

© Maggie Ellenby (2007) Mothlight: Site specific installation for UCLH

## **Precarious Flight: An evaluation of the arts program running in UCLH**

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<http://www.uclan.ac.uk/facs/health/lshpm/pru/index.htm>

## Precarious Flight: Executive Summary

**Introduction:** There is a history of exhibiting artworks in UCLH. In 2005 the current arts curator was appointed to instigate an organised program of arts. The key aim was to provide a ‘welcoming, uplifting environment’ (Noble, 2005). This program has been evaluated independently by the Psychosocial Research Unit at the University of Central Lancashire.

**Background:** The evaluation of art in public institutions is a subject of much debate. In some ways taking its direction from Conservative policy in this area New Labour over the last decade has emphasised that the value of the arts lies in the ‘social’ benefits they are able to produce (Jermyn 2004). Within healthcare settings there has been a focus on clinical outcomes and recent evaluations have demonstrated how the arts can help reduce heart-rate, blood pressure and requests for analgesic medication (Staricoff 2004, 2006). This is a useful body of evidence. However, a new ‘excellence’ agenda suggests the real value of art may be its ability to produce aesthetic and reflective responses which ‘go to the root of living’ (McMaster 2008).

**Methods and Aims:** This evaluation has used quantitative and qualitative methods to examine the impact of the UCLH arts program. These have included:

- Estimations of audience numbers
- Semi-structured and ad-hoc interviews
- A comments book and feedback via email
- Photographic reportage

The evaluation has generated a base-line overview of the arts program, explored different elements of the program in depth and generated indicators of value against which the arts program can be assessed now and in the future.

**Findings:** In general, the arts programme is enjoyed and appreciated by people who are using the service, staff and visitors. It can have both short and long-term benefits. Immediate benefits include providing a refreshing break from the bustle of a busy hospital and experiences which are not medicalised and point to a range of emotions and life beyond the clinical environment, for example:

*“It’s really nice to have something away from your working environment...”*

*“Loved the music in the entrance lobby today, very relaxing, more please”*

*“Flute playing was lovely drifting down exhibition corridor to canteen and complemented paintings on show”*

Previous research has shown that the arts can relax staff and patients. However, this evaluation indicates that the artworks can be more than a balm during a time of distress. They can provoke powerful subjective responses and help people make meaning out of illness. These aesthetic and reflective responses indicated that individuals could use the art to develop perspective when they themselves or someone close to them was experiencing a serious threat to their health. Other research has shown that art which produces this type of response is more likely to have a lasting effect (Froggett 2007, Kilroy et al 2007). For example, following the live music performed on a ward two patients stated:

*“Funny little things, that you don’t expect to register, really came out with a bang...these musicians, they hit a chord that puts you on the stroke of life”.*

*“...you know feelings, emotional, some kind of motivation...and now like, here now, a patient like me, wont be able to contribute anything else, because I am in bed already, and so I don’t know where I can fit in...the little moment they were here I enjoyed it, I saw that there is kind of life somewhere, you see, even though I am sick, there is still life”.*

Deep emotional and reflective experiences were also apparent in a project which fully involved mental health patients in the design and construction of three mosaics, which now hang in the X-ray department. One of the people who worked on them explained that, whilst she found this project challenging, it had enabled her to stretch herself:

*“...it was like my own barriers of ‘Suzie I can’t do this I’m stuck’, erm, I would put my mind to it, Suzie would say ‘I will be over in a minute’ and before she came over I would have done whatever it was I was stuck on and its just pushing the boundaries the whole time thinking I can do this I will do this.”*

**Conclusions and Recommendations:** The evaluation demonstrates that engaging with the arts both relaxes and provides a source of enjoyment in the short-term and provokes the type of learning experience which can lead to reflective thinking and changes in perception (Froggett 2007, Kilroy 2007). It was clear that art which provoked this type of experience was of a high quality (music played by classically trained musicians, a mosaic which demanded many hours of careful design and construction, and an installation by a renowned artist). This high quality artwork sometimes challenged the audience and provoked feelings of discomfort. However, it seems that for long-term value, which is to say an arts program which has the potential for a lasting effect, sometimes the audience needs to be challenged even within a hospital environment. In order for these longer term effects to occur the arts program itself needs a creative space in which negative feelings towards a piece of art, can be made available for discussion as the program continues.

