



Jennie Moran *Infection Control* 2010. Hospital regulation pillow case, embroidery thread.



Liminality installation shot. Photo: Marcel Vidal.

Hale and Arty

SHEELAGH BRODERICK, A PHD ARTIST RESEARCHER AT GRADCAM, DUBLIN, DISCUSSES CONTEMPORARY ARTS ENGAGEMENT WITH THE HEALTHCARE SECTOR AND CONSIDERS SOME CRITICAL FRAMEWORKS FOR VARIOUS 'ARTS AND HEALTH' PRACTICES.

CONTEMPORARY arts engagement with healthcare issues – and indeed the healthcare sector – in Ireland has increased dramatically over the past 20 years. Such 'arts and health' practices are now a significant field of pursuit for artists, with projects taking place across country. Despite this, there is a dearth of critical comment on this particular form of interdisciplinary and socially engaged practice.

This struggle to gain critical traction, is in part hampered by poor visibility of projects, but also by what can be understood as 'hegemonic knowledge' claims – in other words, rather fixed and limited ideas of what the fields of art and healthcare comprise of and can pertain to.

In fact the subject domains of 'arts' and 'health' do not exist as concrete entities, but are shifting, amorphous and contested, subject to competing knowledge claims within their own disciplines. In my PhD research at GradCAM, I have adopted an approach that specifically does not accept arts practices in health care settings, as simply a new artistic genre; but instead explores the complexities and problematics of a practice that can be or both art and health related.

Within the philosophy of medicine and the sociology of health and illness the concept of 'health' actually generates lively debate. What exactly might be a natural or healthy state is open to debate. Conditions that formerly were pathologised or regarded as 'illnesses', are now accepted within the normal range of human behaviour, such as homosexuality; while other conditions and syndromes are now medicalised, such as obesity.

Equally the role of healthcare institutions is not fixed. It has changed rapidly consequent to increasing affluence in 'developed' countries. Health services are no longer predominantly providing interventions to acute episodes and infectious diseases, rather they now concern the provision of services for people with chronic and degenerative illnesses. Emergent themes in healthcare research point toward a social model of medicine in distinction to the interventions of the medical model, which was based on the belief that for every disease there is a single and observable cause that can be isolated. In contrast, the social model emphasises multiple and interrelated factors that influence health and points to changes that can be made in society to make a population healthier.

Public health advocates have established a body of literature, which emphasizes the lifelong importance of the social determinants of health on health outcomes⁽¹⁾. One of the key determinants of health is equality, the more equal a society is, the better are its health outcomes, the more unequal a society is, the poorer health outcomes will be for all citizens independent of individual affluence. Investment into particular pathologies, illnesses and conditions has been shown to be less effective than investment in improving the determinants of health, thus health has become less a corporeal concern, and more a social issue.

This recognition of the social determinants of health, has been one of the key incentives for health services to engage with artists, while at the same time new trajectories for arts practices, in terms of social engagement and interdisciplinarity, have led artists to situate themselves in these contexts.

The Arts Council's *Arts and Health Handbook* (2003) pointedly makes a distinction between arts therapy – whose primary goal is therapeutic; and arts practice – whose primary goal is the experience of art or the production of art. How these differences are made manifest in practice was the subject of a collaboration between artist Marie Brett and arts therapist John McHarg. One of the outcomes of Brett and

McHarg's collaboration was an analysis of the role of the artist and the arts therapist. To outsiders their work might have seemed quite similar, but for themselves and their professional practice they adopt entirely different approaches. Their analysis highlights important differences such as work practices, duty of care, supervision and support, and aesthetic vs. therapeutic concerns⁽²⁾.

Situating arts practices outside the gallery or studio contexts presents many different challenges for artists and audiences, foremost among them is a tendency to crudely instrumentalise practices in terms of social or health gain. This approach led in the late 1980s and 1990s to what could be characterised as the 'method wars', in which different methodologies were offered to measure outcomes, social impacts etc. These encounters have been carried over into the domain of arts and health in an even more extreme fashion. Evidence based medicine (EBM) applies research evidence to medical practice in an attempt to standardise practices and manage uncertainty. It is the hegemonic mode of producing and validating knowledge within bio-medical disciplines. Randomised control trials are the basis for validating medical knowledge and rank highly in the hierarchy of evidence-based medicine. When arts practices infiltrate these contexts attempts are often made to apply the same analytical frames.

In late 2010, the Behring Institute for medical research invited submissions of placebos for art in a 'double-blind' study to investigate the healing power of art on public health. A placebo is a simulated medical intervention that can produce a (perceived or actual) improvement on health, called a placebo effect. The placebo for art therefore had to simulate art: it had to look, sound, feel, or in any other way manifest itself as art but, not actually be art. The research strategy involved giving a target group extra 'real' art in their houses and in their jobs, while a control group got the same amount of extra's but in the form of placebos. Are the alarm bells ringing yet?

