

Research Report

Mapping Arts, Health and Higher Education Collaborative Projects in London

Jill Sheridan and Professor Linda Pring



LCACE
London Centre for Arts and Cultural Enterprise



Goldsmiths
UNIVERSITY OF LONDON

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Introduction

This publication is based on a report commissioned by The London Centre for Arts and Cultural Enterprise (LCACE) and Arts Council England (ACE) who are committed, along with other partners to building and analysing evidence of the impact of arts activity in the health arena.

It seeks to map collaborative projects which have taken place in London since 2002 between the arts, health and higher education institutions. The remit for the research defines arts and health as arts-based activities that aim to improve individual or community health and healthcare delivery, using arts-based approaches which seek to enhance the healthcare environment through provision of artworks, performances or interaction between patients, staff and arts practitioners.

The aims of this research were:

- to provide a listing of Higher Education organisations which host arts-health collaborative projects in London and to describe the nature of the projects they are hosting or have hosted since 2002
- to provide in-depth information on twelve of these projects, selected to be broadly representative and to cover the range of projects in terms of size, cost, effectiveness from medical/and or artistic points of view
- to compile information gained to inform development of guidelines for future arts-health projects that clearly outline ethical pitfalls and the important cultural differences between arts, health and higher education institution sectors

In addition, the research was intended to build on a substantial and robust evidence base which will convince the medical profession, Government spending departments (particularly the Department of Health and HM Treasury) and the arts sector of the value of arts interventions in health. It also sought to consider what contribution is currently made and could be made by arts in health to well being, as well as increasing the arts and health sectors' capacity to build on good practice and to improve on the sectors' ability to secure funding. Ultimately, it seeks to further the evidence of the positive effects of participation in the arts for all.

The arts have an enormous impact on the health and well being of people and there is mounting evidence to support this. This information needs to be disseminated to a wider public so that participation in the arts is increased and the general health of the nation is improved. The World Health Organisation stated over fifty years ago that health is a complete state of physical, mental and social well being and not merely the absence of disease.

The Research

This report seeks to map as many as possible of the collaborative programmes between the arts, health and higher education that have taken place in London since 2002 - some of which are completed, while others are ongoing or soon to happen. The difficulty of compiling this list is, in itself, indicative of the fact that there is no coherent strategy imposed upon this area of activity.

There is no single body co-ordinating and/or monitoring action. There has been innovation and development but no guidelines have emerged for what constitutes good practice in terms of seeking funding, the quality of the outcome of the project or assessment procedures. This report is intended to provide a resource for future collaborations between arts, health and higher education institutions.

The research also tried to identify any health outcomes, whether in terms of improved health or improved understanding of health problems meaning increased communication between doctor and patient. In 2002, a report conducted by the Health Development Agency concluded, that it was 'impossible to give precise details of improved health particularly in the light of the fact that so few projects directly provide information on health or social matters relating to health, which are based on formal instruments of measurement'. Reflecting this, much of the evidence collected and the outcomes assessed are anecdotal. However, where possible some qualitative and quantitative analysis has been carried out.

Although there are numerous examples of projects where the arts have been used in healthcare settings or in training programmes, the actual collaboration between all three, namely the arts, health and a higher education institution, is comparatively rare.

Twenty-nine projects were identified which fell into the remit of this research which reflected its concerns. (see full report). Twelve projects are assessed in detail here as case studies.

Arts, Health Collaborative Projects in Higher Education

Four different areas of the arts in health practice can be defined and these are able to illustrate the effect of successful collaborations in each area by the selection of case studies.

- **Arts in Healthcare Settings** – this refers to enhancing the health environment and to help the healing of patients and promote medical research.
- **Community Arts** – this is a vast area and serves to impart knowledge of health issues amongst the general population which has a longer lasting effect if delivered through the arts.
- **Training Medical Practitioners** – the medical humanities are now offered to medical students as part of their training, and although they are not compulsory in this country their importance is recognised. The humanities are also incorporated into practice and have altered the way in which health is communicated between patients and medical practitioners, increasing understanding of health problems.
- **Art Therapy** – this type of practice has often been viewed as the poor relation but it is now widely accepted that it is a valuable form of treatment, particularly in the area of mental health.

Among the different artistic approaches used are visual art, performance art and music. Visual and performative approaches are used in the majority of projects studied, the equivalent of 80%, with music used in only 7% of projects.

Some London hospitals have long-established programmes for the arts using a wide variety of art forms and quite often oversee a large collection of works of art. An illustration of the recognition of how important a role the arts play in health care settings is evidenced by the appointment by the majority of London hospital trusts of arts co-ordinators. The roles of these people varies considerably as do the ways in which they have found themselves in these positions. There are no set career paths despite the fact that they are important players now that it has been recognised that the arts are an essential part of the National Health Service. There are also many NHS Trusts in the London area where excellent arts programming takes place and although many would say they suffer from a lack of funds, one or two run with an almost total reliance on volunteers with minimal funding.

A common misconception often voiced by the public and fuelled by headline-induced sales of newspapers, is that money spent on the arts is a waste. In terms of the health sector, this extends to the notion that money spent on art means money taken from patient care. Arts and Health professionals are quick to stress that monies are not taken from any funds designated for health purposes. Even so, while there is much anecdotal evidence about the benefits of good design and the presence of the arts to the wellbeing of patients, staff and visitors in a hospital environment, it is felt that now some hard evidence must be produced.

Case Studies

A consistent pattern emerges when one looks at the range of collaborative projects between the arts, health and higher education institutions and an in-depth analysis of individual case studies is considered. The initiator of the project is most often an artist or health professional who has a position in a higher education institution and who can thus harness the HEI involvement.

Artists using a wide range of art forms are working in all areas of the health service. This might include performance, visual arts, interactive media or the written word and could take place in healthcare buildings, in research laboratories, galleries, theatres, universities, at conferences or in published material. In several cases it was the arts practitioners themselves who initiated the project, as a result of undergoing some form of treatment or procedure and who then became fascinated with the processes as a consequence. This has inspired some extremely innovative work.

The twelve case studies described in detail were selected from the twenty nine projects identified to illustrate the wide range of activity in London since 2002.

Biojewellery

Dr Ian Thompson:

Materials Engineer and Medical
Researcher, King's College London

Nikki Stott:

Jewellery Designer, Co-Researcher
for Biojewellery Project

Tobie Kerridge:

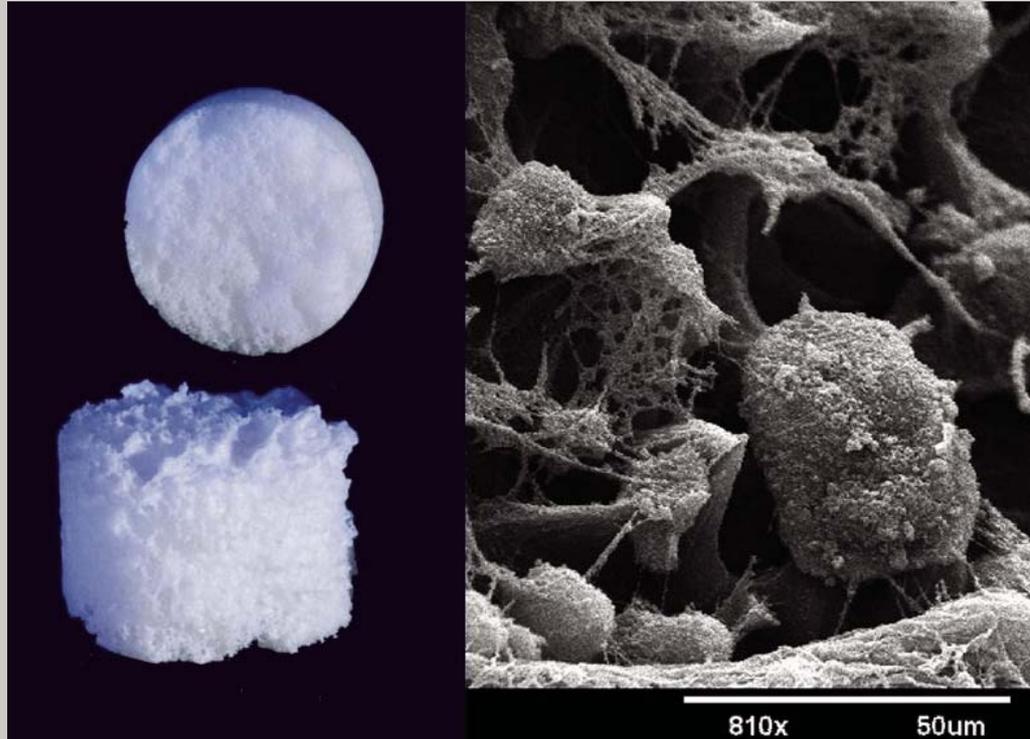
Research Assistant at the Royal
College of Art, Co-Researcher for
Biojewellery Project

Budget:

£85 000

Funders:

EPSRC (The Engineering and
Physical Sciences Research
Council), Guy's and St Thomas'
Charity



Biojewellery is a collaborative project involving two design researchers from the RCA (Royal College of Art) and Dr Ian Thompson, a materials engineer at KCL (Kings College London). The aim of the project was to bring the medical and technical processes of bioengineering out of the lab and into the public arena, to find an alternative, where scientific advances were made more acceptable to society.

The project began in 2003 when Nikki Stott and Tobie Kerridge were students at the RCA on the Interaction Design course. Their response to the brief entitled 'Consuming Monsters' which required students to produce provocative objects which would generate debate about how we perceive the benefits and problems associated with technological advances, was the beginning of this collaborative process.

Dr Thompson was working at Imperial College at this time in the Department of Materials, headed by Professor Larry Hench and leading a research group in the Tissue Engineering Centre which was focusing on bioactive glass composites for bone tissue repair. Thompson also occasionally gave tutorials at the RCA and thus a partnership was struck between the three, whereby they began to think about a collaborative, public communication project.

Stott and Kerridge wanted to look at tissue engineering and, focusing on advances being made at the time, they began with an investigation of implantable technologies. Thompson was leading a number of projects about growing bone tissue to make a living implant to put into the body, the benefits of which he hoped would help accident victims rebuild damaged bone tissue or where diseased tissue, which had had to be removed, could be replaced.