The recommendations of this evaluation are:

- Artworks of high quality appear to have long-term effects and are more likely to be ‘used’ in complex ways by the people who are affected by them.
- The arts program should continue to use informed reflective judgement to provide a variety of artworks within this setting
- Continued observation of engagement levels is necessary to examine the different impact of the different pieces of art
- Future evaluation should expand upon the variable audience response and the relationship between the environment, reflective, emotionally meaningful experiences and ‘excellent’ art

## *Introduction*

The evaluation of the arts program currently running at University College London Hospital (UCLH) has generated a picture of the program is diverse, high quality and appreciated by staff, visitors and service users. The evaluation has used quantitative and qualitative data to examine what value the program has in the context of a busy modern hospital. It has aimed to generate 'indicators' value so that it could be assessed now and in the future. Drawing on Holden (2004) and Hewitt (2004) the Indicators of value are generated from data which record the audiences' subjective experiences together with observational estimations of audience numbers and depth of engagement. Thus detailed interviews were complemented by a broader view of numbers of people engaged to varying degrees with the artworks.

The evaluation has run over an eleven month period. The key findings are:

- The UCLH arts program is enjoyed and appreciated by stakeholders – it appears to have immediate short-term value.
- Individual responses to the art are complex. They involve personal, cultural and social experience and are highly contextual.
- Artworks of high 'quality' appear to have long-term effects and are more likely to be 'used' in complex ways by the people who are affected by them. An environment which aims to house art which can stimulate such responses needs to tolerate risk - high quality art is seldom bland and may be provocative.
- Informed and reflective judgement in relation to arts commissioning in UCLH has been a key factor in making available high quality art.
- Evaluation should continue as an ongoing dimension of the arts program. Future evaluation should aim to expand upon the variety of responses to the artworks and how the specific nature of this setting affects these responses.

## *Defining value*

In one of the seminal documents on arts evaluation Matarasso (1996) states:

'It is obvious, though not always remembered, that evaluation is fundamentally about values...The important, and essentially political, question about evaluation is which value system is used to provide benchmarks against which work will be measured' (ibid, p.1).

Matarasso's point is that value definitions are political. The previous Conservative government defined the value of art primarily in terms of economic benefit. This resulted in an approach to evaluation which focused on measurable financial outcomes (Matarasso, 1997). Whilst New Labour have defined the value of cultural pursuits in terms of social benefits, there has still been an emphasis on generating clearly measurable 'indicators' of these benefits (Jermyn, 2004). Within healthcare settings this emphasis manifests in the focus on clinical outcomes (Cepeda et al 2006; Staricoff, 2004). The drive to define the benefits of art in healthcare settings was summarised by Staricoff as the need to produce: "...knowledge of *what, when* and *how* to introduce different art forms to achieve the most effective results" (*author's emphasis* Staricoff, 2006, p.116). The contribution made by these evaluations to the knowledge base is timely and appropriate. However, an exclusive focus on identifying how specific art forms can be used to produce specific health outcomes, the question of 'what' is happening, may result in a lack of understanding of the underlying processes which produce these outcomes, the question of 'why' it is happening (Pawson & Tilley, 1997).

There are now multiple voices, including Peter Hewitt the chief executive of the Arts Council and John Holden the Head of Culture at the policy think-tank Demos, who argue that approaches associated with top-down quality management, for example performance indicators, are not adequate for capturing the 'real' value of art (Hewitt, 2004; Holden, 2004; 2006). Holden (2006) argues there is a 'crisis of legitimacy' which prevents what is valuable to the stakeholder or service user from being accurately represented. This means that what is considered valuable by many of those engaging with the arts does not impact upon cultural policies (ibid). This evaluation has drawn on this literature and has been influenced by Pawson & Tilley's (1997) model of 'realistic evaluation'. Briefly, this model assumes that reality is complex and as such observable outcomes may be the result of underlying mechanisms, such as social, cultural or personal forces, which operate specifically within specific contexts. This model has been used to examine questions around value such as: How can value be defined and measured in the short-term? How can value be defined and measured in the long-term? And what level of interpretation of value is necessary or useful?

