SUMMARY

By artist Marie Brett

THROUGH ART WE CARE

Symposium

Royal Museums of Fine Arts of Belgium, Brussels

28 February 2019

Contents

Joost Vander Auwera: Senior Curator, Royal Museums of Fine Arts of Belgium.
Welcome and introduction to the Symposium, the Museum's work and thinking about art, care and health. Suggested theme: Curators care for 'fragile objects'. There are identified risk parallels between 'caring for people' and 'caring for fragile objects'. What happens if we think about the Museum's objects as ill children who need to be cared for and attended to 24/7? What are the boundaries between health, care and art?"

Wouter Bouchez. Artist / Curator: Welcome and outline of the programme for the day ahead.

Professor Norma Daykin. University of Tampere, Finland, University of Winchester, UK.
"Developing the Field of Arts, Health and Wellbeing. Reflections on research, policy and practice".

General overview of the international field and discourse of art and care.

Intro.: Europe has a long history of harnessing the arts in healthcare. There is a growing interest in the connections between the arts, health and wellbeing. The emergent arts and health field offers solutions and challenges. The need for a critical research agenda. How can we move forward with research agendas within the emergent field of arts and health, in a more interdisciplinary way? There is growing interest for this.

Theoretical Framework

Health A social basis of health improvement. Practice brings solutions to enduring problems - Of, for example, aging populations, long-term illnesses [dementia, cancer], people living longer lives but not necessary healthier ones? Art is currently seen as offering a low cost and effective solution to addressing some of these societal issues/problems. Art also brings empathy.

Art Legacy of romanticism, elitism and the construction of risk, impact of commercialism and commodification.

The Scope of Research and Evidence

Targeted interventions for health. Arts on prescription / social prescribing. Arts in healthcare technology. Arts in public health, education and promotion. Broader arts and cultural engagement. Creative healthcare. Arts therapies

Policy Overview of arts, health and wellbeing

What are the Underlying Power Relationships between the Arts and Medicine?
Research so far shows that methods reflect established critical frameworks with underlying power relationships between the arts and medicine. There is a desire to evaluate these relationships and to produce evidence.

Health and Art as Social Constructs
Societal contexts have a large impact on health. Public health research reveals that people's health improvements e.g.: hygiene, diet, and housing, all result in more positive improvements than solely the use of technology and medicine.

Mind and Body as Separate?
Where does holistic care fit in? Where does art fit in? Medicine can do harm as well as good [Illich, 1974]

Constructed Artistic Identity

Art was historically and still is aligned with ideas of a 'constructed artistic identity'. Elitism. *"Suffer for your art"*. To be born with an artistic creativity. [Williams, 2001. Boyce-Tillman 2000, Daykin 2005].

Artists Being Open to Expressing Vulnerability

A Wellbeing Agenda

Artistic identity ideas may not chime with 'wellbeing' agendas. E.g. - artist musicians who worked with young people with the intention/aim of sharing artistic skills to bring about broader social benefit. The work was presented as part of 'ordinary daily practice'. It was achievable. Similarly, prison staff had a different idea of associating art with an identified 'fame' X factor success story. [Not every day]. Issues of commodification, fame, commercialisation.

Questions

Are the arts always good? Can the arts do harm? What are the risk[s] of the arts?
It is important to allow new research to address some of these aspects of practising the arts.

Targeted Interventions

Dance supporting falls prevention. Visual arts supporting good mental health. Music and its positive relation to dementia. Music on hospital wards to support a decrease in prescription drug use. Music and the military.

What Supports Targeted Interventions?

Social prescribing policy [creative activity or sport as an alternative to medicine].
Arts and cultural engagement. Outside healthcare environments, e.g.: community spaces/ museums. There are some current research findings on such initiatives aiding mortality rates. Arts and humanities: Using arts to educate healthcare professionals.
Health promotion and arts in public health. Therapies - formally constituted health professions for healing purpose.

Research Findings and Outcomes

The positive effects of arts and culture on health and wellbeing throughout life.
Physiological, psychological and social pathways. Research challenges: focus on benefits with relatively little attention to risks, unintended outcomes and negative experiences. Wellbeing inequalities. Role of qualitative research.