Stott and Kerridge wanted to create an object that would allow these technologies to be considered in relation to a familiar experience and they came up with the idea of designing rings using bone cells. The biojewellery project aimed to create a public dialogue encouraging ethical debate raising critical yet constructive questions over how advances in science relate to our identities and desires.

The project sought couples who would be willing to donate their bone cells but who would also be prepared to make information available and be expected to discuss the project with the public. An advert describing the project and including images of model rings, was placed in both *New Scientist* and *Bizarre* magazines in February 2005 and one hundred and fifty couples responded. Tobie Kerridge then contacted them all and discussed the process they would undergo along with the consultation they would be expected to undertake as one of the reasons for the project was to generate discussion and public awareness of the ethical issues surrounding the process. At this stage many withdrew, leaving four volunteer couples.

The project had several stages following the identification of the couples prepared to participate. Bone cells were donated by each couple by way of wisdom teeth extraction. These cells were harvested and seeded onto a bioactive scaffold. This pioneering material encourages rapid growth in a laboratory environment so that the scaffold, which can be preshaped disappears and is replaced by living bone tissue.

The finished bone tissue grown at Guy's hospital was then taken to the studio at the Royal College where it was used to design a pair of wedding rings. At this stage the couple consulted with Nikki Stott about the design of their rings which would be a combination of the bone tissue with precious metals so that each person would have a ring made with the tissue of their partner.

The funding for this project was difficult to obtain and The Wellcome Trust rejected the application. Thompson and Kerridge then decided to approach EPSRC – The Engineering and Physical Sciences Research Council - who welcomed the idea and awarded a grant worth £66 000 through their 'Partnership for Public Awareness' funding stream. This area of funding which is in direct response to government guidelines wanting there to be public engagement with the outcomes of engineering and science research, meant that the EPSRC did have concerns if the idea were to fail. The EPSRC review panel anticipated a high profile project and there was some concern that it would be seen to be a waste of public money. The potential controversy of the project also influenced the decision to award the grant.

As a publicly accountable project, it was important that the clinical processes took place in NHS facilities rather than private clinics. As a result all these processes had to be approved by COREC (Central Office for Research Ethics Committees) which was set up to standardise decision making over research being carried out research hosted by NHS trusts throughout the UK. This application was made by Thompson, and the complexity of this procedure led to delays with the completion of the project. The exhibition will be mounted in Atrium 1 in Guy's Hospital, taking place in early December 2006 once the final rings have been designed. The final project timeframe from the approval of the proposal to the end of this exhibition will be about 26 months rather than the 12 month period written into the proposal.

Biojewellery was designed to raise public awareness of ethical and social issues provoked by advances in tissue engineering and managed to attract a lot of media attention. New Scientist printed an article in the early stages followed by numerous column inches in a variety of newspapers and journals, radio and television interviews.

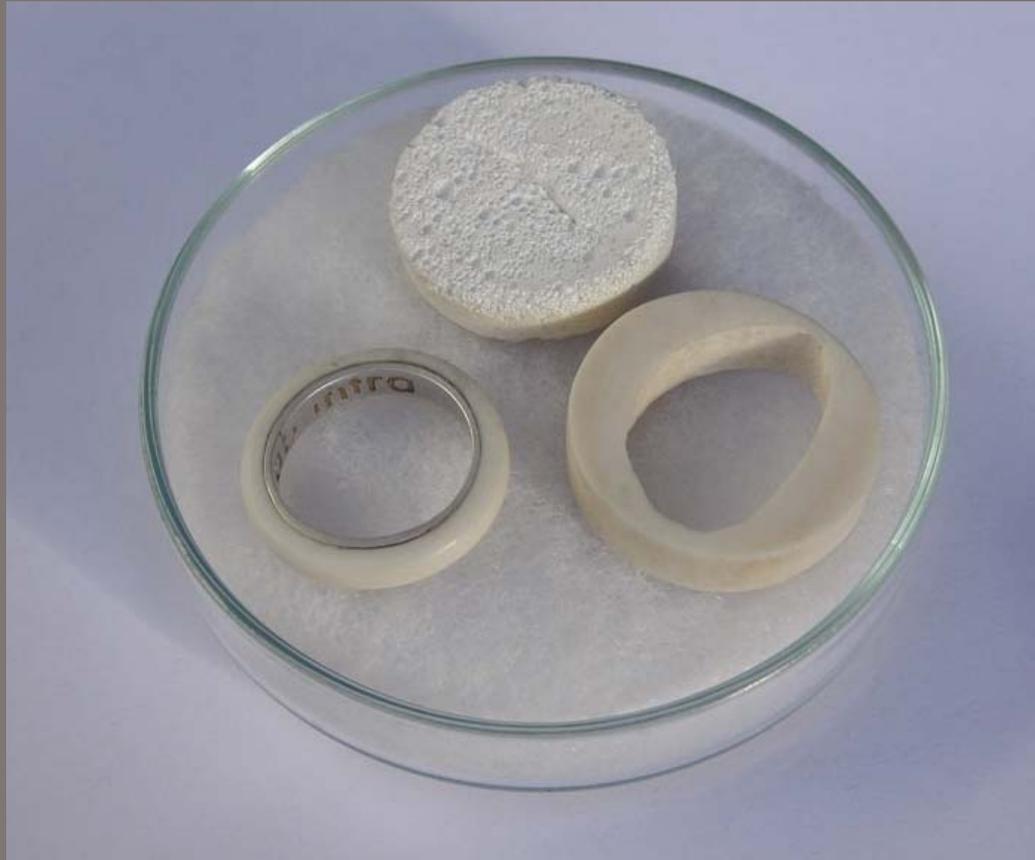
The Press Officers at both the RCA and Kings College were pleased with this coverage of their research activities but neither the artists nor the scientists were entirely happy with the way in which their activities had been conveyed. Kerridge states that the technical interest as well as the design activity could be used as a tool for discussion and debate which was one of the initial goals. The media conveyed this differently narrowing the area of debate rather than trying to encourage an openness amongst the public in general. Despite this it was felt that coverage did retain some of the issues that the project had attempted to raise.

An event was organised in London at the DANA Centre, a venue attached to The Science Museum concerned with public engagement. Thompson, Stott, Kerridge, Iain Brassington, a medical ethicist from Keele University and the participating couples, were invited to lead a series of discussions in order to discuss the medical advances, design techniques and the implications of this work.

One of the unforeseen outcomes of this project has been the numerous invitations to participate in international exhibitions, seminars and conferences both from the arts and sciences worlds. These include: 'Collect' at the Victoria and Albert Museum where Nikki Stott gave a presentation (10 February 2006), 'Carry the Can' an international jewellery conference raising ethical issues in jewellery making, held at 'The Brewery' in Chiswell Street, London (6 July 2006), 'Genesis' an exhibition held at the Centrale Museum in Utrecht, 'Popnoir' an exhibition of British critical design held at The Israel Museum in Jerusalem where Stott and Kerridge showed slides and models of the rings, 'Entry 2006' and 'Next Nature' held at the Zollverein Industrial Complex in Essen.

The researchers feel that these opportunities have added depth to the project by requiring it to be positioned in other contexts, and exceeded the funder's expectations of the delivery of the research.

www.biojewellery.com



Bronchial Boogie

Dr Brian Fisher:
GP

Roger Goslyn:
Professional Musician - voice

Professor Brian Hurwitz:
D'Oyly Carte Chair, Professor of
Medicine and the Arts, King's
College London

Budget:
£16 550

Funders:
Local Authority Lambeth, Southwark,
Lewisham (LSL), Health Action Zone
(HAZ)

This project was initiated by a GP called Brian Fisher with a group of health practitioners who work in South East London and who decided that the increase in asthma patients in the area should be addressed. Young people in the West Sydenham area who were affected by asthma represented 17% of the population which is substantially higher than the national average.

The project sought to bring together young people with asthma who lived in SE23 and SE26 in order to provide singing and rapping lessons with the intention of improving breathing and thus their asthma. The objectives were to develop a therapy for asthma, based on breathing improvement through singing and to evaluate the effectiveness of this approach. Also, to bring young asthmatics together to support each other and to educate them in both general and respiratory health matters.

The children targeted for this project were considered to have moderate to severe levels of the condition and were invited to participate in groups of approximately twenty in size after school (though these numbers swelled when friends were brought along). There would be a theatre practitioner and singing teacher running the workshops and during the holidays they ran a programme where the young people themselves worked on the composition of the songs and the themes of what was to become a production. Each group received breathing and singing coaching and finished with a production at a local theatre. A practice nurse was also involved and taught about asthma and its care throughout the sessions.

This project was evaluated in several ways. All participants were given a questionnaire before the sessions began and after an eight week period when the workshops were finished another was issued. Parents were also involved and one of the results of this evaluation was to draw up a 'Lay Guideline' suggesting good practice to professionals from the point of view of the users.

Points that were evaluated are as follows:

- 1 Perceptions of change in the asthma status
- 1 Enjoyment of the scheme
- 1 Relevance of the course to building networks
- 1 Educational change

Outcomes were measured by considering:

- 1 Improved quality of life
- 1 Better informed young people in respect of generic and respiratory health matters
- 1 Improved housing for families with asthma
- 1 Clinical approaches of professionals changed in line with lay recommendations
- 1 User defined outcome measures for asthma

One outcome after the performance, which was the end result of the holiday programme, was to produce a document of libretto, production instructions, script and CD. The CD was produced to show the full production but with the backing sound only so that other groups are able to use the music while doing their own singing. It is hoped that building on the success of this project that there it will be possible to take the scheme out to other schools in the area to integrate the process into either existing musical programmes or as special after school activities.

Apart from the collaboration between the arts and health practitioner thus linking an aesthetic with a clinical approach to a common, growing condition there were also other outcomes which are important to mention. The medical condition was the starting point for the scheme but it is interesting to note that the young people were consulted at all stages and their views taken into consideration and respected. To quote from Brian Fisher's paper 'Taking Forward the outcomes of Bronchial Boogie's Work on Singing and Young Peoples' Asthma'

"..... The professionals saw a small but significant part of the show which focused on how professionals can provide better care. This was followed by an educational session in which the users taught the professionals better practice from their points of view, to an agenda determined by the users".

