

Research summary

Mind Where You Look

A comparative study between a hospital and a gallery as sites for viewing art
Mary Grehan, 2005

For many the hospital experience is distinct from our daily routine and lifestyle. With it can come fear, tedium, stress and anxiety that colours every part of the experience of being a patient or visitor, including the process of viewing art.

In 2004/05, based on the hypotheses that responses to art tell us as much about the viewer and the context in which the art is viewed as they do about the artwork, I designed and delivered *Mind Where You Look* – a study which compared a hospital as a place for viewing art against the more traditional context of the gallery. The study explored what responses to art in a hospital environment tell us about that environment with the aim of informing an ethos for placing art in acute hospital that is sensitive to its context.

The study was delivered in partnership with Lime, the Manchester-based arts and health organisation. It was based on viewers' responses - revealed in questionnaires and focus group meetings – to an exhibition of fifteen artworks by thirteen contemporary artists. The exhibition was held in four sites in Fairfield General Hospital, Bury, and in Gallery Oldham, both of which are in Greater Manchester. The curatorship of a traditionally formatted exhibition as a basis for the study was significant as there is a danger that the practice – which led much of the arts and health work since *Paintings in Hospitals* was established in 1959 – will be neglected in the current climate of commissioning artworks for PFI and other new build developments. Hence there is a need to ensure that hospital curatorial practices include older hospitals to maximise the benefit of art in hospitals.

The *Mind Where You Look* exhibits were selected in accordance with a curatorial framework comprising two themes that emerged from arts and health literature. This literature contains some divergent positions around what kind of art is appropriate for hospitals.

Professor Roger Ulrichⁱ endorses images of smiles, grassy fields, blooms, foliage and verdant vegetation, which he claims are positive distractions across different cultures and personality types, and therefore suitable for hospitals. This contrasts with a claim by Linda Mossⁱⁱ that: 'The intention of using the arts in hospital is almost never to distract people. 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'.

Both positions prompted the first theme on the framework: 'Positive distractions versus art that reflects the viewer's experience'. The second theme that emerged from the reading was 'ambiguous versus unambiguous art'.

According to Coldⁱⁱⁱ: 'It [the artwork in hospital] should not always be totally finished, but provide something patients can add to; Whereas Ulrich says that: 'Only the unambiguously positive image seems therapeutic.

Although some of the research findings are specific to Fairfield General Hospital and Gallery Oldham, most stem from the variance in the basic ideologies of both contexts and the mindset of viewers within those contexts, and are therefore relevant to other hospitals and galleries.

RESEARCH FINDINGS

Here is a summary of some of the research findings and their implication in terms of the profile of art viewers and the nature of the art viewing experience in hospitals.

Given the comparatively low number of hospital respondents who were aged over sixty (4%) and the fact that at least half of the patients in the medical ward where part of the exhibition was installed were in this age group, the research suggests that older, bed-ridden patients were excluded from the research process by the gallery format of the exhibition. The research identified a need to customise the mediation of hospital-based artworks for this group.

Staff members, as opposed to none in the gallery, completed 42% of questionnaires in the hospital. The improbability of art in the hospital generated a high level of dialogue, particularly among hospital staff at the beginning of the exhibition, which in turn facilitated: 'Points of contact between the various strata of the hospital hierarchy and contributed to a sense of community whereby no viewer is an expert and every viewer is an expert'. (Grehan)^{iv}.

Of the hospital responses, 42% indicated that the viewer had not seen an exhibition for at least one year or more as compared to 4% in Gallery Oldham. Of this 42%, 9% had never visited an exhibition of art. Although there is no evidence that hospital viewers will progress to visiting galleries – thereby confining the art experience to the hospital context – this research demonstrates the potential of art in hospitals to engage new audiences.

If we view educational attainment as a social indicator, the demography of hospital respondents was more reflective of society at large, unlike the gallery context, where responses came primarily from those who had attended university. As a non-traditional art venue, the hospital was more accessible to a wider cross section of society and the process of exhibiting art in a hospital proved to be more democratic in this sense.

