



Key points

- › Art, whether installation- or performance-based, can have a demonstrably positive impact on hospital patients and staff.
- › Funding is available from external sources to mitigate the cost of hospital-based arts schemes.
- › Site-specific projects often have a greater impact than off-the-shelf artwork.



The art of health

Educational aims

- › To explain the potential benefits to patients of hospital arts programmes.
- › To provide pointers on how to set up such a programme.

Summary

The arts matter because they are universal; because they are nonmaterial; because they deal with daily experience in a transforming way; because they question the way we look at the world; and because they offer different explanations of that world... "A nation without arts would be a nation that had stopped talking to itself, stopped dreaming, and had lost interest in the past and lacked curiosity about the future" [1]. The point of art in healthcare is the same as the point of art anywhere. Creativity is something necessary and automatic, and something which becomes all the more important where people find themselves under pressure, or struggling to communicate.

"Arts in health" covers a huge spectrum of activity: participatory workshops, exhibitions, performances, site-specific commissions and the art therapies. Every medium can be and has been explored: visual, plastic and sonic arts, music, dance, drama and literature.

Connected to this breadth of activity is a renewed interest in the conjunction between art and medical science. The skills of artists are being given the endorsement of science *via* medical training – two US studies, among others, have indicated that training in the visual arts improves medical students' diagnostic skills [2, 3]. The focus of this article, however, is the use of arts in healthcare environments.

As in recent years the arts have sought to move beyond the gallery, theatre and concert hall, so the practice of arts in health has grown and developed. A long history of voluntary work by interested clinicians, nurses, estates officers, or hospital charities has created a new generation of professional, trained arts officers, fully aware of the opportunities for innovation in this young field.

In April 2007, a prospectus on best practice and research, showing that "the arts can, and do, make a major contribution to key health and wider community issues", was published by Arts Council England and the UK Dept of Health [4]. This document is the first governmental acknowledgement of the potential impact of the arts in healthcare, and a giant step in terms of giving confidence to individual healthcare funding bodies considering investing in the arts. This step is a vital one, seen in the light of a survey of acute hospitals completed in January 2007 [5], which points to an "insecurity" within this sector. Art in hospitals has commonly relied on the enthusiasm of individuals who must generate all their own funds and try single-handedly to change the culture of large institutions. Hospitals, under pressure to spend wisely, in the face of negative and misinformed media coverage of the arts, have sometimes lost interest in supporting programmes, and the hard work of one individual becomes a legacy of paintings gathering dust and a fast-fading echo of musicians in hallways.

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Main image: Artist Damijan Kracina worked with children at the Ljubljana Paediatric Hospital, Slovenia, to create a 'coral reef'.
Photograph: Urška Boljkovac



University Medical Center
Groningen, The Netherlands.
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And yet the arguments *against* the arts in health can be summed up in one sentence: why should health authorities spend on art when hospitals need so much else?

As it happens, many funding bodies rarely do spend on art. Arts programmes and the people who run them are almost universally funded by external charitable bodies. The percent-for-art scheme, recommended for all UK public buildings by the Arts Council in 2000, and familiar to civic centres in North America and much of Europe, is beginning to take a foothold but even this funding is often negligible, restricted to capital work, and mainly used to pump-prime for further external money. The reality is that the arts

often bring new funds in to hospitals – monies restricted to cultural activities which can now be spent on improving patients' experiences.

The downside of this charitable status is a feeling that arts activity is often precariously placed. But much good work does get done. According to the London Arts in Health Forum, for instance, the situation is "positive... making the most of limited resources, overcoming the physical limitations of the spaces... and facilitating a wide range of innovative work".

At the author's institution, the Royal Brompton and Harefield (a specialist cardiothoracic Trust based in South-west and North-west London, UK) the focus has primarily been on two elements: creative projects undertaken with people who spend time in the National Health Service, and integrating the arts to improve the environment of care.

rb&hArts was launched with a rolling exhibition programme in January 2002. It ran for the first year on a trial basis, for even in a place where research and innovation are intrinsic to the culture, the arts will naturally encounter scepticism where clinical evidence and finance jointly hold the reins. The arts committee, brought together by the director of operations and chaired by a senior respiratory physician, was a vital step in overcoming this scepticism, and the reach of the programme has slowly extended from the hospitals' public spaces to the more intense environments of treatment areas.

The arts in health in Europe

Some of the following is drawn from a lecture by S. Francis at Learning from Europe, an Architects for Health conference (April 2004) [9]. Further information can be found at www.architectsforhealth.com.