Opportunities and Challenges

Rising health and care needs and diminishing resources. Healthcare funding models.
Public health approaches [Arts Council England is now looking at how to measure artistic quality]. Top-down versus grassroots approach. The arts and the health sector - fragmentation, scale, capacity issues. Healthcare hierarchies and artistic voices. Arts policy and notions of artistic quality.

Arts and Health as a Social Movement *reference to Clive Parkinson's blog*

Social movements [SM] are networks engaged in sustained engagement based on shared identities and a desire for change. [Tilly & Wood 2013, Wang + 2018].
Health social movements have played a role since the industrial revolution /Brown & Zavestoski, 2004].
Current policy focus is on harnessing energy of social movements for health [Burbidge 2017, del Castillo + 2016, Arnold + 2018]. Theory and research challenges: SM assert the need for public

participation in research and decision making. Political and moral problems: virtually impossible to answer scientifically. Research and evidence do not exist in a vacuum but are powered by social relationships and interests. SM theory raises questions of the role of researchers in arts, health and wellbeing.

Boundary Work and Boundary Objects

Social movement activists engage in boundary work to disrupt hierarchies and divisions [Gieryn 1983]. Boundary objects can be tools and symbols, including art works and performances, to create affinities and encourage shared insight. In medical humanities: for knowledge translation and reflection on medicine. Lay people engaging with scientists. Can boundary work objects empower artists and service users? And thus arts and healthcare practice?

Conclusions

A substantial and growing evidence base supports arts and wellbeing from cradle to grave. Research has been focused on evaluation and evidence rather than on the socio-political context. Alternative theoretical frameworks linked with social movement theory may help to understand the scope, impact and future development of arts in health and wellbeing. Suggests alternative arts and health frameworks linked to social movement theory.

Professor Norma Daykin

Norma Daykin is a social scientist with an extensive track record of research and evaluation in the field of arts, health and wellbeing. She is Professor in the Institute of New Social Research at the University of Tampere, Finland, visiting Professor at the University of Winchester, UK, and Professor Emerita, Arts in Health at the University of the West of England, UK. Professor Daykin's research has examined the role of music and arts across the life span and in many settings, including health, social care, education, justice and the military. She is currently a co-researcher on the ESRC funded 'What Works for Wellbeing: Arts/Culture and Sport/Activity Evidence Review' [www.whatworkswellbeing.org]. Professor Daykin has twice received the Royal Society of Public Health's award for innovative and significant contributions to arts and health research and was a founding editor of Arts & Health: An international journal for research, policy and practice published by Taylor & Francis. Norma is also a musician whose work is informed by her experience of leading community music projects. Hence her work extends beyond research to policy and practice development. She has coproduced the ESRC funded 'Creative and Credible' project, is the author of Public Health England's Arts and Health Evaluation Framework and has served as an advisor to the UK All - Party Parliamentary Inquiry into Arts, Health and Wellbeing.

Julie Rodeyns. Curator / mediator / researcher. Vrije Universiteit Brussel.
"The relational in art. Explanations and arguments in favour of the importance of a deeper dialogue between art/artist and the patient as equals"

IN/FINITY [project]

Founded IN/FINITY in the role of curator/mediator with Wouter Bouchez, 2016-19. Conceived at a Palliative Care Centre TOPAZ [Wemmel, Brussels] wishing to invite artists in to work with "guests" [patients] who were day-care guests, so outpatients, with serious, progressive and incurable diseases. Multi-faceted vulnerability. Differing nationalities, languages, ages, cultural backgrounds and conditions. 10 artists.

Encounter Art

Each invited artist had interest in rationality [or encounter art], human encounters [not necessarily a workshop leading up to an end product].

Aesthetics of the Co-constructed Situation

Boldly co-present in time and space / thinking, feeling and acting subjects. Everyone present in the here and now, cannot fully plan or control, allows for the unforeseen and the unpredictable, co-dependence and shared responsibility. 'Act in life as in performance' [Fischer-Lichte 2008].

Oscillating Spheres

Interplay between artistic [academic], political, social and ethical spheres. A liminal situation: instability, unpredictability, risk of failure, chance of transformation. Install new standards of behaviour [as a collective learning process].

