

Introduction

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In *Caring Culture* we have brought together professionals from vastly different fields of knowledge and experience to discuss what we perceive to be a crisis in the formulation and implementation of concepts of care through medicine, art and contemporary politics. We do so as members of the *Actors, Agents and Attendants* research project initiated by SKOR | Foundation for Art and Public Domain. Our focus is the role of art making and commissioning in the construction and critique of contemporary civility.

This publication is in most part a collection of papers, conversations and art and design works presented at the *Speculations on the Cultural Organization of Civility* symposium organized by SKOR in October 2010, the first event resulting from the research project *Actors, Agents and Attendants*. It took as its theme public caring and asked: who cares, who should care, and—perhaps most pertinently in a contemporary context—how might the concept of care be reclaimed through creative practices and proactive engagement from its increasingly apparent consensualized and paternalistic political formulation? Since SKOR focuses its work in the public realm and has a long history of initiating art commissions in or at healthcare sites (hospitals, psychiatric institutions, homes for the elderly, etc.), we wanted to investigate how the notion of “the public” and, more specifically, public art, might help us understand and critique contemporary forms of care. What is “the public” at a hospital, after all, and what is the public realm at an institution for the elderly and infirm? Should these publics be asserted and, if so, how might they be asserted? When we held the symposium at the end of 2010, the Netherlands could still be perceived, perhaps naively, as a bastion of socio-democratic forms of care meted out by a benevolent state. Since then, dramatic shifts in Dutch policy have brought the nation into line with the neoliberal and highly monetized model of governance endemic to North America and most of the rest of Europe. As care is privatized across the West, how are artists, architects, designers, curators, and writers responding?

Why care? This book investigates a paradigm shift in politics and aesthetics, from a social model that supports broad concepts of care to one that does not. *Caring Culture* seeks to connect current debates about care and citizenship in contemporary art, philosophy, and politics to the realities of

healthcare organization in the Netherlands and internationally. With a focus on healthcare as a prime site of global market-driven transformation in governmental policies, this book brings together writers, artists, curators, and politicians to examine the role of art and its assumed ameliorative function.

What do we mean by care? The term can be understood in at least three, interconnected, ways. Firstly, care is what hospitals, social workers, educators, psychologists, etc., and, under certain paradigms, artists (particularly in public and participatory projects) provide for their subjects, their patients and/or their audiences. The verb ‘to care’ shares its etymological root (latin: *curare*) with ‘to curate’, an apposite description of the role of the curator—the organizer of aesthetic experience who must care for artists and their audiences. This provides an indicator of the particular benevolence of, in particular (but perhaps not only), state-funded art. Thirdly, care is what democratic models of governance (currently being eroded in the Western context and non-existent in other parts of the world) provide for their citizen-subjects, thereby instantiating a historically conditioned and consensualized form of civility. Although this paradigm is frequently criticized in this book as ideological, patronizing, repressive of individualism, singularity and (capital) growth, care, as delivered broadly by the welfare state, retains certain attractions: a safe and free health provision system, free public schooling, subsidies for the development of the arts, and commitment to the idea of people having equal access to culture, education and healthcare.

The advent of the credit crisis has intensified tendencies of privatization across the sectors covered in this book, and naturalized our reactions to them. Does art capitalize on this process? Does the process of commissioning contemporary public art (and contemporary art more generally) act as a mollifying, edifying and/or emancipating social form in this context? We can say that care forms the core of public art’s aesthetic assemblage: that public art has been invented to produce ameliorative performances and objects within a landscape organized by a welfare state. So what happens when that landscape is radically altered? Can artists and curators maintain a critical stance towards the spaces, situations, publics, and places they are commissioned to work within, while simultaneously participating in a cycle of making and organizing

that upholds the basis of what they seek to critique from the autonomy of their practice?

▬ The contributors to this book offer a stratified understanding of the concept of care, ranging from those that work at the coalface, as it were—providing support in hospitals and care homes—to those who proffer critical reflections on the concept of care and its politicization. Artists and architects work at both these scales, sometimes simultaneously. Beatriz Colomina takes a long, historical view of the influential shaping of architecture through the practical and psychological transformations in disease throughout the twentieth century, arguing that if tuberculosis defined the aesthetic formulation of much high-profile Modernism, new diseases will define new forms of architecture. Architecture is thus proposed as a machine of medicalization. Mark Fisher argues that contemporary capitalism produces a restrictive mental and physical pathology of social control, while Andrea Phillips suggests that art's participation in the construction of publics itself supports a paternalistic version of care.