Rikshospital, Oslo, Norway (www.rikshospitalet.no)

"Represents the largest public art collection in Norway outside museum collections. The principal aim is for art to be a source of enriching one's perception of life. But the art is not presented in isolation, as it is in museums. Instead it is incorporated into a larger context. It is to function in an architectural environment based on the hospital's needs, and as a part of the surroundings around the daily life and operation of the hospital..

"The idea of the humanistic hospital is a fundamental concept behind the architectural design, and has also been guiding for the artistic decoration." [10]

Excerpt from "Rikets kunst: a guide to the decoration at the new National Hospital", Forlaget Geelmuyden Kiese, 2000, by art historian Toril Maria Smit

University Medical Centre Groningen, The Netherlands (www.umcg.nl)

Artworks are located throughout this innovative hospital.

Alder Hey Children's Hospital, Liverpool, UK (www.alderhey.org.uk)

The artist Chris Watson has recently created a sound installation in this hospital, featuring recordings of early-morning birdsong from neighbouring Springfield Park. The recording can be heard at www.chriswatson.net/mp3s/Wilddawn.mp3

Bollnas Hospital Sweden (www.bollnashospital.com)

Several organisations, among them Art dans la Cité (www.artdanslacite.asso.fr) and Architecture in Health (www.architectureinhealth.nl) work to encourage the use of art in healthcare environments across Europe.

The initial focus was the acquisition of loans and donations of visual art. Aiming to make a big impact with limited funds, rb&hArts tried to alter people's first impressions of the two hospitals – something that profoundly affects perceptions of the care they are about to receive [6]. It was a chance to attract artists to the project with the promise of a huge, diverse audience, and to establish that the arts could make a positive difference to the working environment.

From the start, the project worked closely with the Estates team to avoid the tradition of (sometimes literally) plastering over cracks with a picture; designs were developed for the existing refurbishment programmes, which by changing a paint colour or moving a light might make the most of the artwork. After 5 years, this aspect of the project has now developed into a percent-for-art scheme that allows the scheme to work with rebuilds and refurbishments at a far earlier stage, creating site-specific commissions where possible.

It is this kind of early planning that created the award-winning work in St Bartholomew's Breast Care Centre, East London (figure 1).

Site-specific work always stands a better chance of making an impact in the space it is designed for. Every hospital is different, and the arts should respond to that difference. Wards and treatment areas, encumbered with machinery and with very little wall space, do not lend themselves to ready-made two-dimensional art. Successful installations need to change the "feel" of the entire space, rather than just one wall.

This approach informed the Nature Window in Harefield Hospital's cardiac theatres suite, created for an area where pre-operative patients wait for some minutes before being wheeled into theatres (figures 2 and 3). Having left their families at the theatre doors, and been handed over to unknown theatre staff, it is a space where, gowned and primed, they face the terrifying prospect of major surgery. The aim was to supplement pre-medication with art and relax patients before procedures – this reduction of



Figure 1
Check, Double Check by D.J. Simson at the Breast Care Centre, St Bartholomew's Hospital, London, UK.



Figure 2 & 3
The Nature Window by AllofUs, Harefield Hospital, London, UK.

anxiety is both valuable in itself and is also likely to speed recovery.

Created by innovative young company AllofUs, the work covers four walls, a landscape of wooden panels based on the hospital's own rural environment wrapped around the interior. The landscape is centred on a lake, a projected image, which patients can manipulate from their beds by remote control.

The work has been incredibly successful; staff report its popularity and patients have been known to fall asleep before major surgery. Not, perhaps, what all artists would want, but this is where the definition of art becomes hazy – it is perhaps simpler to describe it as a beautiful and highly original piece of design, used to create a particular response.

This is perhaps a kind of manipulation, but in fact the interactive element allows a rare moment of control to a patient who has ceded everything else to medical care.

This regaining of control has been a major factor in the success of another key project: Transplant (see box).

The participants in Transplant indicated that they enjoyed "the different perspectives that I wouldn't think about myself" – and for the author this sums up what the arts in hospital are for: changing perspective. Whether this is an exhibition in a coffee shop which "sent me up to the ward in an optimistic mood each day", or live music: "It was amazing to watch the faces of the children and their parents... their faces just lit up and the children became animated and were

Transplant

Photographer Tim Wainwright approached rb&hArts 2 years ago after a successful residency at The Royal Marsden Hospital – a specialist cancer care unit in South-west London – culminating in an exhibition and book called *We Are All the Same*. His photographs of patients demonstrated their own control of the process – they are deeply moving, but completely lack the voyeurism and pity that can haunt pictures of those we think of as separated from ourselves by suffering.

