

Art and Health

Events in recent months have shone a spotlight on the NHS and hospital care in particular, but what of the place of art in these complex and diverse public spaces? Julia Porter-Pryce, a vicar in east London, talked to Catsou Roberts, Director of Vital Arts of the Barts Health NHS Trust, about delivering a visual arts programme for the wellbeing of patients, staff and the wider hospital community.



Lilah Fowler, *Lantern Forest*, 2019 (Whipps Cross Hospital)
Photo: Ollie Harrop

JPP: *In the previous issue of Art and Christianity (A&C no102), Susan Francis, writing about the conjunction of art, church and community, suggested that, although the relationship between art and religion has not always been a comfortable one, increasingly community engagement is a shared vision. She writes of ‘cash strapped councils looking to churches and arts organisations to provide the wellbeing that communities so desperately need. [...] With a focus on social prescribing as a panacea to the scourge of isolation and loneliness that ill health and modern life creates, the NHS has its eyes firmly focused on the potential of both organisations to fill the need at no expense to the health service itself.’ From your perspective as a curator for more than 30 years, working specifically within the healthcare environment for over a decade, would you say there has been a growing awareness of the relationship between art and wellbeing?*

CR: Absolutely. Even in the last few years, an accelerated ‘trend’ (dare I say it) that had been slowly accumulating has gathered pace. In fact, Vital Arts was established nearly 25 years ago in response to the Department of Health’s recognition of the role of creativity in the healing process. Barts, at the time, was ahead of the curve, seeing the benefits of art

in recovery. In July 2017, Parliament published a report on arts and health, which re-confirmed those findings after a two-year enquiry by the All-Party Parliamentary Group on Arts, Health and Wellbeing. It is seen by many as a milestone on the topic and widely quoted in the burgeoning Arts and Health ‘industry’. Now, there are an increasing number of studies demonstrating the positive effects of creative interaction on resilience, mental health and wellbeing, all of which can translate into shorter hospital stays, decreased use of analgesics, and ultimately, saving NHS resources.

JPP: *I am interested in your response to the quote from the Susan Francis article and wondered if there is some cynicism in referring to it as a ‘panacea’. There is obviously some progressive thinking around art and wellbeing and an underside of the argument: ‘They are only doing it because of x’. I have observed in church structures that art projects tend to happen when there is an individual or a small group of people who are passionate about something, resulting in projects happening in an ‘unprofessional’ way. But that doesn’t make the process any less creative or worthwhile, it just has its own problems.*

CR: Speaking of the church, community and social prescribing, the historic context provides a striking reminder of how in earlier civilisations there was a more organic connection between body and spirit, and the practice of everyday life. That history might inform the design of hospitals today. Hospitals are key civic spaces evolved from the Ancient Greek temple complex, and later monasteries, and they play a central role in community life. One can think of the healer god Asclepius and the healing process of induced sleep known as *enkoimesis*. Like town halls, libraries, state museums and universities – as well as places of worship – hospitals were notionally designed to serve and welcome the community and should signal as much with uplifting, generously presented public areas.

To complement the architecture of hospitals, art strategies are now included as standard practice in most hospitals. Frequently seen as an important component of compassionate care, it is, fortunately, becoming increasingly more professionalised. Arts and Health is now recognised as a specialised field requiring curatorial experience, an extensive knowledge of art and its histories, and an intense engagement with contemporary culture. (It is no longer appropriate for artworks to be selected by arbitrary staff members or volunteers.) The artwork that a hospital displays is a reflection of its values, its accomplishments, and how it wants to present itself. It behoves an NHS Trust, delivering state-of-the-art healthcare – and which sees itself as ‘world class’ – to display museum-quality artwork if the in-house expertise is there to enable it.

JPP: *You currently work in a hospital that has three towers, the highest of which has 14 floors with 675 beds, 10 wards and 26 operating theatres, and that is just one of five hospitals you work with. Many would expect them to be sterile or scary: clinical rooms, endless corridors. I am interested in how you select the artists, what kind of experience and approaches you are looking for. In short, how do you go about transforming these places into such beautifully vibrant and consoling areas?*

CR: Commissioning site-specific, patient-responsive and context-sensitive work is key. We work in terms of art strategies for each hospital, and then strategies for individual services within the hospitals. The process always begins by meeting with the clinical teams running the particular ward, or unit, where art is to be commissioned. As well as looking at the physical space, we learn from our clinical colleagues about the patients using the service: demographics, frequency of visits, accompanying family. We learn about the conditions being treated and possible diagnoses. We try to imagine the likely emotional states experienced in the space, in order to get a sense of how an artwork might function and how it might be received. We look at the area holistically and consider the patient journey: from first impressions crossing the threshold, through to reception, waiting and treatment areas, to discharge and exit. We determine the practical possibilities of how an artwork can best be integrated into the space, and we develop an approach, while at the same time reeling through a list of over a thousand artists on our radar.

JPP: *So then you move from the space to the practitioner?*

CR: Right. So, then I’ll flip through my mental ‘Rolodex’ of artists, which is constantly expanding through an active involvement with contemporary art. Once I have an idea of how the art might take form, I then try to imagine whose practice might address the issues presented by the project, and who could respond to the strategy we are putting in place. Often we go back to more research, further extending our knowledge of practitioners. We’ll be looking for artists

based in, or connected to the UK, so they have an appreciation for the NHS (but trying to avoid artists who have previously made work within other hospitals). We have commissioned hundreds of projects in recent years, and tend to work on several simultaneously, so that Rolodex has to keep whirring and expanding.

Once we identify artists, develop a brief, and secure their interest, the hard work begins of commissioning new work. Bringing art into existence, enabling creativity, and contributing to culture is such a privilege! (And a responsibility.) Because of the particular nature of commissioning within a hospital context, the outcome is often unexpected and the experience will often push and extend the artist’s practice.