It should be noticed that a self evaluation questionnaire completed by the medical practitioners shows that they have changed their practice.

'Ere Be Dragons

Rachel Jacobs,
Matt Watkins:
Active Ingredient

Dr Stephen Boyd Davis,
Dr Magnus Moar
and John Cox:
Lansdown Centre for Electronic Arts,
Middlesex University

Professor Chris Riddoch,
Dr Karl Cooke:
London Institute for Sport,
Middlesex University

Budget:
£24 000

Funders:
Wellcome Trust, Middlesex
University, Active Ingredient,
Hewlett Packard, Mobile Bristol,
ScienceScope, Mixed Reality Lab at
Nottingham University.



'Ere Be Dragons is the result of a collaboration between health scientists, and technologists based at Middlesex University and artists at Active Ingredient, a digital arts organisation formed by Rachel Jacobs and Matt Watkins. The project addressed the current public health issue of obesity by producing a game which encourages activity through the use of a pocket PC. The idea was to offer an experience which was both creative and physical, encouraging people to walk around their own environment and thus exercise while playing with a digital artwork.

It is now recognised that obesity is a problem which affects society as a whole and can cause unhappiness and reduce life expectancy. In 2004 the Department of Health stated that physical activity needs to be encouraged as it is known to be beneficial particularly for health problems such as coronary heart disease, type-2 diabetes and osteoporosis. Planned government programmes are not expected to achieve the necessary change on behaviour (National Audit Office 2006: 49) and thus other ways need to be found to fundamentally change the lifestyle of those most at risk.

The rise of obesity is partly the result of the increase in the use of the car, television viewing and the number of hours spent playing interactive games which has resulted in an increase of inactivity.

Diet is the usual reason given for the increase in obesity but in fact, energy consumption has not grown since the 1970s, it is the growth of inactivity.

The diversity of the project partners meant that there was a variety of intentions. Those based at the London Institute for Sport interested in the health science element, wanted to introduce an activity which would alter people's perception of healthy living and how they might achieve this. Active Ingredient wanted to develop an artwork which was interactive as well as innovative, created by the player's own behaviour. The overall direction and management was led by those at the Lansdown Centre for Electronic Arts at Middlesex University. The result of this collaboration was an artwork/game linking health science, creative gaming and contemporary art.

The title of the project 'Ere Be Dragons has been taken from the use of the dragon metaphor where one encounters the unknown as you explore.

In the days of medieval mapping the dragon would have had to have been slain before one could enter new lands. The historical and conceptual contexts for the game are paralleled by a performer dressed as a dragon who meets the players who complete the game and hands them a flyer, in a similar way to those people who one encounters regularly on the high street who are handing out advertising material!

The game was developed so that a pervasive virtual landscape was created by mapping the physical location through which the players were passing with a representation of their own bio-data (heart rate). The idea behind this was to make the players more aware of their own body processes and the health issues associated with this. It was hoped that the outcome would assist in altering the attitude of the players so that they would change their general lifestyle to enhance their well being.

The collaborators had to find or develop a device that was able to be as far ranging and as portable as possible while at the same time being able to integrate bio-sensing with location data. A system was found which had been developed by Hewlett Packard in their research laboratories whereby numerous devices could contribute data to a single software interface.

ScienceScope, based in Bath, had developed an inexpensive heart-rate monitor based on a chest band transducer and by the use of wireless this had the ability to communicate with a sensor unit.

Participants in the game were given a GPS system and wore a chest band with an integrated heart rate monitor. Heart-rate responds to exertion in different ways in each individual and everyone has a different level of fitness which makes it difficult to specify an optimum heart-rate applicable to all. This is why it was decided to use an age related formula. Each individual had to put in their age in order to calculate their optimum heart-rate, though this is a very rough calculation which should ideally be worked out after a period of complete rest.

The idea was to interpret data from the heart into the virtual landscape monitor which could be viewed on the pocket console. The players would find that if their heart rate was too high and they were thus working too hard they would be confronted with a dark forest and the landscape would become intense. Alternatively, if they were walking too slowly and thus not exercising the heart enough a desert would appear suggesting a barren, impoverished landscape.

However, when optimum heart rate was achieved players would find themselves in a leafy lane with flowers and a generally pleasant environment which was their goal and which they tried to maintain.

The audiovisual environment was connected to the player's real world so that features in the virtual world, when encountered, were in a fixed relation to the real one: for example every time the player passes a specific landmark such as a post box it will always be shown on the screen by a certain feature such as a mountain. It was hoped that a mundane walk would become an exploration and if this was found to enthuse the player it was hoped to encourage that person to walk rather than take any mode of transport. In turn this has the effect of introducing the idea of walking – a healthy, active pastime as pleasurable, as well as helping the environment.

The game has now been tested and was received enthusiastically at its first trial early in 2005 at the Screenplay festival in Nottingham where players enjoyed wearing the chest band and using the pocket PCs. Later that year, in November, the game was developed and trialed at the ACM Multimedia Art exhibition in Singapore where players were very interested in the fact that a game could be integrated with health issues making them aware of their own heart-rate activity.

In December 2005 a second version of the project was showcased at the Radiator Festival in Nottingham and here a multi-player version of the game was introduced enabling players to compete if necessary but it could also be played by an individual.

There have been several evaluations of this project which have highlighted certain aspects of play which need to be altered. One of these is that players can become so absorbed in the game that they watch the screen rather than being aware of the real world surrounding them. One solution to this is that more audio provision is integrated thus enabling participants to be aware of the progress of the game without observing their hand held screens.

The project has been an overall success and all the collaborators wish to pursue it further although funding will become an issue. The health issues are paramount but they are interested in extending the ideas of ethical gaming without resorting to didactic means, to other areas such as those incorporating environmental issues. The interest generated by the project is illustrated by the numerous conferences where the collaborators have been asked to give presentations or paper.

www.erebedragons.com

Face Corsets and Bioactive Glass Im

Dr Ian Thompson:

Research Fellow and Biomaterials Scientist, Oral Maxillofacial Surgery Guy's Hospital, King's College London

Paddy Hartley:

Artist in Residence and Research Associate in the Department of Oral Maxillofacial Surgery, King's College London.

Budget:

£27 800

Funders:

Wellcome Trust People Award

This project evolved following an event at the Victoria & Albert Museum called 'Short Cuts to Beauty' which was looking at society's attitude towards cosmetic surgery. The event was to do with work linked to cosmetic surgery and the V&A proposed to show facial implants on display alongside old fashioned corsets used to illustrate the altering structure of bodies. Hartley's work consisted of corsets for the face with cosmetic adornments and implants. These garments included pockets which could be filled in a variety of ways and externally attached Bioglass implants designed by Hartley and Thompson thus the structure of the face could be altered. This experience has led to an interest in reconstructive surgery which is where his main body of work lies today.

Dr Ian Thompson was working at Imperial College and was pioneering techniques for bone grafting using bioactive glass. He is also based in the Department of Oral Maxillofacial Medicine and Pathology at the Dental Institute at Guy's, King's College and St. Thomas' Hospitals. Paddy Hartley contacted Ian Thompson as he was interested in using products which were commercially available for his corsets in order to change the shape of the face.

Thompson was interested in the face corsets and a rapport developed. They applied for a People Award grant from the Wellcome Trust and were successful, enabling a collaboration to evolve whereby Hartley could use his skills as a sculptor to help Thompson manufacture glass implants uniquely matched to each patient.

The grant enabled them to work for a year in order to develop techniques to cast the implants. Thompson had been carving casts from graphic blocks and the results were more trial and error, creating an ill fitting cast but Hartley introduced the lost wax method which he had learnt while at art school along with digital milling, which produced a much more accurate result. This more finely crafted implant means that the surgeons were able to reduce surgery time.

This collaboration is an example of how an artist, using his technical skills (rather than conceptual ideas) and a scientist with his knowledge of materials, can combine to produce an excellent outcome for the patient involved.

plants



Future Fortune

John Martin:

Director of Pan Centre for Intercultural Arts

Budget: Future (9 –14 years) 2002 – 2005
£93 000 2004 – 2007 £192 450

Professor Nesta Jones:

Director of Research, MA Theatre Practices, Rose Bruford College, Sidcup

Funders:
BBC Children in Need, Indigo Trust, Baring Foundation

Dr Sheila Melzak:

Family Psychiatrist, Medical Foundation for Victims of Torture

Budget: Fortune (19 – 23 years) 2004–2005
£10 000 2005 – 2006 £1 000

Funders:
Home Office Refugee Development Fund, Awards for All, Henry Tinsley Foundation

Budget: New Teenage Group (13 – 18 years – work not started yet) 2006
£7 000

Funders:
Clare Duffield Foundation

Budget: General funding for all projects:
£7 000

Funders:
Rose Bruford College

Initial approach 2002

Rose Bruford input from April 2005

The initial idea for this project was when Sheila Melzak from the Medical Foundation for the Victims of Torture, approached Pan to see if their work might be suitable for a group of 17 - 21 year old refugee victims of torture. These young adults from many countries throughout the world, were living in various parts of London and had been referred to the Medical Foundation by the Red Cross, immigration, doctors and social services. The work of this foundation, supported by its own fund raising initiatives, involves helping these displaced people with housing, education, legal needs, clothing, subsistence as well as post trauma care. John Martin and Mita Banarjee from the Pan Centre for Intercultural Arts were invited to attend weekly group meetings at the Medical Foundation in Finsbury Park to see if their work was suitable for therapy. They would initiate drama games in sessions of twenty minutes, specialising in conflict resolution theatre games. These workshops continued for ten weeks and the trial was considered to be successful overall though there were some participants who did not respond or were too shy to take part.

A grant from BBC Children in Need supported the project for a period of three years and two groups were set up meeting once a week wherever space could be found. Local community centres were sought away from the Medical Foundation and the Jerwood Foundation offered rehearsal rooms; during the holidays Goldsmiths College and Rose Bruford College have given space at no cost.

The content of the creative work and resulting “product” has evolved over a period of years to respond to the needs of these victims who have suffered a multitude of traumatic events. At the Medical Foundation the psychologists believe that one way to help people is to encourage them to talk repeatedly about the trauma they have suffered. John Martin states that he and his colleagues decided not to ask these young adults about specific events but devised exercises where they could tell their stories if they wished or they could discuss other subjects in which they are interested or are troubling them such as their current circumstances regarding housing, education, loneliness. This became something they wanted to explore rather than the past and these sessions proved to be very effective e.g. an elective mute is now speaking.