In fact, *Placebos for Art* was an artwork by Martijn Engelbregt, commissioned by the Dutch foundation SKOR, driven virally through internet blogs and arts resource agency websites⁽³⁾. It was so successful in its call for submissions, over 200 were received that a report of proposed placebos was compiled and published on its website. Placebos for Art functions best as an artwork, not as a clinical trial, for all kinds of reasons, not least of which is that Engelbregt has ramped up the stakes for critical arts practices in healthcare contexts by formulating an entry point for institutional critique in the sphere of arts and health

Arts practices in healthcare contexts exist in a 'grey zone', because they are not amenable to techniques of methodological verification (nor are intended to be so), making other sources of validation through peer recognition and critical discourse an essential factor in developing practices. Critical discourses in contemporary arts practices share concerns with critical discourses in health that challenge conventions of knowledge and authority, offering rich opportunities for interdisciplinary exploration. Health as one of the emblematic referents of everyday life provides a context that has resonance for many artists, some of whom who will make their careers particularly within this zone and others who will add it as part of their overall portfolio of practices.

Irish artist Jennie Moran recognises this potential⁽⁴⁾. When asked in an interview, what do you think a hospital can bring to an arts practice? She responds that hospitals, "provide a new context, create new audiences... a place where artists can set up a very intense dialogue".

These comments flow from an interview Jennie Moran conducts with herself subsequent to completing *Auxiliary Hospital Equipment: Personal Effects* (2009), at Merlin Park Hospital Galway in which patient narratives prompted Moran to subvert ward apparatus. A hospital bed is revisualised as a playground slide and then embroidered on a pillowcase to subtly reconfigure the hospital landscape. The project had a number of beginnings and endings eloquently documented on the artists website which allows a view of the work that is uncommon in arts and health projects.

This intense dialogue is played out in private and in public in the recent work of Ciara McMahon⁽⁵⁾. *The Leaky Self* (2010) was a multi-platform collaborative art project by the community based Living Gift Transplant Support Group⁽⁶⁾ and McMahon that reflected on themes of subjectivity and embodiment. This project led iteratively to a number of outcomes concluding with a performance installation and accompanying series of seminars at the NCAD Gallery.

A specific aspect of this project, entitled *Liminality* deployed the experience of waiting for a transplant and shifted it to the gallery environment, to explore the creative tension between a waiting subject – dependent on others to release them from a form of confinement – and that of the seeking subject, actively looking for answers through theory. McMahon spent a week in a hospital bed in the NCAD gallery. An open invitation was extended to gallery goers to inhabit the role of (hospital) visitor and/or to conditionally donate their physical presence, their self, to the project by substituting their body for that of McMahon, meanwhile, in the same gallery space and only separated by a screen, parallel discursive seminars explored theoretical analyses related to the work.

With *Liminality* McMahon stretched the possibilities initiated through the *Leaky Self* project, by critically engaging with emergent themes and unusually for an arts and health project crossing over into mainstream art spaces. She succeeds in positioning the project on the edge of many territories extending the ambit of the project to the spaces in between theory and practice, between conventions of what is inside and outside. The visibility of the project and the associated blog, which documents the process from *Leaky Self* to *Liminality*, also sets this project apart from many others, which either by virtue of the context of project locations, subject matter or participants, remain invisible.

Claire Bishop has remarked that the paradox of participatory art is that the more participatory an artwork is the more it forecloses spectatorship and the less open it is to future audiences, (Exhibitions of Contemporary Art in the 1990s, *Art and the Social*, TATE Britain 30th April 2010). This is a crucial challenge for artists, who in finding strategies to document their work publicly can stake a claim for alternate knowledge practices.

Sheelagh Broderick
www.sheelaghmagig.net

Sheelagh is a PhD artist researcher with GradCAM. Her exhibition 'MAC' will open at the Jennings Gallery, College of Medicine and Health, University College Cork on 22 September 2011.

Notes

1. Social determinants of health include factors such as poverty, working conditions, unemployment, social support, good food and transport policy.
2. McHarg et al (2011) *Working on the Edge*, Journal of the Irish Association of Creative Therapists.
3. See www.egbg.nl for information on the artist and www.behringinstitute.com to download the report
4. www.jenniemoran.com/personaleffects / vitsigns.artscouncil.ie/exhibition
5. Both Moran and McMahon were supported by the Arts Council through the Artist in the Community Scheme managed by Create.
6. livinggift.ie/leaky-self/