The Relational in Art

Explanation / argument in favour of the importance of a deeper dialogue between art/artist and the patient as equals.

Agency and Autonomy

It could be assumed that guests are lacking autonomy, unable to make their own decisions and have difficulty protecting their own independence [it was in fact found that this was not the case]. Artist /researchers are vulnerable too - unpredictable and liminal space, patients as 'liminal actors', illness and messy reality, emotional effect. Competing values and moral obligations? Participant as co-creator. Artist / researchers role and conflict? How to professionalise this work?

Be More than An Artist

Julie moved from being a curator/mediator to being a researcher. She got involved in field-work, observed, participated, had conversations [formal/informal]. She was struck that the artists said 'you have to be more than an artist'. Implications?

Challenges to How Artists Usually Work

Assumptions of work process, philosophy. Can approach participants [guests] as co-creators. Can enter into metaphorical language, does not have to be self-revealing.

Challenges / Assumptions

Participant as 'other', participant interest in the 'artist/person' rather than the art/research. Too rigid a structure.

Vulnerability of The Artist

The hospice as a liminal space [rules change, no smoking rules are bent]. Moral obligations, competing values [e.g.: confidentiality, do you stick to observing or tell staff / confessions]. Artists not to use 'guests as materials' – but should respect them and their own lives. Expectation of an art product? Confliction with moral compass. Ethics of re-representation [e.g.: pictures of guests /representation of work].

Presentation of Self

'Back stage' and 'Front stage' [Goffman 1959].

What Artists [need to] do

Improvise. Put ego aside. Go with the flow - live in the moment.

Julie Rodeyns

Julie Rodeyns worked for over 10 years as a freelance art critic, art curator/ mediator and trainer in art education. She's an active member of the European New Patrons network and founding member of Matchbox, both organisations fostering collaboration between the arts and other domains in society [health care, education, public space,...]. Julie is currently preparing her Ph.D. at the Vrije Universiteit Brussel, focusing on artistic collaborations within an end-of life context. She was also one of the initiators of the IN/FINITY project, a Belgian arts & health pilot project at the TOPAZ palliative and supportive day care centre.

Mari Linnman. Curator 3CA and Contexts, Paris
"The importance and role of mediation and the mediator in a collaboration between art and care".

3CA is a programme set up in France in the 1990s to facilitate the commissioning of art in the public sphere. The programme gathers private and public partners around a commissioning project. New patrons [rather than established patrons] propose the commissioning of an artwork by an artist. 'An action', a cultural policy based on demand. The policy of demand is always being discussed and evolving. The purpose is to create new artwork. A citizen becomes a patron and there is a mediator. The patrons role is to initiate the project, to explain the context, state what kind of art is useful to the context and what is necessary. The mediator is a curator and provides knowledge of artists and skill for the production of the artwork. The responsibility becomes collective [rather than individual].
Projects are in Belgium, France, Spain, Italy and Germany with 25 projects in hospital contexts.
Timespan: 2 to 7 years. Projects do not focus on the rhetoric of participation. Participating groups are heterogeneous [different backgrounds, skin colours, ages, etc.]

Conflict

Art creates tensions and pushes things to the edge. Tension can bring clarification, and enable those involved to focus on what is at stake. All those involved need to manage tensions / conflicts through negotiation. "Conflict is something good."

Pleasure

Joy is important; people are busy, under pressure and need a reward.

Money and justification

"One will always find something else more important, but this too is important, and we must do it" *a supporting doctor's comment.*

Transformation

Showcased a 'public art' outcome. Not participatory or a collaborative process, except for this project: Superflex.

Patron's Requests / Projects in Hospitals, examples:

Centre Hospitalier Universitaire Reunion Island & Centre Hospitalier Mayotte: Artists Superflex. There is some [local] conflict between 'hospital medicine' and 'herbal traditions' and Superflex aimed to link traditional and contemporary medical practices. Plants were grown, information shared, posters printed/displayed and nursery gardens produced. A person worked 20hrs per week 'animating' the garden, which can be 'open and closed'. A 'living archive' of medicinal plants has been formed.