Those leading the sessions wanted to emphasise two important points to do with being victims – firstly they were survivors because they were here in the UK wanting to settle into a new way of life and secondly, the effect on each of them physically and mentally meant that they were changed characters.

Groups of fifteen would meet regularly led by two artists though this would sometimes prove difficult for participants due to other commitments. At first the groups were dysfunctional but gradually a group dynamic has been established.

There were regular informal meetings with the clinicians and psychiatrists at the Medical Foundation where they would swap anecdotal information and evidence of improved situations for many of those attending the workshops. The value of Pan’s input was recognised and they were asked to work with a parallel younger group aged between eight and twelve years.

The project took place away from the Medical Foundation and there were logistical problems as the children had to be accompanied while travelling from all parts of London. It was decided that these workshops should be held in the school holidays and it was arranged for parents to meet at a common pick up point where a minibus would take the children to the rehearsal space. These classes were run on a different trajectory from the older group as different needs were identified. Some were entirely dysfunctional to begin, with very little attention span and sometimes it was necessary to work on an individual basis. It took three/four years to get them to work together as a group.

Professor Nesta Jones, Director of Research and Professor Tony Hazier, Vice Principal of Rose Bruford College were interested in the work carried out by Pan and offered a residency to take place for two weeks prior to an intercultural symposium on applied theatre techniques. It was important that no observations were to take place during this residency owing to the sensitive nature of the work with young people and the fact that they had never performed in public before.

However a performance installation was created with the older group of young adults about where they came from and how they remembered these places and how they had established their identities in another place. The studio where this took place had fragments of for example a house in Africa and one in Streatham while the performers sang, though they were not necessarily seen enabling them to gain the maximum confidence to do the performance.

The project has now been running for over five years and the participants have suggested that they do not wish to be known as 'victims of torture' and renamed their groups after consultation with each other. The older group are known as 'Fortune' and the younger as 'Future' which illustrates the new found confidence and to a certain degree acceptance of their situation. PAN have again been asked to introduce a new group involving thirteen to seventeen year olds and there are discussions about three to six year olds, which will be another challenge and illustrates the value of their work recognised by the Medical Foundation for the Victims of Torture.

One other area of work which the artists do with the young adults is to prepare them for certain formalities which they are required to go through. One of these is that at the age of eighteen every refugee is challenged by the Secretary of State at the Home Office to restate their claim for the right to be in the UK. They have to appear before a court and present their claim so they are taught techniques about how to present oneself and how to behave and act in this situation.

A manual has been commissioned by Rose Bruford College to describe the work of this ongoing project including the techniques used, described as applied theatre techniques, and it is hoped that this manual might be used by others in similar situations. This has been funded by the college and might take the form of a publication or a website and will depend on whether a publisher can be attracted to the project.

This project is not strictly a collaboration as neither the Medical Foundation or the College has expressed any desire to meet to discuss the work despite the fact that they, along with PAN have an ongoing input and interest. The Medical Foundation relies on donations and applies for funding for their work and thus leave much of the project in PAN's hands but the medical outcome is very successful which can be backed up with comments from Sheila Melzack who continues to be the main link for the project.

www.pan-arts.net

DO YOU UNDERSTAND?



Glass Body

Anna Furse

Artist and Director 'Athletes of the Heart' Course Leader MA Performance Making, Goldsmiths College, University of London

Dr Julian Norman Taylor

Director of the Assisted Conception Unit, Chelsea and Westminster Hospital

Professor Stuart Campbell

Dept of Obstetrics & Gynaecology and the Fetal Medicine Unit, St. George's Hospital

Budget:

£38 408

Funders:

ACE, Grants for the Arts, Chelsea and Westminster Hospital Arts, Stop & Stare, Goldsmiths College, University of London

PHOTOGRAPHER: TOBY JACOBS



Glass Body is the third part of a trilogy of performances conceived by Anna Furse during the last ten years. It was inspired by her experience of in vitro fertilisation (IVF), and her treatment for assisted reproduction at Hammersmith Hospital. The first in the series, called 'The Peach Child', was commissioned by The Little Angel Theatre for the National Children's Festival and the Japan Festival in 2001. This first production was revived in 2002 by The Little Angel Theatre. There followed another commission for what became the second in the series entitled 'Yerma's Eggs'. This was a performance project exploring infertility and assisted reproduction through Yerma (meaning barren), a peasant girl in 1920s Spain, who was desperate to conceive a child. This was funded by The Wellcome Trust.

The ideas behind Glass Body are manifold and Furse states that she is 'interested in the place where medical, cultural and artistic matters overlap' (O'Reilly, S Glass Body Interview Time Out March 8 – 15 2006). The idea was to frame the production in the context of a 17th century anatomy lesson where ideas had to be demonstrated as opposed to revealed which today's technology would enable a medical practitioner to do. The advances in technology mean that doctors are able to see within our bodies enabling them to perform procedures which once would have taken place unseen and with touch, knives and scalpel. Ultrasound scanning was developed after the sinking of the Titanic in 1912 with military research in submarine navigation. Medical scientist, Ian Donald discovered the potential of sonar (sound navigation and ranging) with regard to obstetrics after WW2 and introduced and researched ultrasound as a medical visualising technique for inspecting the developing foetus. Ultrasound scanning, now used routinely in many areas of medicine, has had a huge impact on assisted reproduction that requires careful monitoring of reproductive material from ovulation to term.

Furse proposes that our bodies have become transparent, - hence the title 'Glass Body'. She wanted to explore the difference between what an image is made up of and our perception of it so as to highlight the 'mediatisation' of the woman's body in the medical arena. She collaborated with Julian Norman Taylor, Director of the Assisted Conception Unit at Chelsea and Westminster Hospital, who was an invaluable source for the research behind the production and provided his own film footage of scans. Professor Stuart Campbell, who was one of the first ultrasound specialists and a pioneer in the use of 3D and 4D imaging techniques, was her scientific mentor as required by the funders, The Wellcome Trust (People Award). Furse also collaborated with the imaging lab at the Chelsea and Westminster and the project had the full support of the Chief Executive and Hospital Arts.

Glass Body was performed in March 2006 as part of a two week residency. Rehearsals took place in the hospital for a fortnight prior to the performances while a pod like structure was built in which the performance would take place. The structure was based on the shape of an egg and once inside one might imagine this represented a dark blue marine-like womb. The idea was to provide a tranquil, meditative, secure space in sharp contrast to the hospital environment outside.

The setting for the performance installation included film projection by Lucy Baldwin, that was duplicated on either side of the interior space, while images from another mobile projector source, were thrown onto the body of the performer Marie Gabrielle Rotie. A sound track, composed by Graeme Miller which included words spoken by Furse ran throughout. The idea was to provide a space for reflection, balancing emotional response while at the same time trying to impart technical information clearly.

Alex Minton, Arts Co-ordinator at the hospital, explained how many patients are confused when bombarded with information about impending treatment and they feel isolated. Glass Body provides 'healthcare professionals, patients and members of the public with a clear and insightful look at the emotional side of a patient's experience whilst undergoing treatment' Each performance was followed by an interactive period where the audience could join a discussion or use touch screen computers. Laptops and sketchbooks, paints and pens were available to write or draw and petri dishes filled with pencil and paper invited private words to be left for an 'archive of reflections'.

The performances were well attended by a whole range of people, including the live art/theatre-going public and those working at the hospital including many clinical practitioners, cleaners, the chaplain, administrative staff and patients although it was noted these tended to be discreet, not wanting to be noticed since those undergoing IVF feel very vulnerable.

Schools were encouraged to attend and an information pack was produced but there was little interest possibly because more marketing was needed prior to the event and perhaps also due to limited numbers in the audience (20 per performance). The hospital environment might also have been a deterrent. It was felt that the residency could have been extended as there was much interest particularly once people knew of the subject matter being explored and how this was presented. Julian Norman Taylor said that although there was no clinical outcome he thought the installation 'a wonderful piece of performance art that represented the emotions we see on a daily basis'.

Anna Furse has spoken at five conferences about the project, which is also the subject of a paper to be delivered by an American academic at an arts and health conference in Hartford Connecticut USA in November 2006. She has been commissioned by BBC Radio to adapt Glass Body for a radio drama in 2007. A UK tour of 'Glass Body' during the early part of 2007 is being planned and there is now an interactive website related to the production.

www.athletesoftheheart.com

How to live

Bobby Baker:

Performer/Artist

AHRC Creative Fellowship,
Department of Drama and English,
Queen Mary, University of London

Dr Richard Hallam:

Clinical Psychologist, Queen Mary's
Hospital

Budget:

£273 000

Funders:

Wellcome Trust, ACE

PHOTOGRAPHER: ANDREW WHITTUCK



Bobby Baker was originally trained as a visual artist but for the last twenty five years has performed internationally, with each performance being the result of collaborations with architects, filmmakers, photographers, composers, theatre directors, educators and writers. 'How To Live' is the result of a collaboration between Bobby Baker and Dr. Richard Hallam, a clinical psychologist, she sought out when developing ideas for 'How to Live'. They found they had interests which coincided about the use of Cognitive Behavioural Therapy (CBT), a form of which, Dialectical Behavioural Therapy (DBT), Baker was experiencing as a 'user' and Hallam practised as a 'provider', although Baker was not a patient of his. Hallam states that what Baker and he share is 'a general irreverence of received wisdom ...[and] a respect born of experience for what CBT has to offer' (From How to Live, essay by RH and BB in 'Experiments: Conversations in Art and Science', Wellcome Trust 2003). Baker states that she has 'always tried to make work that evades categorization'. They decided that a period of research and discussion would be needed before embarking further on ways in which to create a performance.

The ideas they explored were to do with 'acting opposite to the emotion' which is a DBT technique and this they would do through the medium of a performance which copied a social psychology experiment.