The application of these value driven questions to any area would involve varying perspectives and disagreement. In applying these questions to the arts further levels of complexity are opened up. The arts are considered to have their own type of aesthetic evaluation in the form of art criticism (Matarasso, 1997). However, an aesthetic appraisal of public art seems crucial following the recent Arts Council promotion of the ‘excellence’ agenda (McMaster, 2008). The art placed in health settings is *also* expected to demonstrate definable health benefits (DoH, 2007; Staricoff, 2004; 2006). Hospital art exists in a field of tensions between medical reductionism (Staricoff, 2006) aesthetic quality, social utility and cost-benefit and is judged by competing criteria. This evaluation has set out from the position advocated by Holden (2004; 2006) and Hewitt (2004) that an estimation of the value of art in public settings should depart from the perspectives of those who engage with the artworks.

#### *Methods of data collection*

To assess short and long-term value a multi-method approach has been used to gather data at regular points over an eleven month period. This data collection has included:

*Observations of activity rates in relation to the art:* Observations were conducted throughout the evaluation. The levels of engagement were recorded on a graduated scale from ‘ignored’, to high engagement (Engaged+++), which involved behaviours such as tapping feet to music and usually involved the individual engaging with the art for longer than 3 minutes. Observations were undertaken for one hour periods during which time audience activity was noted and documented.

*Semi-structured interviews:* Semi-structured interviews were conducted with key stakeholders including staff, service users and artists. Interviewees were encouraged to speak at length about their thoughts and feelings towards the arts program.

*Ad-hoc interviews conducted with those who engaged with the art:* Following the observations ad hoc interviews were conducted with those who engaged with the art. These interviewees were again encouraged to speak at length.

*Comments book:* A comments book was highlighted and left in one of the main thoroughfares of UCH. Around sixty people left comments over a two month period.

*Email:* Staff, service users and visitors were invited to use email to offer feedback about the program, these responses have been used as a source of data.

*Photographic reportage:* Photography was used to capture interactions between the audience and the art.

### *A base-line overview of the arts program*

The base-line overview of the arts program shows that the scale and ambition of the program is considerable (Froggett & Little, 2007)<sup>1</sup>. The range of artworks is diverse and stimulating, and stakeholder reports indicate it is appreciated by service-users, visitors and staff. The program includes: live music, professionally produced visual arts (pictorial art, sculpture, installations), service user produced art and a project which allows service users to handle historical artefacts.

### *Numerical data*

Observations of the different elements of the program demonstrate the program engages a wide and varied audience from the hospital's dynamic population. Several elements of the program generated high levels of engagement, notably the program of live music and the exhibition 'Scenes from the Archive'. Observations of the audience during these events indicate a high degree of enjoyment (the interview data supports these observations). The issue of why certain elements of the program generated significantly higher levels of engagement was clarified by the interviews.

### *Emergent themes*

Three interrelated themes have recurred throughout the data and are directly related to the problem of interpreting short and long-term value. Perhaps predictably, they mirror the wider literature on the subject (Jermyn, 2004; Matarasso, 1997; McMaster, 2008), the three themes are: the significance of the 'common sense' view of art, the importance of content, and the power of art to engage the individual aesthetically and reflectively.

The common sense view of art seems to be informed by a general understanding that [some] art is intrinsically 'good'. This type of 'art for arts sake' argument has been heavily criticised as obscure and elitist (Hewitt, 2004). Holden (2006) contends that the problem goes deeper in that the post-modern critique of concepts such as beauty and truth raise the question of *whose* intrinsic value. Nevertheless the idea of intrinsic value recurred throughout the evaluation. For example, different stakeholders stated:

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<sup>1</sup> The base-line overview is contained in a previous report (Froggett & Little, 2007). The full report is available upon request.

“I think it’s nice to look at, it’s nice to have around...this big expanse of bare wall and looking very clinical it does break it up a bit and makes it look a bit more friendly”.

“...just the colour it brightens up the places it’s really good, lots of people stop by and have a look, lots of people make comments about it”.

The common sense view suggests art is generally seen as being ‘a good thing’ as its effects are benign or at worst, innocuous. This view was closely related to content. For example, when listening to live music in the Atrium a group of ambulance drivers concurred that ‘...this type of music was okay’. Invariably, the type of music considered ‘okay’ was classical music, or was similar in form and appearance to classical music (i.e. used instruments associated with classical music). The regular occurrence of this type of perception suggests that a shared, culturally defined understanding of what good art is, underpins the ‘common sense’ view.