'Goodbye Space'

Artist to create a space where people can 'receive their dead relative / friend with dignity'. Not a morgue, but a place [space/room] where people can make their last farewell to the person [not only the body]. Psychiatric hospital, care givers, artist and novelist, make a 'photo novel' and in doing so staff realise through the photos that the patients were 'studying the staff' i.e.: slowly watching the staff, while staff had had no idea that that the patients had the ability to do this.

'Portraits'

Photographic project in a Paris hospital, photographing staff in unusual positions – e.g.: lying on a bed, standing on the table. Output: large illuminated photographic 'pillars' at building's entrance. The idea was to represent staff as 'human' rather than just as 'faceless medics'. Trade Unions resisted as it felt the photos were insulting and made fun of staff. The 'monument' was taken down. A book was produced which included all the proposals, conflicts and photographs.

Mari Linnman

Mari Linnman is the director of 3CA, a French arts non-profit organisation founded in 1998 with the aim of developing, producing and distributing contemporary arts projects. Their mission is to mediate and establish a dialogue between citizens and artists on various aspects of society, such as healthcare, ecology and science. These projects result in the development of artworks within various contexts, such as healthcare or social institutions. 3CA is also a partner in the international network of The New Patrons.

Marie-Suzanne Gilleman and Isabel Vermote

Royal Museums of Fine Arts of Belgium, RMFAB, Musée-sur-Mesure – Museum-op-Maat.
"Art and care in dialogue : How can we connect vulnerable target groups and the museum world? - Towards a caring programme."

An Appeal for a Caring Museum

The Museum believes in the right of all people to take part in cultural life and sees the need to promote access to the Museum and the arts to everyone. The Education Department sees itself in a unique position to enable change - rather than offering 'lessons in art history' they can offer 'art *for* people and art *with* people'. They see the institution as being at a positive cross-roads between the public and Museum staff [security, communications, curators, etc.], and acknowledge how this offers opportunity for mutual influence. They ask of the idea of 'Art and care in dialogue' - how can the Museum make connections between vulnerable target groups and the museum world?

Made to Measure

The 'Made to Measure' service is part of the Museum's Education Department and offers adapted activities to a wide audience. These include: guided tours, creative courses, bespoke workshops and themed activities tailored to specific audiences. Audiences include people with learning difficulties and mental illness and 'socially fragile people', e.g.: asylum seekers. The Museum's guided tours for visually impaired peoples include audio descriptions of paintings. The Museum has a sign language programme and interpretation tours are given by deaf and hearing impaired guides.

Tours as Dialogue

The Museum sees the tours offered to the public as 'dialogues' and believes public visits can change the museum as an institution. Projects are built around key words like 'dialogue' and the Museum is aware that not everything can be anticipated in advance, that artists never arrive with a 'ready-made project' and that each visit contains an 'unexpected discovery'.

Museum Pilot - Not A Patient

Three years ago, the museum organized a pilot programme with Topaz and Julie Rodeyns, aiming to abolish the boundaries between caregivers and patients. The aim was to create synergy. The focus was on the person visiting the museum as a 'visitor' rather than as a 'patient'. Outcomes included a change to a more positive attitude on the part of the participants, a display of pride and enjoyment in being a part of the group, taking pleasure in listening to and taking part in group discussions, laughing. Further museum projects have included working with people living in rest homes, day-care centre acting as centres for drug addicts and drug users, and in psychiatric contexts.

Arts as a Personal Mirror

Marie-Suzanne Gilleman and Isabel Vermote see the potential for the public to engage with art as a starting point for sharing their own thoughts, ideas and experiences. They are interested in the concept of the caring Museum, which means making connections between vulnerable target groups and the museum world, long-term thinking and sharing.

Made to Measure

The Royal Museums of Fine Arts of Belgium aim to make their rooms and collections accessible to each and every visitor. Made to Measure offers guided tours, creative courses, workshops and themed activities tailored to specific audiences. In this way everyone has the opportunity to visit the museum in a personal way adapted to their needs and interests, regardless of disability, culture, language or any other restriction. Recently, the museum has received a grant from the King Baudouin Foundation to further develop and research possibilities to open their collection up to new audiences in collaboration with various geriatric and healthcare institutions. Isabel Vermote and Marie Suzanne Gilleman have developed this programme over many years as educators / art mediators at the Royal Museums of Fine Arts.