Bobby Baker was irritated with a lot of the material presented to her during her treatment and came up with an idea of inventing her own therapy package which mimicked CBT/DBT and this she called 'How to Live'. She writes, 'I was fascinated by all the merchandising material that seemed to be a part of the treatment package ... [she] decided to create her own website, book, seminar, training videos and so on – in fact to establish [her] own 'How to Live' empire' (From How to Live Bobby Baker and Richard Hallam essay in 'Experiments: Conversations in Art and Science' Wellcome Trust 2003)

'How to Live' is a series of performances which relate to the mundane, everyday lives of ordinary people whether they are shopping, doing household chores such as ironing or cooking or being a mother and Bobby Baker tries to give a creative force to the emotions and experiences these activities generate.

Her performances are always based on her own experiences but are full of wit, can be ironic, are poignant and give the audience a view of the world which they had probably not considered before. In this project between the artist and the therapist focusing on CBT, Baker explores the area of self help which is an extension of her earlier work where performances are created from personal experiences. Hallam was interested in Baker's experiences as someone who had been on the receiving end of CBT which is one of the most widespread psychological treatments used by the National Health Service.

The end of the research period was marked by the staging of a one day event centred round a tea party investigating cognitive behavioural technique. Two training videos created by Bobby Baker as performance artist with Richard Hallam were shown to participants taken from three different sources: arts and psychology postgraduate students, contacts of this group who were ignorant of the study and invited observers who knew Bobby Baker's work and who had a general interest in performance art.

The two instructional videos were called 'Acting Opposite' (AO) and 'Good Manners' (GM) and had been created using Bobby Baker's personal experiences and with material extracted from books, training manuals and videos used to complement therapy sessions. Participants were divided into small groups and two watched the OM video and two watched the GM video while another group watched the OM video as observers. Each group then participated in a formal, elaborate tea party where they could apply what they might have learned from the video to manage their behaviour. During the tea party Bobby Baker and another actor served tea and asked what people would like to eat. One group of participants were treated as one might expect and responses to their requests for sandwiches and cakes were met with politeness and generosity. Another group of guests however, were offered plain dry biscuits. The actors then retreated leaving the trolley with the tea and food and the party continued for a further twenty minutes while static and roving cameras continued to film the proceedings. This procedure was repeated for each group of participants and was followed by a discussion.

The event included the completion of questionnaires which focused on the state of mood of the participants before and after they had watched the video and participated in the tea party. In this way material was available for an evaluation to take place. The ensuing discussion proved to be very informative and brought out the different perspectives of the science and art participants who had a variety of interpretations as would be expected. They all wondered what Baker and Hallam were up to but expressed relief at being able to express themselves openly rather than following normal social etiquette. The group who knew Baker's work were expecting to be manipulated by her and were quite happy to be observers and to enjoy the event whereas the scientists entered the experiment wholeheartedly and tried to give a considered subjective response.

Richard Hallam and Bobby Baker enjoyed the collaboration on this project and felt it had far reaching effects.

Hallam explains how enactment and role play are routinely used in CBT sessions in order to resolve problems and he sees the greatest potential for 'How to Live' will be to take it into the public realm and for it to perform the same function as the therapy couch removing stigmas of psychiatric labelling. In fact this project did lead on to a DVD with a one-to-one therapy session with Bobby Baker and a major production at the Barbican performed by Bobby Baker in November 2004. This was staged with the help of a Wellcome Trust production award and an Arts Council Grants for the Arts grant and was produced and managed by Arts Admin with whom Baker works on a regular basis. The show, 'How to Live', is presented as a demonstration of Baker's own therapy empire designed to save the world, in an open session for one of Baker's patients, who has agreed to be treated in front of an audience. Bobby Baker teaches the patient with a personality disorder, represented by a frozen pea, the necessary skills needed to function as a normal person in society.

Baker has always used food in her performances and she states that the reason for using a pea in this case is that ‘...it’s a fantastic image for our frailty and insignificance in the world’ (Daniel, John, The Performance Artist and the Pea From Sciart).

This production which played to packed audiences on both nights has thus succeeded in bringing science into the public realm using the arts as a platform thereby helping to break down those barriers about the mystery of scientific practice which Richard Hallam is most keen to achieve. ‘How to Live’, again supported by an Arts Council Grants for the Arts grant, has subsequently toured to The Festival of Arts and Ideas New Haven, USA and is now a national tour, having returned to the Barbican Theatre for four performances, followed by the Gardner Arts Centre, Brighton, Oxford Playhouse, ICIA Arts Theatre University of Bath and Nuffield Lancaster, Norwich Playhouse as part of Norfolk and Norwich Festival and Warwick Arts Centre as part of Fierce Festival.

Bobby Baker has found the experience of DBT very helpful to her when trying to cope with her emotions during periods of despair of which she has had many over the years. She comments how she has observed, both with herself and others suffering from various mental disorders, that if one can act in the ‘opposite way’ one can, amazingly, prevent anger, misery or fear and stressful situations can be dissolved. This outcome and her ability to describe everyday situations in an amusing manner has produced some very well respected work in the arts.

‘How to Live’ has been adapted so that it can be used as a workshop to present to medical students and professionals who work in this field and an hour long version of the show was produced for Radio 4 in April 2006 which had an audience of 1.2 million.

There is an exhibition of Bobby Baker’s Diary Drawings which she has produced continuously over many years about her experiences of mental health problems, at People’s Palace Cloisters, Queen Mary, University of London. Baker now holds an AHRC Creative Fellowship in the Department of Drama and English at Queen Mary, University of London, where among other projects, she is researching her new major project ‘A Model Family’, focusing principally on issues of mental health within family life.

www.bobbybakersdailylife.com

Matter into Imagination

Susan Aldworth:

Artist/Lecturer

Nigel Oxley:

Printmaker/Lecturer, Sir John Cass,
London Metropolitan University.

Dr Paul Butler:

Consultant Neuroradiologist, The
Royal London Hospital.

Budget:

£36 700

Funders:

Vital Arts, ACE, Paintings in
Hospitals: Support in Kind – the use
of the Menier Gallery

The project 'Matter into Imagination' began when the artist, Susan Aldworth found herself having an angiogram (brain scan) at the Royal London Hospital one Christmas. Despite the seriousness of the situation and not knowing the outcome, the patient could not help becoming fascinated by the thought that here she was looking at the image of her own brain while using that same organ to watch and digest what was going on. All was well but this was the starting point of a new body of work where Aldworth, who has a background in philosophy as well as fine art, has tried describing consciousness.

Susan Aldworth became Artist in Residence at the Royal London Hospital for eighteen months from February 2005 and during this period she discreetly watched numerous operations performed by Dr Paul Butler and his colleagues on patients who were having diagnostic or interventional brain scanning procedures. From her boxed off area in the theatre, the artist would rapidly sketch with pencil, ink or water colours, the shapes she would see on the monitors while thinking about the images before her. 'I was literally looking into the person's mind, which is an incredibly intimate place to be. The patients had agreed for me to be there but I didn't meet any of them'.

The residency led to huge changes in Aldworth's practice. She had to learn the anatomy of the brain in order to make some sense of what she was observing but, as this knowledge grew, so did the scope of her work and its relationship to philosophy. She describes how the paths made by the arteries became the main tool for developing her visual language and, in her own words, '...they had a philosophical significance – they were the marks of matter I began to realise the complexity of my subject matter – I was using my brain to think about a brain consciousness on consciousness .. I used strong colour on location to represent the personhood of the patient who was lying on the operating table' These colours, particularly a blue which to Susan has become known as 'Cerebral blue', became central to the work as it developed. She refers to each work as a brainscape but also a portrait of the person whose brain she has observed.

Susan Aldworth was also appointed Artist in Residence at the Sir John Cass School of Art, part of London Metropolitan University, at the same time as she was at the Royal London. Both are located in Whitechapel so she was able to sketch during the morning and go to the etching studio in the afternoon where she worked with Nigel Oxley, an experienced tutor in etching at Sir John Cass. His vast knowledge of different techniques and the possibilities of etching meant that they collaborated and the resulting work has proved to be very innovative.

Nigel Oxley considers this period where Susan Aldworth was artist-in-residence as extremely successful. He has usually found himself acting as a consultant when working with professional artists, being used as a conduit both intellectually and physically but in this case there was a true collaboration. He has found it very satisfying coming up with solutions he had not thought of before for some of the effects that Susan Aldworth wanted to achieve. He feels the work has achieved an incredible depth because of using different, innovative techniques. Oxley's particular interest was his response to the watercolours and how to translate these into the etchings which he feels are far more abstract than the original sketches.

Oxley feels this particular residency was also very successful because of the relationship Susan Aldworth developed with the students who were using the print room. They had a rapport with her which advanced their own projects while observing another level of work developing. Other artists-in-residencies have not been so successful as the artists did not interact so naturally with the students. Aldworth has been invited back to Sir John Cass for another academic year 2006 – 2007.

Dr Paul Butler's initial contact with Susan Aldworth was six years before the project began when she was a patient of his undergoing a diagnostic brain scan. When she approached him to ask if he would consider her entering the imaging suite as an artist he was very enthusiastic. Once the residency began and Susan was established in the theatre, Butler would wander over during the procedure and explain the images she could see on her screen which she marvelled at. She was surprised and pleased that he felt he wanted to do this as she had not courted attention, wanting to be as discreet as possible but it enhanced her own knowledge and illustrated his interest in the project. Students observing the medical techniques were also intrigued by the fact there was an artist in the theatre and would watch her quick sketches and discuss the work with her.

Dr Butler feels the project was not a true collaboration and felt he was passive but a facilitator enabling the project to go ahead. He is very supportive of artists' practice being taken a step further finding a visual language for medical techniques as he had not thought of his work in this way before. MRI scans are intriguing and their ambiguity means they need interpreting – the artwork can bring this across. He finds the etchings aesthetically very pleasing and responds to the images produced and has purchased one for the theatre.

Often working with people on projects will lead to further collaborations and in this case several new ideas for other projects have emerged. The series of black and white etchings which resulted from a preoccupation with the negative line seen in cerebral angiograms, were made into a short animation called 'Lines of Thought'. Aldworth felt that a sound track should be introduced and on this she collaborated with a composer called Barney Quinton. This has now led to a further larger project which will involve the talents of Dr Paul Brok along with Quinton. A film was also made with the help of Michael Northeast after Susan Aldworth underwent an MRI scan and these images were interwoven with old footage taken from a V8 film of the artist when she was a child.