The suggestion that cultural constructions may underpin the common sense view is congruent with Holden’s (2004) description of ‘non-use values’. Holden (ibid) explains that whilst policy makers are primarily concerned with the measurable value of art, the public are more concerned with values which are less easy to define. Holden (ibid) describes two of these values as: existence value and option value. Existence value involves the public appreciating diversity in art, which is seen as contributing to the richness of the culture; similarly, option value involves the public enjoying having the option of engaging with art (ibid, 2004). Holden’s (ibid) non-use values suggest the value of art is in some parts socially and culturally constructed and involves an appreciation on the part of the individual of what is good for society. This view would have been predicted by Pawson & Tilley’s (1997) model as it acknowledges that underpinning an observed phenomena – the common sense view of art – are unobserved cultural and psychological processes.

The view that art has the potential to engage the individual at aesthetic and reflective levels also recurred throughout the evaluation. Whilst classical forms of art appeared to stimulate a collective view of intrinsic value which involved elements similar to Holden’s non-use values, many of the subjective and reflective responses to the artworks described by the audience involved deeper levels of experience. Understanding of these deeper levels needs to be refined as this aspect seems critical

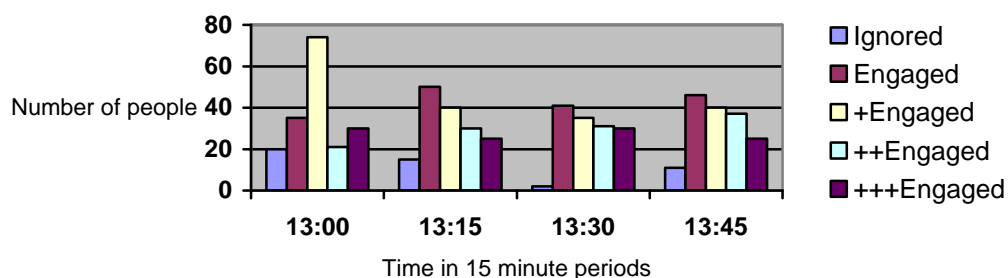


for appreciation of long-term value. The art works within UCLH will now be discussed bearing these three themes in mind.

### *The program of music in UCLH*

The program of music in UCLH occurs at regular intervals during the month at various settings throughout the different buildings which make up UCLH. This music program was observed on multiple occasions (n.10) and staff, service-users and visitors were interviewed following their engagement with the music (n.15). The live music seems to have a high appeal. There is perhaps a novelty aspect to the music as the audience seem surprised by the appearance of instruments and musicians in a clinical setting. Once the music started there was a repeatedly observed collective response such as head nodding, feet tapping and people moving from their normal place of work to hear the music better. FIG.1 shows the high levels of engagement generated by the live music.

FIG.1 Showing the levels of engagement in the Atrium during a live music performance



The impact of the music directly affected the atmosphere. People appeared more relaxed, conversations were stimulated and the collective mood seemed to lift. These personal observations were supported in the data, for example interviewees stated:

“There was a classical performance which was really good, I think it was a quartet and it was stunningly, you know it was, it just sounded brilliant, and that really grabbed my ear it grabbed my attention. What I see is that it just creates a different atmosphere in a hospital.”

“I was sitting eating my lunch in the foyer, and the people started talking about the music and the ambulance men were saying they feel more relaxed it was nice to come in on their break and sit and hear the music.”

“It’s music I love music, it’s the second time I’ve been to the hospital as an in-patient, I normally don’t come here, its nice to know that someone takes an interest in art.”

A shared view that certain forms of art have intrinsic value may result in a culturally-sanctioned space where it is acceptable to devote time and attention to the music. This space and time with the music seems to represent a significant break from the normal day-to-day clinical functioning of the hospital and awakens sensory faculties, stimulates enjoyment and refreshes members of staff. The sense of being refreshed and therefore being more psychologically well-equipped to carry out duties was described well by a staff member, who following the performance at the Dental hospital shown in FIG.2 stated:



“It’s lovely, it’s really nice to have something away from your working environment that’s completely different to your working environment, when you are watching the performance, listening to the performance, therefore you are not talking shop, which is excellent, and everybody knows its advisable if you can to take a break away from your work-place, especially for us.”