According to Csikszentmihalyi,^v the length of time available to the viewer for engaging with an artwork and the ability to control that time, is an important condition for the aesthetic experience. In a hospital, this time varies according to one's role in the institution and the time spent viewing an artwork can be determined by external conditions. For example, although the greatest number of hospital responses came from staff, they spent the least time looking at the artworks, probably due to the demands of their working schedule.

‘The act of entering a gallery suggests that the visitor has made a choice to view art and therefore brings with them a degree of openness and tolerance, albeit enforced tolerance’, writes O’Doherty^{vi}. However, when the audience does not elect to engage with art, as is often the case in a hospital, often ‘the work of art meets an uninformed and unwilling audience’ (Jacob)^{vii}. ‘Hospital viewers may act defensively if feeling that the artwork is imposed on them’, says Vale^{viii}. More hospital respondents encountered the artworks on an involuntary basis as opposed to the gallery, which can partly explain the greater level of negative responses from hospital viewers in terms of enjoyment and appropriateness than in the gallery context. Hence the need for consultation and considered mediation when curating in a hospital context to minimise the sense of art as imposition on the hospital population.

The research established a correlation between the pattern of enjoyment and appreciation expressed in response to the artworks and the pattern of responses regarding perceived appropriateness for the setting to the point that the notion of appropriateness may have been determined by personal preferences.

Some of the comments regarding inappropriateness reveal the viewers’ expectations of the art experience in a hospital context as well as their expectations about the context itself. For example, here are some comments from anonymous sources at Fairfield General Hospital: ‘This is an ANC (ante-natal clinic) – people should be happy!’ (Anon, 2005).

‘You shouldn’t put a painting of a pregnant lady who looks gloomy and sad. You should put something that’s inspiring especially to the expectant mother.’ (Anon 2005 staff, Fairfield General Hospital).

The research also provides evidence for the capacity of art to provide a positive distraction for patients. ‘I feel like I’m not here which is great.’ (Anon 2005 patient, Fairfield General Hospital).

‘Took the waiting out of the waiting room.’ (Anon 2005 patient, Fairfield General Hospital).



Free Radicals’ by Martin Nash, Fairfield General Hospital.

Although research subjects were prompted to respond to the artworks in emotive or cognitive terms, a broader range of terms emerged in the responses (see Figure 1). Responses about the appropriateness of the artwork for the setting and its diversional qualities were unique to the hospital context.

Although viewers in both the hospital and the gallery made associations between the artworks and their personal experiences and memories, associations made by hospital viewers were more inclined to be

based on the context in which they were viewed. For example, a hospital doctor (Anon, 2005) associated the abstract painting *'Free Radicals'* with MRSA.

Artworks which directly refer to the viewer's experience may attract their attention for their subject matter more than their aesthetic value. For example, some health professionals viewed *'Sign Stimuli'* as a means of communicating information about hand washing and in doing so, revealed a functionalist expectation of art. The same artwork generated relatively few gallery responses where the visual reference was less directly relevant.

Two of the artworks that generated most hospital questionnaires – *'Pregnant Self-Portrait, 1984'* and *'The Storyteller'* – produced strongly negatively emotional responses suggesting that people completed the questionnaires to voice their strong disapproval of these artworks.

