleries and museums. For example, as previously stated, people who view art in hospitals do not necessarily choose to do so. They are in a sense an involuntary and often vulnerable audience. The curators considered this carefully when selecting and placing the artwork.

It can be argued that placing art in a hospital as if it were a gallery, bringing it in from outside, does not take account of the involuntary nature of the art viewing experience, and that a greater degree of dialogue is needed between the artist and the hospital community if art in hospitals is to be a meaningful experience for staff, patients and visitors. It seems therefore that contextual art practice which facilitates a relationship between the artist and its audience has an advantage over more traditional style of curatorship in this case. However, in the long term, art cannot depend on these personal relationships alone to engage its audience. It must be able to work on its own, as each encounter with a viewer represents a new relationship. Therefore the route of art into the hospital can be secondary to some simple principles of good practice in curatorship.

We have considered contextual art practice in hospitals and we have considered gallery-style curatorship almost as polar opposites to each other. However, there are many more curatorial models that sit on this continuum between these two poles. Personally and professionally, I am interested in a process of curatorship that engages the viewer in the process, and in this context, a methodology that involves staff and patients in the selection of artwork in the early stages of a project as a means of developing their sense of ownership of the artwork.

### **Sky 1 - 32, Michael Durand, Waterford Regional Hospital, 2008**

In 2007, Michael Durand was commissioned to produce a series of photographic works for the Oncology ward of Waterford Regional Hospital. The final work comprised back-lit ceiling-based images and others are wall-mounted

framed pieces which featured images of sky, many taken by Michael from airplanes. The central piece is a large photographic image at the Nurse's Station.

*Since 2000 I have been photographing from the window of airplanes. It has now become something of an obsession. Every flight I have made has been recorded from the window seat. The process of recording has developed over the past while from looking at the expanse of sky to now searching for subtle changes of colour tone and pattern. The images take on an abstract almost painterly quality allowing the viewer the room to construct their own thoughts and feelings on what they are looking at.*

Michael Durand, artist, 2007

The images were selected by staff, patients and visitors in the ward from a wider bank of images. Viewers were given the opportunity to vote for their favourites, and the results were collated and negotiated with the artist. Throughout this process, it was critical that the artist was afforded the space to use his artistic judgment to avoid the scenario of 'design by committee.'

### **Passengers, Waterford Regional Hospital, 2008**

*Passengers* is an exhibition that was curated by a multi-disciplinary group of staff members in Waterford Regional Hospital in partnership with Waterford Healing Arts Trust over a period of 18 months. The curatorial process involved exposing the group to a range of contemporary arts practice through field trips, including studio visits, and to choose a title and core concept that reflected the shared concerns of the group as employees of a hospital. 'Passengers' was chosen to express the relationship of the hospital with the journey of life.

*I feel a strong connection between the theme of journey and my everyday work as an occupational therapist at WRH. My role involves listening to an individual's experience of illness/disability and to collaborate with that person on a journey to help equip them to perform their preferred roles and routines beyond the hospital environment.*

Ann Kelly, Occupational Therapist, Waterford Regional Hospital, 2008

The exhibition was curated through direct invitation to artists through an open competition process. As the process progressed and intensified, the project became a 'labour of love' to those members of the group who remained committed to it. They raised sponsorship, wrote the contents of a colour catalogue, co-ordinated the opening launch, and engaged with the artists. In summary, they went far beyond the relationship of viewer and artwork. They delved into the process and championed the outcomes to an extent that we are now challenged to consider, where do we go from here? Even if there is no other artistic output in the future, it is the relationships that grew across the various strata of the hospital that are the true legacy of this project.