The benefits of the music program seem to extend beyond the short-term. As well as the more public settings of café and Atrium, music is also played at service-users’ bedsides in an acute medical ward where the majority of service users are severely-ill. This appeared to result in a more intimate engagement with the music. As was discussed in the initial report, some service users displayed the common sense view in this setting:

“I liked the music this afternoon...I listen to classic FM in here and I like that sort of music”

“A bit of music, cheer up people, it’s a good thing anyway for the patients”

However, interviews with several service users suggested they were experiencing more profound responses to the music. For example, when interviewed an older lady seemed lost in a memory when she stated:

“I used to go dancing quite a lot when I was young...I’m going to the Ritz in October for a tea dance, I like dancing, music, better than that thing [indicates television beside bed] I liked listening to all that music when I was young, in time and in tune it was beautiful...lovely, lovely music.”

Similarly, an elderly gentleman who was interviewed following the music being played stated:

“It is so positive, it can grow into something quite mighty...I enjoyed it, the little moment they were here I enjoyed it, I saw that there is kind of life somewhere, you see, even though I am sick, there is still life, I would go to my own feeling of enjoying, you see, it fits my emotion, it was nice.”

The data demonstrates a qualitative difference between *assuming* art has intrinsic value, and actually *experiencing* the intrinsic value of art. Assuming there is an intrinsic value to art seems to involve some intellectual distance: ‘It’s a good thing for the patients’. Experiencing of intrinsic value is emotionally driven and involves a significant engagement with the individual’s system of meaning: ‘...there is a kind of life somewhere’. This type of response to the artworks seems akin to what has been described as the transformational power of art (Froggett et al, 2007; Kilroy et al, 2007). Froggett et al (2007) describes how transformation involves profound subjective experiences, which can underpin reflective states of mind and result in learning and changes in perception. Importantly, in relation to the long-term value of art, this deep emotional and intellectual connection is seen as having more potential for a lasting effect (Froggett et al, 2007, Kilroy et al, 2007). This is clearly implied in the notion of ‘excellent’ art (McMaster, 2008). However, generating ‘indicators’ of this value remains problematic, as whilst most of the audience on the ward gave the impression they were enjoying the music, the data suggests only certain audience members engaged with the art at this more significant level.

### ***The visual arts in UCLH***

Observations (n.16) and interviews (n.12) have demonstrated that, considering it is positioned primarily in and around the busiest thoroughfares in UCH, the program of visual arts and particularly the Street Gallery attracts significant attention and contributes to improving the environment. A primary aim of this evaluation was to

examine the impact of the Moving Image Installation. This installation does not appear to be generating the levels of interaction that would be hoped for. Reasons include: the constant movement in the Atrium as a busy thoroughfare, the high level of light which renders the images indistinct and the seating arrangement. Conversely, the levels of engagement in the Street Gallery are encouraging and enhanced by a rolling program. For example, a service user who regularly attends UCH stated:

“What is fantastic about the arts program is how often it changes, it is a very vibrant program, the gallery is noticeable from the road and people do look at it”.

The ‘Scenes from the Archive’ exhibition resulted in consistently higher levels of engagement (FIG.2b) than any other exhibition on the Street Gallery (FIG.2a).