JPP: *One recent commission, which seems particularly poignant at this time, is the new Bereavement Suite at Whipps Cross Hospital designed by Julia Vogl. I love the way she has compressed cultural and natural histories from the surrounding area into her designs. The care comes through in the detail.*

CR: Whipps Cross is a Victorian building with many areas in need of upgrading. When the Trust decided to create a Bereavement Suite we invited the artist, Julia Vogl, who is known for her socially engaged practice. Working with the Clerical Team, the Head of Bereavement and the architect, the artist was inspired by Islamic patterns but also looked to William Morris – whose childhood home is located near the hospital – and his love of patterns from nature. She thought about the trees around the hospital. Her commission is based on leaf forms and features an illuminated window box (carved out from a redundant window), wall hangings and soft furnishings to create meditative spaces for grieving families.

JPP: *And property bags!*

CR: Yes. We extended motifs from her work to the production of property bags. These bags enable relatives to collect the personal effects removed from their departed loved one in a thoughtfully designed hold-all, rather than the indifferent sacks previously employed. I like the idea of the artwork walking out of Whipps Cross and into people’s homes.

JPP: *How are the commissions funded?*

CR: All our projects are charitably funded. We do not have a budget for art from the Trust, so we fundraise for each individual project unless there is the occasional allocation of 1% for ‘enhancements’ on new construction. We apply for funding from a variety of sources once we have an outline of the selected project and usually we are successful. Sadly, there are some projects we have had to drop because of a lack of funding, such as a wonderful ceramic installation for children in an Imaging Department.

JPP: *I was struck, when going through cultural policy documents over the last ten years, by how faith and religious practice have crept into broad definitions of culture, and allusions to the significance of faith in relation to the subject of wellbeing. How does your work play out in a multi-faith, multi-cultural setting?*

CR: We are in one of the most diverse cities in the world and our east London hospitals are at the heart of multi-cultural neighbourhoods. Each project is responsive to the context, and artists are acutely aware of cultural sensitivities and how the work might be received. That is why a project for a Dementia Ward, for example, will of course be completely different than that for the Sexual Health Clinic. In fact, I don’t know if I would be doing this work – if I would have stayed in this job – if our hospitals were not in east London serving some of the most disadvantaged communities in the UK. It is definitely not glamorous but I am driven by the belief that a chance encounter with a meaningful



artwork at one of our hospitals can change a mood, touch a heart, open a mind.

JPP: *One of the things I find most exciting about what you do is that you work with non-gallery spaces, and I love the comment that you make about hospitals providing art 24/7; unlike traditional museums and galleries there are no openings and closings. Are there any spaces with a similar footfall, transport hubs maybe?*

CR: That is a good example, but what differs with a transport hub is that people are, obviously, in transit, and likely to be rushing, viewing the work in motion, so there is physical and psychological consistency across all that 'audience'. Also, it will be the same pool of commuters daily traversing the hub – so there is a predictability about public art across all transport hubs. Whereas we need to address, and find solutions for, multiple viewer experiences: wheeled into theatres, pacing the corridors, contained in an isolation room for weeks on end. The parameters are always different for each project, so each commission is a new challenge.

JPP: *I am also struck by the positions that people view the art in. Normally we are standing on two feet or sitting on a bench, but in a hospital you are in many different postures.*

CR: We always think about the physicality of our 'audience': crumpled on a chair in a counselling room, sitting in a waiting area, supine under a scanner, and so on. We try to anticipate how any art might cross their visual field.

JPP: *Can you tell us a little more about how things work in a participatory way?*

CR: What we call the Patient Participation Programme is a huge part of what we do. At its core is dance, music, performance, literature and creative workshops that we bring to patients, providing opportunities for creative engagement. Working collaboratively with our clinical colleagues, these projects aim at supporting medical goals.

A new partnership with Studio Wayne McGregor, for example, entails a series of dance workshops with older patients to improve strength and mobility and help develop spatial awareness which is pivotal to fall prevention. It is the Studio's first engagement with a hospital so it was very exciting to forge the project with them.

JPP: *The Covid-19 pandemic has given rise to restricted funerals, and we now have the huge issue of how to mark death and manage bereavement without the option of traditional end of life ceremonies. The way in which people have died and the separation that people have experienced is so traumatic, I think it is going to have a significant impact on bereavement.*

CR: From a curatorial perspective I would be interested in thinking about how artists will respond to this unprecedented wave of death, the hardship and lasting impact. I've



Julia Vogl Bereavement Suite and property bag, 2017

been speaking to quite a few artists who are already thinking around this topic.

I'm looking into the possibility of commissioning audio art that could be played by our radio stations. We recently introduced animated images that interrupt the standard messaging on the monitors dominant in many a waiting area – and I hope to take this further by curating a programme of moving images. We are working on a cookbook with renal-friendly recipes. A few years ago an artist complemented his installation with perfume developed from the wild flowers growing around the hospital. There is an inkling of an idea involving apiaries and artist-designed honey jars. I'm also keen on developing a project that entails a 'lending library' of portable artworks for one of our palliative care units, by which patients and/or family would have a selection of ready-to-hang works – which could be changed daily – during their final weeks of life.

JPP: *If you could prescribe one thing to improve the nation's wellbeing in 2020, what would it be?*

CR: I know that so many have suffered, but for others this suspension of time has enabled a re-calibration, an opening into a hidden fold in time. I think most of us would benefit if we could keep sight of this reset opportunity. Take stock, take time for reflection and create calm whenever and wherever possible. Listen to, and savour, the quiet – within and without.

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All works commissioned by Vital Arts can be viewed at www.vitalarts.org.uk.