Nigel Hartley. Chief Executive, Mountbatten group, Isle of Wight and Hampshire, UK.
'The Art of Caring'

"My name's Nigel and I'm a musician"
The CEO of the hospice on the Isle of Wight. with a population of 250 000, and a demographic of elderly people, which therefore provides an opportunity to look at how to best address and support this demographic. Also, the 2nd hospice in Southampton with a population of 1 million people. There are two buildings and each need to be hosting patients and about 200 people per day come through them, although most of the work is done in the community, in people's homes.

Busting Some Myths

- The arts are inherently caring and generous
- Artists have discipline and control [and are not flaky] - how to communicate this?
- The hazards of 'self-expression' and 'catharsis' – under-sells, this is a small part of what the arts represent; the arts are more sophisticated and patients deserve more
- Community, belonging and partnership
- Structures and systems. Repetition and order. Opposites and contrasts
- Assessing risk – mistakes and opportunities [in the making of art]. The inspiring opportunity. It's ok to get things wrong because we can make things right.
  Medicine as being obsessed with getting things right
- Language - talking about it is not the same as doing it
- Listening and paying attention – uniqueness
- Danger – we need to be dangerous every day. Dangerous can be a good thing.
- A 'good' artist. Particularly in art therapy, artists are sometimes thought of as "failed" musicians/visual artists, etc. It is important to not feel or be self-deprecating about who we are and what we do.

When the Artist Becomes a Leader

- Who manages artists / projects? [nurses, medics, social workers, OTs etc.]
- Leadership – does professional background matter or make a difference to the work?
- How do we manage from our own professional skill base and silo?
- Working in a health system that's obsessed with risk – with bureaucracy and red tape.
- It's ok to get things wrong. It's ok to change your mind.
- What is unique?
- What does the artist bring as a leader?

Example 1: Surprising Individuals

"The help that human beings give each other in becoming a 'self' leads the life between them to its height" [Martin Buber]
A lady in the hospice room, [Mary] waved to Nigel. He went in, and she asked 'Can you play the piano?' He said 'yes', and asked permission from a nurse, and they went to his room with a piano in it. A recorder was on Nigel's desk and she agreed for it to be on. He wondered whether she wanted him to play? And finally he asked – "What do you want?". Mary wanted to sing. From under her blanket she brought out a note with the words of the song "My way". She sang the song without her oxygen. They create a piece of music together. Mary wanted it to be played at her funeral. It was.

We all carry 'self-doubt' all the time. What draws Nigel to another human being is vulnerability. Mary may have died without her oxygen while singing. But Nigel said he had to pay attention to her as a singer – as he would any other performing singer. Healthcare settings are obsessed with structure and information and referrals. How does this affect the arts?

The Arts in a Time of Crisis and Change - Our world in crisis

"Any idiot can face a crisis – it's day to day living that wears you out" [Anton Chekhov]

- Any event that is, or is expected to lead to, an unstable and dangerous situation affecting an individual, group, community or the whole of society
- An unexpected event [i.e. a surprise] which creates uncertainty
- A process of transformation where the old system can no longer be maintained
- Events of an extraordinary nature trigger extreme tension and stress within an individual which require major decisions or actions to resolve
- Change in events that comprise the day-to-day life of a person and those in their close circle.
- Levels affected:
  Patient and family - Life threatening situations, death, bereavement
  Organisation – Things cannot stay the same / More for less.
  Local, national and international community – Economic / humanitarian crisis

Striving to be the Best and Being Proud Telling Our Best Story

- How can we be the best we can be?
- How can we enable others to be the best they can be?
- Experiencing kindness, and then being more likely to go out into the word and be kind to others
- What does this look like from an organizational perspective?
- What can it look like from a community perspective?

Dying is Changing. Care is Changing

- Challenge for us to re-conceptualise 'dying';
- Last few weeks or days, versus last few months or years? Resource allocation has to be different for each;
- The shorter the process – increased anxiety and not enough time to discover coping mechanisms;
- The longer the process – less intensive and expensive services such as medicine and nursing?
- Dementia is what most people are dying from in the UK now.