FIG.2a showing levels of engagement with previous exhibitions

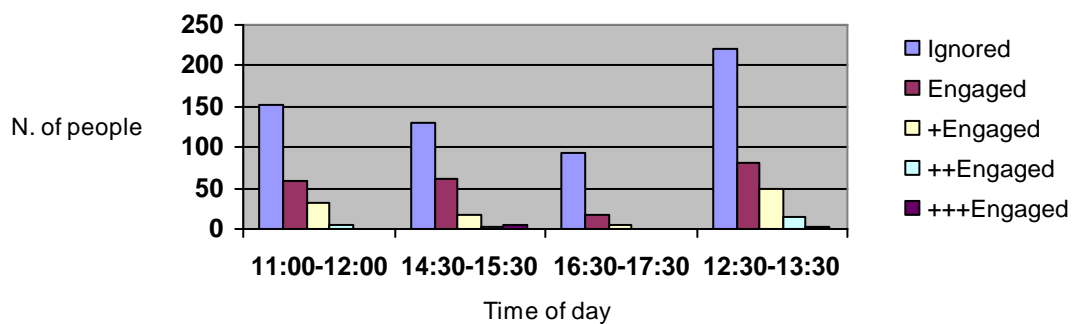
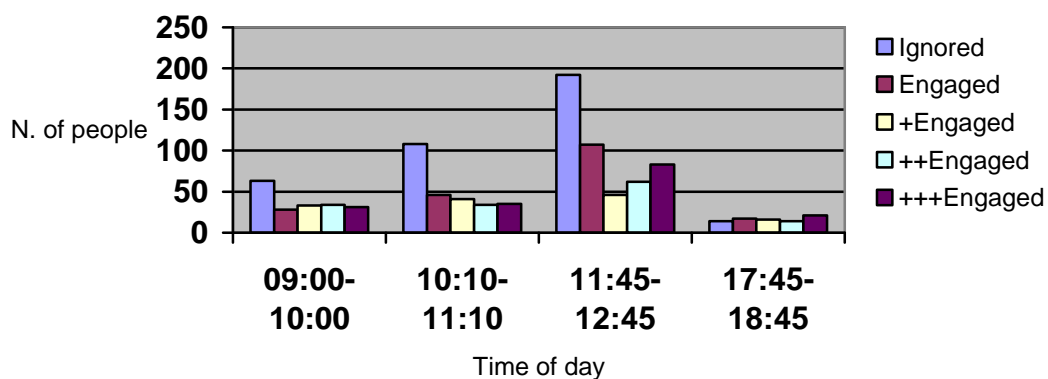


FIG.2b show levels of engagement with 'Scenes from the Archive' exhibition



Interview material indicates a strong attachment to both the Middlesex Hospital and its historical legacy, for example:

“All these major London hospitals have played a part throughout the war and they need to be recognised for it...I find all this very very interesting.”

“It’s a new building and so it keeps on the history of what was there before...it’s fascinating to see some of the pictures”.

A previous report discussed the high levels of engagement with ‘Scenes from the Archive’ at length<sup>2</sup>. It was suggested this exhibition shows a reassuring version of the NHS as it formerly was. This view of the NHS seems free of the post-modern critique of medical expertise, the service user’s obligation to act as an autonomous consumer of healthcare and the associated positioning of the hospital as a business. As such ‘Scenes from the Archive’ may evoke a link with a more dependable and predictable past. The exhibition could be criticised for promoting a sentimental nostalgia that is merely distracting the audience (Matarasso, 1997). However, the interviewees’ responses suggest an affectionate attachment to the Middlesex rather than a cloying idealisation.

This strong affectionate attachment to both the Middlesex and its historical legacy re-surfaced when images of the Middlesex were removed and replaced with the ‘Mothlight’ installation, which provoked a strong response from staff members:

“...all we are doing to keep the environment clean is undermined with shadows of cockroaches between ITU and the operating theatres, not extremely appropriate, demoralising for staff and not reassuring for patients and relatives alike”.

“While I appreciate that this is ART patients find this rather strange and in some cases disgusting”.

It was reported that Mothlight also evoked discomfort among service users. The images seem to generate associations with disease, infection and ultimately death. The UCLH commissioning brief states that connotations with death should be avoided (Noble, 2005). However, it seems even indirect associations with death ‘...all we are doing to keep the environment clean’ can provoke significant degrees of anxiety.

Significantly, this type of highly charged response to the arts program is not an isolated incidence. The sculpture ‘Monolith and Shadow’ provoked a substantial amount of negative commentary in the press, for example: ‘Sick misuse of NHS cash’ (Editorial, 2005). The media’s response to artworks such as Monolith and Shadow

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<sup>2</sup> This full report is available on request.

often involves a calculation of how the money ‘could have been spent’ (Starkey & Morton, 2005), in terms of operations, staff or equipment. The subtext is that resources are being siphoned away from areas which would more directly prevent disease and death. The response to both *Mothlight* and *Monolith and Shadow* demonstrates the unique and sensitive nature of using art in these settings. A perceived fault in design or overspend in other publicly funded investments, such as large sports arenas, seems to pass by without this type of moral outrage. This raises questions around the specific nature of hospital environments. The observed responses to ‘*Monolith and Shadow*’ and ‘*Mothlight*’ relates to the three central themes identified in this paper. What *content* is acceptable within healthcare settings? How does content affect the ability of the art to produce a *common sense* effect? What produces a *deeper aesthetic and reflective* response?