### **Conclusion**

The hospital-based curator considers the viewer and his / her experience at the time of viewing as well as the subject of the artwork. This can be done through consultation with the hospital staff, which can also result in a sense of ownership by the staff towards the artwork. The mediation of the relationship between the hospital and the artwork can be facilitated by a direct relationship with the artist through a residency programme, or in the absence of this, by public talks, workshops or written statements. An overly prescriptive curatorial practice, limits the creative potential of an art intervention. Creativity and innovation are central to art and curatorship. Creativity, innovation and responsibility are the cornerstones of arts and health practice. According to artist Nigel Rolfe, who sat on the selection panel for the site-specific commissioning programme in the National Maternity Hospital,

*...the placement of one world [art] in another [the hospital] was at once sensitive and often difficult. Often times as artists we are too image interested. Perhaps to be expected, we pursue how work looks more than the job it does. The context here [the National Maternity Hospital, Dublin] would not allow this, no grey areas, work made must take into account its subject and audience in one.*

Rolfe, 1999

The following guiding principles are intended for anyone who is responsible for placing art in hospital contexts.

- This paper does not support a curatorial policy which prescribes the exhibition of certain types of artworks over others. It promotes curatorship in hospitals as a careful balancing act between presenting art which engages and stimulates the viewer and avoids provocation at a time when viewers may be emotionally vulnerable.
- Hospital curators must anticipate the viewer's experience at the time and place of viewing based on the given context and apply this to the selection and placement of the artwork. The challenge is to maximise the benefits of art in hospitals by selecting the right art for the right audience.
- Artistic excellence must be pursued at all times. Anything less compromises the credibility of arts and health work and reduces the potential of the aesthetic experience.
- With artistic excellence as a baseline, hospital curators<sup>1</sup> should integrate consultation, mediation and negotiation into their practice at pre and post installation stages.
- Action-based consultation which enables staff and patients to develop a sense of ownership over the selection of artworks can be integrated into curatorial practice, for example, curator and staff working together to develop an exhibition concept, temporary exhibitions as a means of generating dialogue which leads to more permanent artworks and art acquisition and donations policies, and patient-led exhibitions whereby patients chose images for their space.
- It is preferable to involve a core group of staff and patient representatives in this process over a sustained period of time so that decisions are informed by responses to artworks in different sites within the hospital.
- Contextual art practice through, for example, residencies and participatory public art can facilitate relationships of trust between the artist and the audience which can lead to support for the artwork. In the long term however, art cannot depend on these personal relationships alone to engage its audience, as each encounter with a viewer represents a new relationship.
- Considered mediation which can take the form of public talks, written statements and publications plays a role in motivating the viewer to engage with the artwork in the absence of such personal relationships. This is particularly relevant in non-gallery contexts where art encounters inexperienced viewers and therefore plays a role in building new audiences.
- There is scope to develop innovative means of mediation which cater for the hospital population. For example, there is a need to investigate ways of mediating temporary exhibitions and permanent collections of art for bed-ridden patients so that the benefit of such interventions can reach them. This could take the form of printed reproductions which would be available to all patients and using hospital radio facilities to raise awareness of artworks in the hospital. Curators need to consult with staff on how to achieve this in appropriate and ethical ways.
- Hospital curators can maintain dialogue, and even negotiate with viewers around the artworks on an ongoing basis by building in mechanisms for constant feedback and for evaluating and acting on that feedback.
- Artworks should be placed where they can best engage their viewers. Standards of good presentation should be consistently applied in terms of framing, labelling, and height of hanging. They should be well-lit unless they are self-lighting. Curators should consult the hospital Infection Control and Health and Safety Departments prior to installing any artworks in order to minimise risks.
- The curator can work with the artist and audience where possible to employ artworks in the creation of different types of spaces. For example, artworks can be hung on bare walls and be given viewing space as a means of recreating a gallery experience. They can be hung in corners by isolated seats to enhance spaces of quiet contemplation, even on busy wards. They can be installed among hospital objects and this juxtaposition can be used to imply meaning.

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<sup>1</sup> The term 'curator' can be applied to artists-in-residence, arts managers, voluntary arts committees, and anybody responsible for installing art into a hospital environment in an official capacity.

- Where possible, dedicated spaces for art and other cultural activities, where viewers can choose to engage with art on a voluntary basis, should be created in hospitals as an integral part of the art programme.
- Finally hospital curators should therefore ensure that artworks are installed and mediated with care, responsibility and sensitivity to all facets of the hospital context, while not undermining the creativity and innovation that is integral to curatorship.

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Waterford Healing Arts Trust. Online. Available. <http://www.waterfordhealingarts.com>

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