Meet the Robertsons

Professor Roger Jones:

Director of the Centre for Caribbean Health, King's College London

Dr Elaine Gill:

Head of Clinical Communication in Healthcare, King's College London

Michelle Cussens:

Dramatist, Director, Tutor in Medical Humanities, King's College London

Budget:

£16 000

Funders:

Alumni of the Medical School through GKT Annual Fund, The London Centre for Arts and Cultural Enterprise (LCACE)

'Meet the Robertsons' began five years ago following a visit to KCL by a group of sixth formers who were participating in dramas on medical topics led by professional playwrights. Professor Roger Jones realised this was a good vehicle to put across ideas about health and could be applied to many medical issues but in his role as Director of the Centre for Caribbean Health, he thought specifically about issues of Caribbean Health. He also found himself in the position of having someone available for one day a week and thought how best to use this resource.

Role play as a teaching technique had been used at KCL since 1998, where actors are used as patients to simulate situations that the students might find themselves in. The actors are briefed to be difficult and the students are assessed on their approach and how they cope or react to situations such as breaking bad news or discussing a medical condition.



A group formed consisting of Dr Elaine Gill, Head of Clinical Communication, Katharine Rabson and Jane Gate from KCL Enterprises and Professor Roger Jones himself and they decided the project would centre around raising the profile of issues surrounding the health of Caribbean people. The original intention was to write, produce and perform a series of interactive dramas aimed at the students, staff and patients and to encourage debate. It was decided to create a total of six dramas on the following top

- Health beliefs including issues surrounding organ transplant.
- Teenage pregnancy and sickle cell anaemia
- Mental Health
- Sub-fertility
- Diabetes, obesity and ageing
- Sexual Health

It was felt that there was a need for this project for several reasons

- The healthcare professionals themselves needed to develop a sound understanding of the health issues which specifically affect people from ethnic and cultural minority or disadvantaged groups to provide appropriate care.

- There are limited training opportunities for healthcare professionals in London and several thousand students are currently studying at KCL in the area of health.
- The drama would allow over 300 to attend each session.

Professor Jones felt that one of the primary aims was to promote the work of the Centre and issues within the community and that this would introduce a different method of learning for practice based students.

It was decided to invite Michelle Cussens, a scriptwriter and tutor in Medical Humanities, to write the scripts and work with the actors. It evolved that she became the director of each drama as well. It was decided to use Professional Role Players Ltd whose actors have undergone special training to simulate medical scenarios. Also the company consists of actors from a wide range of ethnic groups to accurately simulate health concerns and beliefs affecting people from black, ethnic minority and disadvantaged groups.

Dr Elaine Gill, mapped out a family giving character profiles of its members. Gill, Cussens and Gate met to decide upon the health topic for each drama and the family member affected. Michelle Cussens devised the storyline during the script-writing process. When considering the script a careful balance had to be reached: it was important not to underestimate the patients' awareness and at the same time one did not want to inform the informed. Another important factor was to avoid stereotyping – a concern also expressed by Dr. Gill - and this was carefully managed in consultation with the actors.

The scriptwriter was funded to work on the project one day per week to produce approximately one drama per month with the research and scriptwriting taking the majority of time. There would be a half day workshop with the actors which was used to develop the script. Cussens would suggest a scenario which would be developed and they would experiment with different ideas. She then spent an intensive period on writing the script. A half day would be left for the rehearsal which would be followed immediately by the performance.

The idea was to follow each drama with a discussion and it was hoped that there would be specialists in the audience so that they could be referred to if any issues came up during this plenary session. Overall everyone agreed that these discussions were very successful, though the drama exploring mental health was not so well attended, despite efforts to attract psychologists and their students by staging it on the Denmark Hill campus where the IOP (Institute of Psychology) is situated. Professor Jones felt that the discussion following the drama exploring diabetes, obesity and ageing fell a little flat and this was because there was no specialist in the audience. He felt generally that the quality of the other discussions was high and people were very engaged with the subject matter. Also those that attended the dramas who came because their area of healthcare was being explored, found that there was a lot of useful networking to be done with colleagues and new groups involved with these areas.

Michelle Cussens found the time constraints challenging and put in much extra free time. She ideally would have preferred at least two months between each drama to allow for script development, and funding for a second rehearsal with the actors. She felt that the dramas were fairly well attended and were very effective for provoking discussion. The role players would be questioned about certain issues to which they responded well from their point of view using their own cultural backgrounds. The actors became the owners of the characters rather than the scriptwriter. This proved to be a smooth transition from the play to the practitioners.

Dr Gill views the project as a pilot which could be used in a variety of ways. It focused on the Caribbean community because of Roger Jones' commitment to this area of health but there is no reason why something similar should not take place investigating other areas of medicine. Gill hopes that funding might be identified for another series of dramas though this need not necessarily take place in the medical school but could still be used to raise awareness of important medical issues. The project built on an initiative developed by Claire Luckham (Leverhulme Artist in Residence at King's) and Professor Brian Hurwitz (Professor of Medicine and the Arts) of the English Department, who wrote a play about ethnicity and medical student education based research.

Perceptions of Pain

Deborah Padfield:
Artist

Dr Charles Pither:
Consultant Pain Specialist, St.
Thomas's Hospital

Professor Brian Hurwitz:
D'Oyly Carte Chair, Professor of
Medicine and the Arts, King's
College London

Budget
£87 684

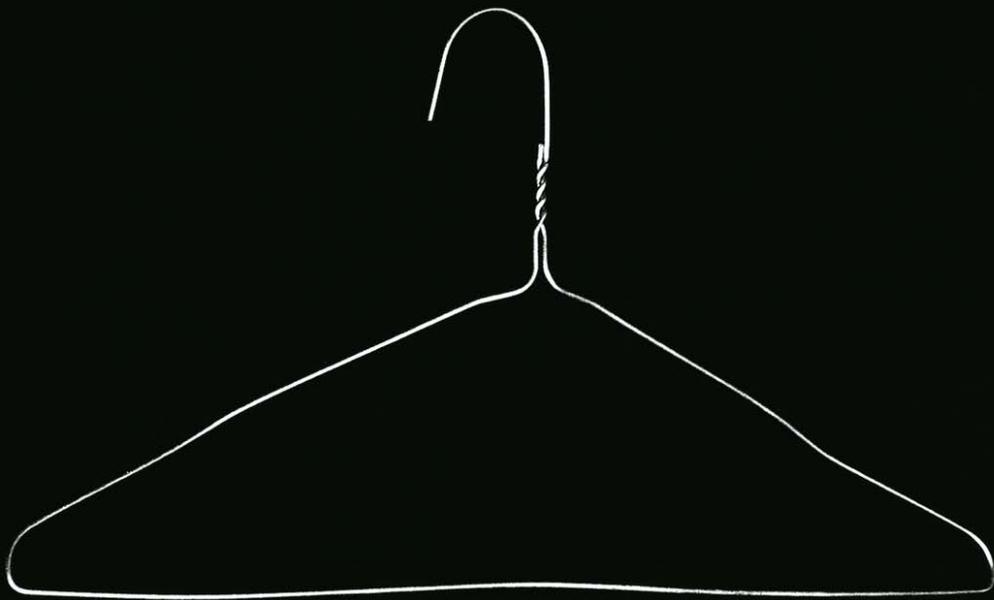
Funders:
Sciart Consortium: Research Award,
Guy's and St. Thomas' Charitable
Foundation Small Grants Awards,
Arts Council of England
Collaborative Arts Touring Award,
Thackerey museum, Artslink
Edinburgh, Loughborough.

'Perceptions of Pain' developed out of discussions between artist Deborah Padfield and her pain consultant, Dr Charles Pither, then Medical Director of INPUT Pain Unit at St Thomas' Hospital, where she had been treated several years earlier. She was surprised to find out that the difficulty pain presents to communication was as frustrating for doctors as it was for patients. It was out of these discussions of Deborah's own photographic work dealing with the isolation of pain, (or perhaps the pain of isolation?) and Pithers' hopes that visual images might aid doctor-patient communication, that the project emerged.

Deborah Padfield was unable to continue her initial career as an actress as it was too physically demanding and she therefore retrained in Fine Art. She had drawn since a child and had used drawing and painting while in hospital as a way of processing what was happening to her and around her. In addition, her GP tried to help her find a way to cope with the incessant pain by encouraging Padfield to confront it and to draw or write about it. In this way they were able to discuss the problem and the GP could diagnose more accurately as well as suggesting that a patient has to accept some responsibility for their own recovery.

The result of these consultations and with another surgeon also prepared to listen carefully, led to a second operation with a happier outcome. Deborah Padfield's experience made her aware of three important issues – the importance of communication between the patient and the medical practitioner, the realisation by patients that they have to help themselves and the role that visual images can play to aid this situation.

The ideas were discussed with Dr Pither and his colleagues who were prepared to experiment with the use of visual imagery to enhance the communication between the patient and consultant. It is exceedingly difficult to articulate pain and people might use a vast array of words to describe a similar problem hence diagnosis is difficult. Padfield describes a seminar she led with Charles Pither where he illustrated this by using an informal version of the 'cold compressor test' "... everyone in the room (was asked) to hold their hand in a cup of ice for one minute.



Instead of looking for tolerance he was looking for diversity in the reported nature and intensity of the resultant pain. There was such an extraordinary variety of responses, that had these been brought to him as ‘symptoms’ he would have been hard pushed to arrive at a single diagnosis – yet they all stemmed from one common activity”

The idea behind the project was to produce a set of visual images created by Deborah Padfield in close collaboration with patients attending the in-patient Pain Management Programme at the INPUT Pain Unit, St. Thomas’ Hospital. Many people who experience pain have commented that it is difficult for others to understand their suffering because it is an invisible condition. The idea of producing images using photography, which illustrated an external representation of something within, appealed to those who agreed to participate. Somehow it proved that the pain was real and did exist and this reduced the stress associated with enduring the condition. One patient explained this by saying, “I feel the images we produced reduce the pressure on me to prove my condition to sceptics thus reducing an element of tension which can contribute to exacerbation”. (Linda, in-patient, INPUT)

Patients on the four week in-patient programme volunteered to take part in the project. Letters giving details of the proposed project were sent to patients due to begin their four week in-patient programme on managing chronic pain at the INPUT pain unit. Patients on the programme would have suffered intense pain for many years with no positive reaction to any suggested treatment carried out, to try to alleviate the condition.