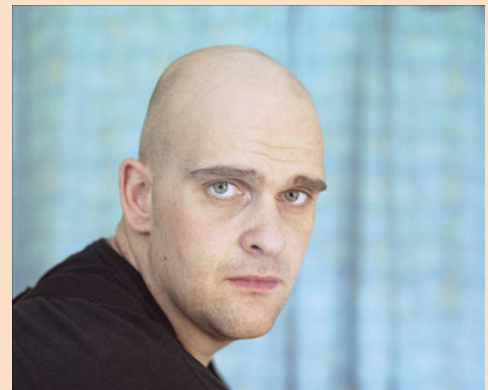
Wainwright was joined by sound artist John Wynne to develop *Transplant* as a project to understand the process and implications of heart and lung transplantation, by recording those who have experienced it, as patients or relatives or members of staff.

rb&hArts' own path to more complex work was mirrored by the process undergone by these two artists. Working with what one staff member recently described as "patients *in extremis*" meant a long process of building a project that would make sure patients were comfortable with the idea of two artists recording their experiences at such a traumatic time. The artists worked with a committee of patients and staff, and submitted plans to the clinical practice committee, the ethics committee and the trust's management committee before agreeing a complex contract signed by the chief executive and an audit at 8 weeks that would determine whether they could continue.

They began by recording the periphery of treatment – images and sounds from the hospital grounds and corridors – graduating to work with outpatients, and finally developing relationships with in-patients. Successfully introducing artists to the ward depended greatly on the generous approach of the artists, who were willing to be quizzed and instructed and to allow a balance to be found between the integrity of their work and the needs of the hospital. But it was still a leap of faith for the hospital to allow such open access to its patients, and one which depended on the strength of the relationships rb&hArts had built up over 4 years.

Wainwright and Wynne finally worked closely with about 50 patients and relatives and 20 members of staff, although during a year of visits once or twice a week they were involved with many more people, and became part of the fabric of the ward.

Two representative quotes from those involved were: "I was only too glad to have taken part. As a recipient myself I feel it is a subject that cannot be publicised enough"; and "A good opportunity to reflect on what happened and the effect on my family." There is a Web diary of the year at www.thetransplantlog.com



Figures 4 & 5
Janette's Wash Bag and Michael by Tim Wainwright – part of 'Transplant'

The value of the arts in this instance was in their capacity to allow people the chance to talk to "interesting intelligent people who were independent of you both in terms of medical care but also in emotional commitment... very helpful in the life/death process of the time. You can say things (and need to) that can't be said to 'connected parties'."

asking questions where moments before they had been withdrawn and uncommunicative. If I had not seen this response myself, I would have found it hard to believe."

The performing arts are a vital component of hospital arts. Many people are either in-patients for significant periods, or return again and again to the hospitals throughout their lives. Music

deals very effectively with the debilitating boredom that takes over during long periods of time in hospital – John Tusa's country that "lacked curiosity about the future" [1] can be read in hospital terms as a depression that impedes recovery. A recent research project in Ohio, USA indicated that music could not only combat depression, but also reduce pain levels in patients with arthritis



and back problems by a fifth [7]. The "live" element is also crucial – its benefits are more significant than recorded music [8] – and the difference between a CD player and a live performer implies a difference in the level of care we provide for our patients. Of course not all music is appropriate, and not all areas are suitable, but rb&hArts now holds regular performances of jazz, blues, world, classical and folk, in every ward.

A harp residency is planned for 2008 in Harefield's intensive care unit, at the request of staff who noticed the effect on the conscious patients, deprived of any sensory experience beyond the constant beeps and buzzes of the unit. Music provides a much-needed release from the effects of sleeplessness and constant light and noise, and relieves the ever-present anxiety of relatives.

A new project called Singing for Breathing is now attempting to make active use of music to improve the lives of respiratory patients. In a pilot project earlier this year a singing teacher held two workshops a week – evaluation indicated a hugely positive response in terms both of enjoyment and increased confidence in breathing: "Although aware of how to breathe properly, [this is] very rarely put into practice... this workshop [gave] the opportunity to breathe naturally and put all this into practice in a fun way." Research is now planned into a year-long series of singing courses with COPD patients, to establish the impact on quality of life and breathing control.

Why should underfunded health services pay for arts projects?

The arts in health have always tried to embrace the rules and language of science, attempting to analyse the presence of art in the same way that we analyse the presence of analgesics, for instance. The results are consistently strong – an Arts Council-commissioned review of medical literature [8], available online, set out the bulk of studies up to 2004 and since then the volume and pace of work has grown considerably. Reviewing 385 published references, its conclusion noted the crucial role of the arts and humanities in:

- inducing positive physiological and psychological changes in clinical outcomes;
- reducing drug consumption;
- shortening length of stay in hospital;
- increasing job satisfaction;
- promoting better doctor-patient relationships;
- improving mental healthcare; and
- developing health practitioners' empathy across gender and cultural diversity.