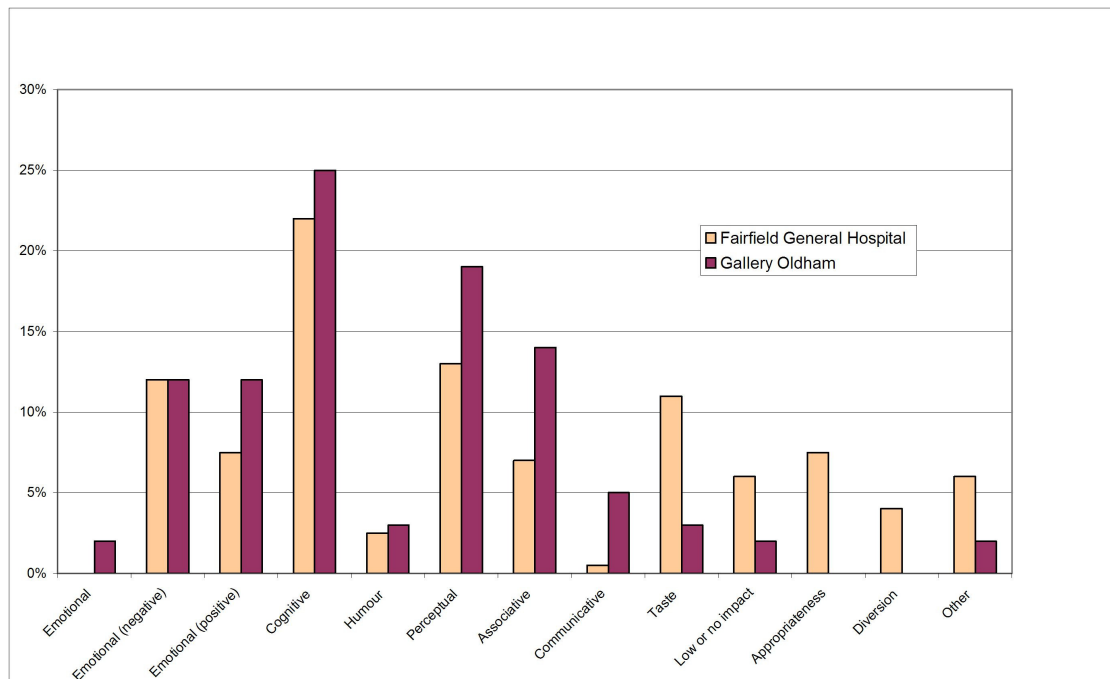


Figure 1: Analysis of viewers' responses to artwork(s)

Although the subject in *'Pregnant Self-Portrait, 1984'* mirrored the experience of many of its viewers in the ante-natal clinic, none of the hospital responses about the painting were associative or personalised in nature as opposed in Gallery Oldham. Most hospital viewers interpreted *'Pregnant Self-portrait, 1984'* as depressing which suggest viewers were projecting their own emotion on the painting (Ulrich, Cold³). In contrast, the painting generated feelings of empathy, happiness and personal associations in Gallery Oldham.

'Memories of waiting and waiting for my daughter to appear two weeks late. A long, long time ago.' (Anon 2005, Gallery Oldham).

'*The Storyteller*' is a particularly ambiguous image that most hospital viewers perceived as 'scary'. (Anon 2005, Fairfield General Hospital).

In contrast, the artwork engaged the imagination of gallery viewers. 'I feel like characters are expecting me the viewer to tell the story.' (Anon 2005, Gallery Oldham).



Left: '*Sign Stimuli*'
by Brigid Teehan

Below: Extract from
'*Sign Stimuli*'



Gallery viewers seemed to have more emotional distance from the artworks, which can be attributed to the voluntary nature of readership in a gallery and also to the fear, stress and anxiety associated with the hospital experience (Noble)^{ix}.

THE VIEWING CONTEXT

These research findings illustrate how responses to art are indicative of the viewer, the artwork and the context in which the art is read, and thus how context is a determinant in viewing art. Furthermore, artworks in the hospital, particularly controversial artworks, can create something greater than viewing experience by bringing pre-existing, plus often unstated attitudes and assumption into focus. They can expose the ideology of the institution and the fears and anxieties of patients that underpin the day-to-day interactions between patients, visitors and staff.

It could be argued that the artworks in the hospital have a greater visual impact because of their unexpected appearance in that context. The research shows how, despite emphasis by Csikszentmihalyi on 'the importance of eliminating distractions', viewers can engage in an aesthetic experience even in a busy hospital environment irrespective of their educational background and art viewing experience. The aesthetic experience was expressed by some hospital patients and visitors as a diversion from their current situation.