It had been decided to work with only two patients from each intake. The response was so enthusiastic that they could not work with everyone who volunteered and patients were selected on a first come first served basis. On their pre-treatment day at the unit they met with Deborah and she explained the project further. They would be co-producing photographs which would try to represent their individual pain and these images would then be taken to a consultation with Dr. Pither, with the expectation that they would be better able to describe this condition. Patients were given a consent form to bring with them to their first session and asked to bring in any objects, materials or ideas they thought might be helpful.

The patients entered into the process with enthusiasm in the hope that the images would help communicate to the medical practitioners what it was they were feeling, how the pain affected them and trying to articulate their experiences using different language in the hope that an answer could be found. Most also wanted people with whom they lived and worked, to understand what they were experiencing and to be believed as well as being able to find a way to explain it.

Patients were asked to write as well as being involved in making visual images and these they discussed with Padfield who would then try to explore new ways of presenting this new visual and verbal vocabulary. The processes she experimented with considerably pushed the boundaries of her own practice while patients intervened, incorporating other techniques into the photograph such as tearing, stitching, burning and integrating other materials thus employing collage into some of the finished work. Deborah Padfield would meet the participants once a week but continued to see them intermittently following the initial four week period. A very different dialogue developed and this has had far reaching effects for both patient and medical practitioner.

Dr Charles Pither describes the interaction between patient and doctor by interpreting the words of Michael Balint, (a psychoanalyst who helped analyse the doctor-patient relationship), where the patient 'offers' an illness and the doctor either accepts it or not. Acceptance implies that the symptoms and signs add up to a formula which is agreeable to both and they can then move forward to the satisfaction of both. However this is not always the case and, for those suffering chronic pain where for years they have attempted to find a diagnosis but failed and the prolongation of the pain has led to additional problems, this is the sort of situation presented continually to those consultants who are based at the INPUT clinic. Dr Pither recognised the value of adding a visual language to help patient and doctor communicate on a different level hence his support of Deborah Padfield's project.

Not only were the images created exhibited as an exhibition alongside patient testimonies and medical texts examining pain from multiple perspectives, but they have also been piloted in pain clinics and GP surgeries around the country as a communication aid. The research was led by Professor Brian Hurwitz (King's College London). The statistics and an analysis was carried out by Farah Janmohammed as her dissertation for her Medical Degree at Queen Mary's supervised by Brian Hurwitz, Joanna Zakrzewska and Deborah Padfield. A resource of sixty four images was produced by Deborah Padfield from work with both the original group of patients and work following further interviews with patients in Bradford, Huddersfield and Leeds (sourced by Dr Frances Cole). The idea behind working with more patients was to broaden the cultural, religious and geographic backgrounds patients were drawn from to develop as universal a resource as possible within the financial constraints existing.

The images were grouped into different qualities and characters of pain eg temperature, constraint, emotional impact etc with either four or eight in each group. It was also felt important within this to ensure that at least one image was included in response to every patient who participated. It is hoped that the visual language developed will help other patients articulate their particular pain and thus lead to a quicker analysis. This process obviously means that the consultation time will be extended for each patient but it should lead to a more precise diagnosis thus reducing the times of further meetings and in theory lead to a more positive, quicker result.

Professor Joanna Zakrzewska, a lecturer and consultant at Barts and the London, Queen Mary's School of Medicine and Dentistry, often uses images when assessing the level and type of facial pain experienced by patients. An evaluation was carried out to assess the role of paintings in the physical and emotional expression of chronic pain and the results demonstrated that, when shown positive and negative images, the negative images correlated well with traditional measures such as the McGill Pain questionnaire.

The positive images selected were of expansive scenes allowing the viewer to imagine being a part of that scene. Zakrzewska selects paintings from well known national and international collections for use with her patients, unlike Padfield who uses images specifically created in collaboration with pain patients. However, the conclusions reached in Professor Zakrzewska's pilot study are similar to the findings in the St. Thomas' evaluation – the patients reported that the experience of this kind of assessment was therapeutic in itself; it proved to be a useful and accurate method of assessing pain and its accompanying emotions, and it engaged the patient and the clinician in a collaborative way where the patient felt respected and empowered.

Dr Charles Pither states in his essay in 'Perceptions of Pain' "... the end point is about a realisation that the consultation process can move from the conventional medical model to something of more value for both patient and doctor". However, he does find the pressure on time allowed for consultations for each individual patient creates difficulties.

He thinks the difficulty is trying to create a paradigm and he feels there needs to be a harsher outcome for it to function well and an assessment producing more hardcore evidence. Deborah Padfield and Professor Zakrzewska are convinced and would use this assessment methodology every time. Also, they are firm in their belief that the education of health professionals should include the introduction and demonstration of the benefits of the use of the arts in their practice. Padfield feels that the use of the image will only be successful if the health practitioner is convinced of the benefits; if they are not confident then it will not be used to the best effect.

An Arts Council grant enabled the project to tour with the aim of showing medical students, arts students, medical and arts practitioners, patients, their carers and the general public the benefits of such work. There were workshops and seminars held in Loughborough, Edinburgh and Leeds and a paper was presented at a conference held at the Peninsula Medical School.

The 'Perceptions of Pain' exhibition is now owned by Napp Educational Foundation, a charitable organisation established to support continuing medical education by providing training opportunities for healthcare professionals. The Foundation's vision is that all UK healthcare professionals should be highly educated in pain management and follow best practice, leading to optimum treatment of every patient's pain.

Project Façade

Paddy Hartley:

Artist and Project Manager, Artist in Residence and Research Associate in the Department of Oral Maxillofacial Surgery, Kings College London.

Dr Ian Thomson:

Research Fellow and Biomaterials Scientist, Oral Maxillofacial Surgery Guy's Hospital, King's College London

Dr Andrew Bamji:

Consultant for Rheumatology/Rehabilitation and Curator of the Gillies Archive, Queen Mary's Hospital Sidcup

Budget:

£110 000

Funders:

Wellcome Trust SciArt Production Award





MAKER/PHOTOGRAPHER: PADDY HARTLEY

Project Façade grew from a previous collaboration between the artist Paddy Hartley and Dr Ian Thomson, who is responsible for the development of bioactive glass materials for tissue engineering and the repair of skeletal deformity. Together they had worked on a project called 'Facial Corsets and Bioactive Glass Facial Implants' (see page referring to this project). Whilst working on this Hartley found out about The Gillies Archive in which he became fascinated. Since 1989 Dr Andrew Bamji has saved and collated material from the archive documenting the work of Sir Harold Delf Gillies, whose pioneering surgery for facial reconstruction for soldiers returning from the front during the First World War, has become the basis for Project Façade.

Hartley became fascinated by this archive and applied to the Wellcome Trust SciArt Production Fund for a grant to finance his project over a period of two years. The project entails the creation of new sculpture using uniforms which are both authentic and replica, bought from army surplus, to represent the soldiers themselves.

Several uniforms might represent one person as he rises through the ranks but each is embellished with embroidery to tell the stories of the servicemen. Sometimes family photographs are incorporated within the uniform or a garment is torn or cut to show where an injury occurred and there might be a map, photograph or description placed in this position to illustrate this traumatic event in the soldier's life.

Hartley works on two or three sculptures at once thus mirroring how Gillies worked on two or three patients at the same time. The reconstructive surgery might take several years and would entail many major operations. Hartley shows this in his sculptures by producing facial garments to illustrate how the skin was removed from one part of the body to be grafted onto another and had to remain attached to the originating site for a period of time. Once Gillies thought the graft had taken, the patient would undergo a further operation to completely remove the skin from the original site. Hartley has observed surgical procedures organised by Dr Ian Thomson, an advisor on the project, and this has helped him understand more clearly the psychological responses of people to these traumatic events in their lives.

The archive has acted as the catalyst for this project with medical notes for over two and a half thousand men. It was the first time photography had been used to document injuries and it was useful to see how horrific these were before surgery took place, during the process and after treatment had finished. Gillies gradually gained a reputation for his treatment and the Home Office would send many servicemen returning from the war to him. Paddy Hartley finds it frustrating that there is so little information about the men themselves, only about their injuries, despite the fact that they might have spent over two years in the hospital. Rehabilitation was also introduced for the servicemen and they were taught crafts such as embroidery and basket weaving – another reason for Hartley incorporating sewing into his sculptures.

One of the main aims of the project was to trace family members of some of the servicemen treated by Gillies and this Hartley has achieved to a certain extent by creating a website explaining the project. There have been many positive responses and Hartley has had discussions with relatives and learnt more about how these men coped with their lives having undergone treatment and then having to reintegrate themselves into society. This has meant that he is able to incorporate more information within his sculptures about the people themselves. He has also found that by talking to family members about their personal stories they have found it cathartic to find out more about what the men might have gone through and have described the personalities which were shaped by these traumatic events. They also have a great interest in looking at medical records which they have never had access to before.

The final part of the project will be an exhibition of this new body of work by Paddy Hartley which will be seen alongside the Gillies Archive. This will take place at the National Army Museum in London in April 2007 and it is hoped that the show will tour.

Paddy Hartley's role has come to be more of an interpreter of the available material and a medical and social historian. He would very much like to continue the project by being Artist in Residence at the museum as he can see endless possibilities for projects that can be carried out by school children of all ages and research which could be undertaken by medical students and students of social history. He feels that one should tread very carefully in the use of the material available as there are families involved and he does not want to be seen to be exploiting his position. He also hopes that the exhibition will attract more families who might feel they will make contact with the artist and other families once they visit the show.

Paddy Hartley feels the project has been very successful overall but it has not been without its problems. He feels that it has not been a success in terms of support. Katharine Rabson from KCL Enterprises was very supportive and helpful in securing funding and has been very supportive overall. However, although the funds were in place,

Hartley had to wait for almost a year before he could extract some which meant there was financial hardship. SciArt have now rectified this process and are controlling this directly which has proved to be a much more efficient way to process funds especially in regards to paying freelance researchers for one off payments for work carried out. One other problem is the studio which is in the old Medical Library next to St Thomas' Hospital. Even though the studio has proved a highly productive space in which to create the work, Hartley finds this unsettling as the studio was burgled and broken into on two separate occasions and there was no support from the hospital for this and he knows that at some stage he will have to move.