What type of art?

In the 1980s and 1990s a few studies stretched to the dubious practice of comparing certain "types" of art against each other, with the inevitable result that Mozart was found to be

Figures 6
The Groanbox Boys in Royal Brompton Hospital, London, UK.

University Medical Center Groningen, The Netherlands.
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Rikshospitalet, Oslo, Norway.

Tips for starting your own arts programme

- > Get the support of senior members of staff in your organisation – preferably including at least one member of the governing board - and pull together a committee from across the organisation – nurses, doctors, allied health professionals, managers. It should include members of the team that manages your buildings and their upkeep, your communications team and your fundraising team if you have one.
- > Get advice from an expert - talk to someone who has set up a similar project.
- > Employ an arts manager. The most successful projects are those run by a dedicated employee or team, not volunteers with limited spare time and experience.
- > Use your committee to obtain a commitment for your core funding (salaries, office costs), and some idea of a likely project budget for the first two years.
- > Start small... and evaluate everything to gather evidence to support expansion.
- > ...but think big! The arts can make a huge difference to your organisation – be prepared to think laterally about the spaces you work in and make sure that the project creates a space for people to use their imaginations.
- > Give it time. Every hospital is different, so the arts programme will develop and become more successful as it embeds itself in the culture.

Further arts in health publications are listed on www.publicartonline.org.uk/publications/healthcare.html

preferable to Shostakovich, and photographs to abstract art. While there is an element of truth to the idea that certain art forms are more "stressful" to experience than others, it is dangerous to install art on the basis that it will be inoffensive to everyone – this kind of panacea, like a Monet print, is as ineffective as wallpaper.

A transplant patient recently told the author that he began his time in hospital with pictures of sloping lawns and sunsets but found after a short time that he needed to see something dramatic and challenging – in a state of trauma the peaceful images were simply alienating. Similarly, checking with patients about a picture that might be considered too "dark" elicited the following response: "Put it up – at least someone knows how we feel."

Creating work that performs a function in healthcare does not need to invalidate it as art. A way can and must be found to make a space comfortable and cheerful, while still integrating arts that people can get their teeth into – things that do not deny the fact that illness is difficult, but which perhaps demonstrate – like the results of Transplant – that patients are not alone.

This is the ongoing challenge of work in hos-

pitals. From an artistic perspective, there is every reason to doubt some of the early choices that were made. Every hospital in Europe has a series of fading impressionist prints that imply exactly the institutionalisation the arts seek to eradicate. But this is a very different approach to that which now guides the arts in health – and it is now the job of arts managers to challenge both the prejudices of the art world against the "new age spirituality" still associated with hospital art, and the diminished expectations healthcare providers have of their environment.

If the arts liberate us from the confines of the *status quo*, then art in healthcare liberates us by questioning what we assume about hospitals – that they must be stark, devoid of personality: places where individuality defers to the rigours of clinical behaviour. The arts must challenge our assumptions, it is true, but this challenge can be something moving, uplifting, even humorous – at their best the arts take us out of our day-to-day concerns, and our sickness – and remind us of what lies beyond.

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References

1. Tusa J. *Art Matters*. London, Methuen, 2000.
2. Dolev JC, Friedlaender LK, Braverman IM. Use of fine art to enhance visual diagnostic skills. *JAMA* 2001; 286: 1020-1021.
3. Reilly JM, Ring J, Duke L. Visual thinking strategies: a new role for art in medical education. *Fam Med* 2005; 37: 250-252.
4. *A Prospectus for Arts and Health*. London, Department of Health/Arts Council England, April 2007.
5. *London Hospitals: the use of the arts in acute Trusts*. London, London Arts in Health Forum, 2007.
6. Waller S, Finn H. *Enhancing the Healing Environment: a guide for NHS Trusts*. London, King's Fund, 2004.
7. Siedliecki SL, Good M. Effect of music on power, pain, depression and disability. *J Adv Nurs* 2006; 54: 553-562.
8. Staricoff R. *Arts in health: a review of the medical literature*. Research Report 36. London, Arts Council England, 2004. Available at: www.artscouncil.org.uk/publications/publication_detail.php?browse=title&id=405&page=3. Date last accessed: October 3, 2007.
9. Francis S. *Learning from Europe. Lessons and Opportunities: Who Needs to Learn What from Whom*. London, Architects for Health, 2004. Available at: <http://www.architectsforhealth.com/library/event-29april2004-f.html>. Date last accessed: October 8, 2007.
10. Smit TM. *Rikets Kunst: a guide to the decoration at the new National Hospital*. Oslo, Forlaget Geelmuyden Kiese, 2000.