'The Storyteller' by John Hamilton

The hospital which challenged the curatorial process in a way the gallery did not, was a fertile and responsive context for placing art. Jacob suggests that 'non-art world venues' in which we can include hospitals, 'may be equally or more appropriate than museums as the setting for some of the most important artistic statements emerging from current mainstream thought'.^x

This research does not support a curatorial policy that prescribes the exhibition of certain types of artworks over others. It promotes curatorship in hospitals as a careful balancing act between presenting art that engages and stimulates the viewer and avoids provocation at a time when viewers may be emotionally vulnerable. Rather, the following recommendations arising from the research findings relate more to the process of curating art in hospitals than its content:

- Hospital curators¹ 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 artwork. The challenge is to maximise the benefits of art in hospital by selecting the right art for the right audience (Lelchuk Staricoff)^{xi}.
- 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 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, art acquisition and donations policies and patient-led initiatives whereby patients choose images for their space. It is preferable to involve a core group of staff and patient representatives in this consultation process over a sustained period of time so that decisions are informed by responses to artworks in different sites within the hospital and the related accumulative learning.

RELATING TO ART

Contextual art practice through, for example, residencies and participatory public art can facilitate relationships of trust between the artist and the audience, leading to support for the

¹ 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.

artwork in the long term. Art cannot, however, depend on these personal relationships alone to engage its audience. Each encounter between the viewer and the artwork represents a new relationship.

Considered mediation which can take the form of public talks, written statements and publication plays a role in motivating the viewer to engage with the artworks 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.



'Pregnant Self-portrait, 1984' by Ghislaine Howard

consistently applied in terms of framing, labeling 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

There is scope to develop innovative means of mediation that 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 that would be available to all patients or using hospital radio facilities to raise awareness of artworks in the hospital. Curators need to consult with staff on how to best 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

enhance spaces of quiet contemplation, even on a busy ward. They can be installed among hospital objects and this juxtaposition can be used to imply meaning. Where possible, dedicated spaces for art, where viewers can choose to engage on a voluntary basis, should be created in hospitals as an integral part of the art programme.

CONCLUSION

Mind Where You Look demonstrated the potential of artworks in hospital to evoke both positive and negative emotion, thoughts and associations among viewers. Hospital curators should therefore ensure that artworks are installed and mediated with care, responsibility and consideration for all aspects of the hospital context, while not undermining the creativity and innovation that is central to good curatorship.

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ⁱ Roger Ulrich, 'The Effects of Viewing Art on Medical Outcomes' in Turner Francesca & Peter Senior: *A powerful force for good- Culture, Health and the Arts – An Anthology*, Manchester Metropolitan University, 2000.

ⁱⁱ Linda Moss, *Art for Health's Sake*, 1987.

ⁱⁱⁱ Birgit Cold, 'Beauty: Ten Questions on Aesthetics, Well-being and Health' in Turner Francesca & Peter Senior: *A powerful force for good-Culture, Health and the Arts- An Anthology*, Manchester Metropolitan University, Manchester, UK, 2000.

^{iv} Mary Grehan, 'The Delivery of Art in a Maternity Hospital' cited in Lorna Davies: *The Art and Soul of Maternity*, Elsevier, Oxford, UK, 2006.

^v M Csikszentmihalyi & R E Robinson, *The Art of Seeing: An Interpretation of the Aesthetic Encounter*, 1990

^{vi} Brian O'Doherty, *Inside the White Cube: The Ideology of the Gallery Space*, 1999

^{vii} Mary Jane Jacob: 'An Unfashionable Audience' in Suzanne Lacy, *Mapping the Terrain*, 1995.

^{viii} Rob Vale, Interview, Lime arts and health organisation, 2005.

^{ix} Ann Noble, 'Needs of clients & patients in hospital buildings' in Haldane, Duncan and Susan Loppert: *The Arts in Health Care: Learning from Experience*, 1999.

^x Mary Jane Jacob: *An Unfashionable Audience* in Suzanne Lacy, *Mapping the Terrain*, 1995.

^{xi} Dr Rosalia Lelechuk Staricoff, Journal article, 'Are we doing enough?' in MAiLOUT, 2005