Eventually, the stolen equipment was replaced with the assistance of the School of Dentistry. Also, being secreted away on the third floor of a building which is hardly used is not conducive for visitors and as Artist in Residence this is a great pity. Ideally he should be in a situation where the patients, medical staff and the public can visit easily.

The idea that an artist is working in the hospital environment is for a rapport to develop and the exchange of ideas to take place between those working or using the building and the artist. In patients could also derive a multitude of benefits by developing a relationship with the artist.

Paddy Hartley has derived enormous satisfaction from this work and has had the support of project partners Dr Ian Thompson and Dr Andrew Bamji who has allowed unlimited access to the archive. Also Professor Mark McGurk, Dr Mark Miodownik and Professor Brian Hurwitz have contributed a great deal to this project.

The longer term aims of this project are to carry out case studies of people who have had similar treatment today. It shows how the same techniques are used but in a more refined way. Medical practitioners have seen the website and have contacted Paddy Hartley as there is information available which they have not been aware of before; also the website had been used as a teaching tool for medical students. This all illustrates the enormous potential in the long and short term for projects of this kind to be supported as their effects are far reaching.

www.projectfacade.com

The Fluent Heart

Dr Philip Kilner:

Consultant and Reader in Cardiovascular Magnetic Resonance, Royal Brompton Hospital and Imperial College, London.

Sir John Tavener:

Musician and Composer

Wayne McGregor:

Artistic Director of Random Dance and Choreographer

Budget:

£340 609 (including a national tour of the work)

Funders:

Wellcome Trust, Random Dance, ACE, PRS (Performing Rights Society), Gulbenkian. Co-commissioned by Sadler's Wells

Dr Philip Kilner is a consultant and reader in cardiovascular magnetic resonance at Royal Brompton Hospital and Imperial College. His interest in art and science led him to leave medicine earlier in his career to study at Emerson College in Sussex where the arts and sciences are regarded as complementary. Kilner studied with the artist John Wilkes and worked as a teacher and sculptor, shaping surfaces in relation to flowing streams, before returning to medicine to collaborate with a heart surgeon on research into heart form in relation to function. This led on to his current position as a heart imaging specialist.

The project 'The Fluent Heart', was initiated in 2003 by Philip Kilner whilst in conversation with Sir John Tavener whom he had met at the Royal Brompton Hospital. He felt that appreciation of the heart and circulation could be complemented by music and asked the composer if he would be interested in a collaboration that might be funded by the Wellcome Trust.

The discussions developed and Tavener suggested working on a piece which would include dance and thus invited the choreographer Wayne McGregor to collaborate with his dance company, Random Dance, who are the Resident Company at Sadler's Wells. Philip Kilner's interest in the flow and movement of the heart as illustrated by his drawings and sculptures, underlies one aspect of the project. He was fascinated by the way in which water could run continuously into sculpted cavities to create rhythmic patterns of flow and by the movement and flow of the heart made visible by magnetic resonance imaging. He showed images of the heart to Sir John Tavener who already had a profound interest from a personal and spiritual perspective. He said, 'The pumping of the heart's chambers and the movement of the blood around the arteries – it looked beautiful to me'. The Wellcome Trust was approached, they awarded a grant towards the realisation of the project and Sir John was commissioned to compose the new piece for dance.





PHOTOGRAPHER: RAVI DEEPRES

Philip Kilner and Dr Babu-Narayan entered a series of discussions with the dancers at Random Dance in order to explain more about the workings of the heart, its arteries, valves and the movements of blood that are fundamental to the life of each individual. Wayne McGregor and some of the dancers experienced the imaging process to further their understanding of the circulation, this being part of the background to McGregor's creative interpretation of Tavener's music. He felt the project was a challenge and using new concepts and feelings with the body so fluid and in constant transformation, both spiritually and biologically, he could create an entirely new set of movements. McGregor states that dancers are obsessed with their bodies and this new understanding was a challenge. Kilner says that the quality of the company's movements became more fluid than he had ever seen.

The culmination of the collaboration was 'Amu' (Arabic for 'of the Heart') with its premiere at Sadler's Wells in September 2005 performed by 10 dancers, 50 musicians from the Southbank Sinfonia and seven singers. Sir John Tavener used a narrative based on a mystic Sufi love poem for his composition.

The music imprints itself on the consciousness with a pulse evoking the beat of the heart throughout, ending with breath-like sounds and their eventual cessation. Tavener did not have direct input into the choreography. On seeing the work shortly before it was performed, he was impressed how each gesture had a connection to the music, interpreting the sounds. His earlier concerns about trying to externalise something that was so intensely internal and his interest in spiritualism so apparent in the composition, were dissipated.

This collaboration did not end with these performances but continued in Durham where a series of workshops with primary aged schoolchildren took place during the Summer and Autumn terms of 2005 with regional dance artists. Drs Kilner and Babu-Narayan were invited to give talks at four schools where they illustrated the workings of the heart with the aid of images and demonstrations of flow, which raised many questions about the living body and its health. The dancers would work with the children using movement in order to interpret how this major organ works.

The final part of this project was the residency of Random Dance in Durham from 25th January – 7th February 2006. The end result was a one off adaptation of 'Amu' where the children from all four schools participated with the musicians, dancers and singers in Durham Cathedral. This proved to be a particularly moving and engaging performance, with many parents and children in the audience.

This project between a very well known composer and a highly respected choreographer and dance company with doctors well thought of in their specialist field, was a true collaboration and very successful if we are to read the reviews and listen to the interviews conducted following the London performances. Philip Kilner has some reservations however. Having practised as an artist himself, he had hoped to be able to become more creatively involved, believing that 'the real synergy between art and science happens when individuals cross borders for themselves'. Perhaps this did happen, however, as he appreciated the sharing of information and discussions with the dancers and choreographer and found the engagement of the schoolchildren particularly rewarding.

Wayne McGregor has been involved in several projects where he has collaborated with scientists and artists and he is fascinated by the process by which people with different areas of expertise approach problems. Informed debate and an empathy with other scientific and artistic disciplines, moves the process forward with various outcomes for each party. McGregor feels that it is the discussion and dialogue which is the most important part of the collaborative process rather than the end performance

In retrospect, Philip Kilner realises that while he could not expect to participate in the creative aspects of music or dance at a professional level in the limited period of time, his study and practice of sculpture and the shaping of fluid streams before moving into heart research, allowed him to develop observational and imaginative skills relevant to a particular field of study. His interest led to an understanding of the heart which meant that he was able to modify an operation for those patients with a specific heart malformation. This is an example of a creative mind significantly informing scientific practice, a collaboration which I would suggest Kilner felt very happy with.

www.oftheheart.org

Conclusions

This research has led to a number of conclusions: the arts have an enormous impact on the health and well being of people and there is mounting evidence to support this. There exists a captive audience in healthcare environments from every socio-demographic group, so there is a unique opportunity to educate a wide range of people about the benefits of experiencing the arts whether they are the patient, staff member or visitor.

Many of the projects cited signal new directions for research and illustrate the positive nature of collaborations between the artist, medical practitioner and academic where medical advances are made. Many collaborations have had a health outcome whether it is increased dialogue between doctor and patient, reduced anxiety and length of stay in hospitals or increased understanding of one's own mental state.

It was felt that artists often achieved more by participating in collaborations than those from the medical profession who suggested that they thought they were more of an enabler, providing information, rather than a collaborator. However, projects fall into different categories and true collaborations appear to occur when medical research takes place - here all parties derived more equal satisfaction.

Projects often lead to further collaborations, usually artist led. Once the aims of the original collaboration had been achieved, artists expressed a desire to take the project to another stage. This has led to touring exhibitions, more performances, conferences and further research.

Medical practitioners often commented on the unique visual interpretive abilities of their practice by artists. This has offered the profession a different perspective, resulting in new ways of approaching medical conditions and procedures with positive results.

Most projects, though not exclusively, have involved approaches made to the Arts Council or the Wellcome Trust with smaller grants coming from hospital trusts if the outcome is to take place in a hospital environment. Comments from other participants have suggested that they might be approached as a partner as it is known they have the ability to attract funding. Very occasionally, projects in London have not included awards from what appears to be the two major funding bodies for this area of activity.

A proliferation of Special Student Modules (SSMs) is apparent in the last few years. These courses have evolved when an interested staff member, not necessarily with a medical background, has suggested a programme and a course has been devised which can be taken by medical students usually in their third or fourth year of training. A possible reason for the increase in the availability of these modules is due to the publication by the GMC of 'Tomorrow's Doctors' (1995) where it states that the arts and humanities should play an important part in the moulding of tomorrow's doctors.

There are few opportunities for arts practitioners working in the medical field to gain further knowledge through training and there is no network set up whereby arts professionals can make contact with others working in this area of the arts.

In addition there is little guidance or training for those project managers working in healthcare environments who have no arts background/training on how to assess the quality of the arts initiatives presented to them.

We would also like to see the development of guidelines for artists working in the medical field about how to act in a healthcare environment. This contrasts strongly with the strict ethical guidelines laid down for medical practitioners to observe during their medical training and beyond.

Recommendations

- Produce guidelines for how arts-based projects in the health sector, can be evaluated to demonstrate both substance and validity.
- Document reliable scientific evidence (qualitative and quantitative) about how and in which ways projects have produced positive outcomes.
- Make research available to the general public about the way in which participation in the arts can prolong healthy lives.
- Widely disseminate information about funding for the arts in healthcare environments to avert the constant view/outcry that monies earmarked for healthcare are being diverted to the arts.
- Increase professional guidance for the integration of the arts into new and refurbished healthcare building projects.
- Develop a more coherent strategy for collaborative ventures to attract wider funding.
- Produce guidelines and specific training opportunities for the professional development of arts practitioners and managers. Practice can then move forward in this growth area.
- Create a code of practice for those working as arts practitioners or project managers in healthcare situations.
- Create a central resource for the provision of medical training opportunities in the area of arts and humanities.
- Introduce arts and health as an area of study for both arts practitioners and those wishing to work in this field.
- Establish a network of museums/galleries/arts venues which are interested in mounting arts-health exhibitions.