Creativity – Individuals, organisations, communities

Creative Individuals: Artists

Have courage, persistence, take risks, make mistakes, find patterns and make connections, are curious, not self-limited, show potential and possibility.

Creative organisations

- Need to attract creative people and enable them to be the best they can be;
- Need to harness people's creativity, and enable them to translate it into services that people want and need;
- Need to foster new ideas within a structure which is not obsessed with formal controls and bureaucracy;

- Need to understand that to test an idea and make it work requires long-term hard work and commitment,

"Things will always go wrong – the real test is how to manage it – and how to put it right"

Creative Communities

- A group of people that has a shared understanding or a common bond;
- People that are part of a community will often have shared values and a common story;
- People look out for each other;
- People develop a sense of pride and belonging;
- Kindness, generosity and caring spread and are 'contagious';
- Many organisations see themselves as separate from the community in which they are located – or use language to suggest that they are separate

Example 2. Out of Isolation and into the Community

"When a person sings and cannot lift their voice and another comes and sings with them, one who can lift their voice, then the first will be able to lift their voice also... that is the secret of the bond between spirit and spirit" [Rabbi Pinhas of Koretz in Buber]

The Hospice Choir. A Community Choir.

What Use are The Arts?

- The arts are not a new addition to end of life care, but marginalized and misunderstood;
- Vulnerable people need a variety of opportunities – one size does not fit all;
- The arts provide ways for people to articulate themselves to themselves, and to others. Allowing things to matter;
- Illness is isolating. 'Social death' The arts provide opportunities to come together with others, beyond suffocating family networks;
- The arts develop confident communities;
- The arts offer the opportunity to engage with others outside of the 'numbness' of illness and symptoms;
- The arts offer products and legacy – leaving something behind. They offer memory and Talisman objects;
- The arts offer the opportunity to surprise oneself. Surprise can develop into empowerment and self-belief;
- The arts offer a powerful redress to the balance of 'taking' and 'giving';
- The arts offer a framework and context to understand difficult things and to confront difficult things – Order out of chaos.
- The arts offer a variety of possibilities – e.g.: legacy, life story, motivation, expression, creating products, capturing memories, active engagement, passing on skills, putting relationships 'right' [saying I'm sorry, I love you, etc.]

The Arts as Health Promotion

The Arts, Children and Death – Changing Attitudes through Art

Changing attitudes – death, dying and hospices.

The hospice as an art gallery, performance hall, community café.

Bringing in the public - Sunday lunch, death chats, community choir.
Others coming into the hospice.
Example: A children's project making 'death masks' and 'death pots' for people's ashes. This 4 week project offered meetings, working together, questions and answers, creating, celebrating, parents and families, exhibition, impact, and new directions.

Example 3. The Arts as Health Promotion. Out of Isolation and into the Community

The fashion show.

"The greatest gift an artist can give another human being is not only the work they can create together, but the experience of being an artist, of being creative themselves' [Hartley]
A group of women in the hospice café are chatting. The conversation is about how hard it is to look good anymore, clothes do not fit and they are ashamed in changing rooms of anyone seeing their body. Nigel was listening and thought, let's do something. He rang London College of Fashion and Post Graduate students came to Isle of White to design an outfit. The ladies then went to the London College and helped make their clothes. Once back at the Hospice, Nigel hired a jazz band, they played and people came casually, when everyone was there, the ladies walked in with their new outfits, like a mini cat-walk.
They made talisman objects / a legacy / their item of clothing. [Backstories – someone made a wedding dress as they knew they would never get married]

The Art of Caring

The need for the arts has never been greater – but artists need:

- To be humble. To be flexible and up for conversation;
- To get better at articulating what they/we do;
- To negotiate price and value – but not to over-inflate the cost and importance;
- Artists need to be bold, to be disruptive, to be dangerous at least once per day;
- To be true to our values. To fight for social justice;
- To give away skills and knowledge – the value of generosity;
- To be creative and challenging, but match ideas with strategy – organisational and national;
- To be careful what we call ourselves.

Nigel does not buy into compassion fatigue!
Living, Dying, Remembering...