Dealing directly with the political shaping of care in the Netherlands, Marien van der Meer (interviewed by Huib Haye van der Werf) describes the positive impact of artists' commissions in her role as the Division Director of a large mental healthcare center, while Nils van Beek describes the successes and failures of SKOR's commissions over the past two decades. Sally Tallant and Mari Linnman—Head of Programmes at The Serpentine Gallery, London, and independent curator in Paris, respectively—discuss projects they have initiated and the ways in which new forms of commissioning produce altered forms of enablement and co-production between artists, curators and patients. Tallant, in particular, proposes that the cultural sector values knowledge and experience in older people much more than professional society at large. Linnman, on the other hand, describes a method of producing new commissioners—staff and patient groups—who make cooperative decisions about working with artists, thereby radicalizing the idea of entitlement to the power traditionally ensconced in the role. Using a similar rhetoric but for a different political effect, Steven de Waal, Director of the Public SPACE Foundation and advisor to the Dutch Labour Party, suggests that artists and medical professionals should use

co-production as the mechanism to shape the future development of public–private partnership forms of healthcare.

Approaching the concept of care from different scales, Edi Rama describes his work as an artist and Mayor of Tirana as a transformative mode of civic care, while artist and member of the collective Chto Delat, Dmitry Vilensky (interviewed by Merijn Oudenampsen), criticizes the very idea of care for its role in the eradication of more radical approaches to subjective emancipation. Artist Anton Vidokle proposes forms of self-organization and collective organization as a response to privatization, a theme also developed by AA Bronson in his personal reflection on the social development of self-sufficient communities in which he might grow old in security and with adequate support.

Robert Sember, member of the Ultra-red sound art collective, takes up the theme of self-sufficiency, writing about his involvement in the archiving of the House|Ballroom scene in New York, with its attendant questions of subjective determination. In effect, Sember is asking how we might develop ideas of care that are not determined by definitive casts of age, race, gender and sexuality. Jurgen Bey and Emeline Cosijnse, who work together as the design team Makkink & Bey, expand on this theme of self-determination, asking what conditions could be designed to allow for Alzheimer’s patients (those with perhaps the least control over their own surroundings) to assemble things on their own terms? In this way, we begin to form a link between care and assembly—how space is organized, where we can go, and what we can do.

Mierle Laderman Ukeles, whose long-term “Maintenance Art” project started in the late 1960s and involves the production of a radical critique of the hierarchical division of labor and prestige in art institutions, introduces the reproduction of her *Manifesto for Maintenance Art* and her proposal for an exhibition called *CARE*. Martijn Engelbregt’s project consists of a series of questions, designed to emulate corporate medical advertising, effectively proposing culture as a form of placebo. Marc Bijl returns us to a historical perspective with a series of posters produced for the SKOR symposium that emphasize the connections between medical philanthropy and self-interest.

Journalist at *De Groene Amsterdammer*, Margreet Fogteloo reports on the original symposium that forms the basis of this book, focusing specifically on the presentation made there by artist Alfredo Jaar. Architects Markus Miessen and

Magnus Nilsson of nOffice document the process of designing the staging for the SKOR conference. They suggest that the very idea of symposia already instigates a certain relationship between the players (actors, agents and attendants) that replicates rather than transforms the regulative power structures of discussion. Questioning the way in which it is possible to develop meaningful conversations between artists, architects and medical professionals, writer Mika Hannula suggests ways in which such a discussion between very different and apparently incommensurable professional groups might be turned to advantage.

We also include documentation from *Opname* (“Waiting Room”), an installation by Michael Elmgreen and Ingar Dragset that was staged by SKOR to coincide with the original symposium. *Opname* perfectly illustrates our discussion and the question of art’s role in the transformation of care. It consists of a plain room containing a row of chairs, a ticket dispenser and a potted plant—an environment immediately recognizable to anyone who has had to wait to see a doctor or nurse (or indeed, queue to receive social benefits, visas, etc.). The troubling concept of waiting—in line—for care to be meted out to us (or not, as the case may be), by either medical professionals or any other expert, be they curators, architects or artists, forms the basis of our inquiry: in what ways could this situation be different? Why do we choose to wait in line?

A series of main strands and themes have emerged over the course of our research project and associated symposium. We question the role of care in the formation and maintenance of capitalism as well as the ways in which the care system de-individualizes those it cares for. How are concepts of care formatted to infantilize and divide, and what does this say about the relationship between doctors and patients—and between artists and audiences? What changes are needed in institutions to cope with aging, transnational and migratory populations? What possible alternative modes of delivery are there? Might they include collaborative approaches that institute new forms of co-production? If so, how would the idea of the “autonomous” artist have to be reconstituted to adjust to the inevitable redistributions of power this would entail?

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