Nigel Hartley

Nigel has worked in end-of-life care for almost 30 years, between 2003 and 2015 as Director of Supportive Care at the St Christopher's where he was responsible for transforming day and outpatient services, developing volunteers and also leading on community engagement. He previously held posts as art therapist at London Lighthouse, a centre for those living with HIV/AIDS, and also at Sir Michael Sobell House Hospice in Oxford. He has a postgraduate qualification in management from Ashridge Business School, England and has an international reputation as a teacher and lecturer. Nigel is also an experienced published writer having authored numerous articles, chapters and books. His books include 'End of Life Care – a guide for therapists, artists and arts therapists' [2014], and 'The creative arts in palliative care' [2008]. He is a visiting academic at the University of Southampton and a Fellow of the Royal Society of Arts. He is currently Chief Executive Officer at Mountbatten, a Hospice on the Isle of Wight in the South of England.

Debate moderated by Anna Ledgard (Arts Administration, Arts/health producer, UK)
The Challenges of Collaboration between the Arts and the Care Sector

Anna brought four themes to the floor, shared what each was and how she felt each speaker had brought them up, and then asked one question to a particular person, in turn

1. **The Value of the Process is a Valuable as the Product**

   What are the challenges for mediating this work – so that the process of making the work is seen / viewed as important as the outcome?

- Julie (In/Finity). Time. Do not focus on the need for an outcome. Traces, and documentation of the artwork. The artwork being the actual engagement?
  On reflection – perhaps (as Nigel said) the process/product isn't such a productive binary, perhaps it is the exchange that could be communicated through the work more.
- Marie (New Patrons Programme). Thinking about how to produce art from outside the museum. What are the spaces that art can be made in? Who are the individuals who can construct art in our society?
- Nigel (Hospice CEO). The process/product need not be mutually exclusive. We should not see them as completely different. Each art discipline has a different process/product and relation – e.g.: music, the process *is* the actual outcome, whereas for a painting, the process is unknown. The product becomes another part of the process, the product has its life afterwards, an exhibition, a discussion.
- Norma (Univ. Tampere, / Winchester, UK). It depends on the context and on what you are trying to achieve. Believes it is important to be public about how a stigmatised community can/has made a 'good product' to high aesthetic standards.

2. **Boundary, Boundary Objects, Boundary Workers?**

- Norma Make symbolic boundaries to represent professional status. There are symbolic representations (e.g.; surgical instruments). Challenge is such a 'significant' as a word to artists as it means the action / project had a substantive effect. This is different to adopting the medical language / scientific approach (as evaluative components). Perhaps artists need to be a bit provocative, a bit disruptive.
- A boundary object has a specific meaning in one domain, but can have a different meaning in another context. (E.g.: the image of the human heart – professional medical understanding in medicine, but in the arts, the human heart evokes a whole load of different symbolic and philosophical aspects).
- Nigel Hates the word boundary.
  A) Physicality of own self – we're all complicated, sometimes it's ok to be touched in a crowd/other times it's not.
  B) Uses the term psychologically to convey keeping safe.
  C) In his music, it inherently has its own boundaries. He feels safe in this space, and he knows his craft.
- Julie Crossing professional boundaries involves risk.

3. What the Artist needs to be in these roles (Arts and Care)

- For the artist to become more confident, they need advocates for what they do;
- Self-doubt stops us having the confidence to stand alongside other professionals;
- Medical consultants 'talking down' to another human being is not ok, and it needs to be said that it is not ok;
- Battle with the ego;
- How to remain confident in the middle of this, and to articulate this confidence?

4. How to Prepare 'New' Artists for Care Contexts?

- What is art for? - To make money, to put on walls, to change people's lives?
- How can art play a role for people out in society?
- How to select an artist for working in a care setting? – Make selection based on both the work they've made *and the artist's* personality
- In a culture where mutual respect and equality are very important – guests [patients], doctors and artists, and between institutions: hospitals, museums, school and artists;
- Need to change how student artists are trained;
- Need to be in the place of 'not knowing'. What does this mean for the artist?

Marie If we know what we are going to do, then there will be nothing new!

----------The End----------