### *Discussion*

The question of value is central in relation to public art. Whether this value is measured instrumentally (Staricoff, 2006), or its excellence is judged by relevant specialists (McMaster, 2008), the manner in which value is understood and described will impact upon the nature, variety and type of art in these settings. Identifying and isolating the effects of certain types of art is the logical end-point of the ‘what, when and how’ approach described by Staricoff (2006). Expert judgment of excellence represents an alternative often regarded as ‘elitist’ (McMaster, 2008). Holden’s (2006) argument offers a route through this apparent deadlock. In arguing for a legitimacy that is rooted in the subjective experiences of the audience, Holden’s approach is empirically grounded, whilst also acknowledging that the audiences’ voice can work in a balanced way with professional expertise.

This evaluation suggests that a legitimate view of the value of art in healthcare settings needs to recognise the dynamic and variable influence that social, cultural and personal forces have upon individuals’ experiences. For example, ‘*Scenes from the Archive*’ was appreciated partly for what it was (the common sense view), but also provoked aesthetic and reflective effects for a relatively large percentage of the audience. However, the attachment to the Middlesex seems contextual and may be particular to this specific place at this specific time (Pawson & Tilley, 1997). Whilst the response to ‘*Scenes from the Archive*’ was positive, simply reusing art which has

demonstrated the capacity and potential to be used by the audience ignores the contextual nature of the audience's response.

Conversely, the installation 'Mothlight' was described as 'inappropriate' within the context of a healthcare environment. However, Mothlight provoked feelings and stimulated thought. In thinking about the artwork people also thought about the environment. The challenging nature of the installation caused the audience to engage in a process of reflection. The provoking of reflective states of mind is described as central to the value of art (Holden, 2006; Froggett, 2007). However, the question of what are acceptable levels of provocation remains.

Christine Burns explains how the Royal Belfast Hospitals arts program is deliberately involved in a process of '...pushing the boundaries of comfort' (Burns, 2005, p.1). Similarly, when speaking about hospital art Greyson Perry (2007) recently stated: 'I don't want the last thing I see from my deathbed to be a jaunty painting of fishing boats'. Decisions over how far boundaries can be pushed are ultimately down to individual trusts. However, what seems clear is that artworks only have the 'capacity and potential' to be used to the extent that they engage the audience in a subjectively and intellectually meaningful manner. Art which is able to engage with the audience in this manner is rarely the type of innocuous public art Grayson Perry describes as '...paintings of boats' (Perry, 2007). Also, if a legitimate evaluation of the arts program is to be located in the experiences of the stakeholders, and particularly service users, it is also clear that many of the service users interviewed mirror Perry's view in not wanting bland, anodyne works, for example service users stated:

"I'm for public art, I don't know what it could be, it could be really better...It all tends to be sort of safe it doesn't seem to be particularly high quality to be honest, it's kind of quite corporate, there's kind of a view of what it should be, like a fashion for what it should be at the moment."

"...its very, its very, its intimate, its about particular people in particular circumstances in a particular time, and that's makes it interesting to look at, and you automatically compare and contrast, there is an awful lot in those images, because they pull out certain things, you want to engage more with it."

In order to reach out and engage with the audience art invariably has to take risks. What follows are two examples that have demonstrated the capacity and potential of the arts to be used in a manner which would be interpreted to have significant short

and long-term value. Both these projects have involved a degree of risk taking, for example: visiting patients who are severely ill and prone in bed and exposing mental health users to demanding situations. Both these projects demonstrate that the capacity and potential of the arts involves meaningful engagement at subjective and intellectual levels.

### *The museum project*

The museum project is part of a wider strategy aimed at encouraging higher levels of direct involvement with cultural resources such as museums. It involved volunteers (a museum specialist and several junior doctors) visiting one of the wards with cases that held different historical objects: shells, prehistoric hand axes and Egyptian artefacts. The volunteers ran 'handling sessions' whereby service users were encouraged to touch the objects and speak about whatever came to mind. The museum volunteer described a service user's response to one of these sessions:

"I was talking to one Somalia woman and she liked the corollary shell, they would prepare the shell and put it round the fire, it reminded her that they used it for wedding celebrations, she was reminded of this time when she was with her family and friends...and I think she was very happy."

The museum volunteer went onto describe another service users response to one of the artefacts:

"We were talking about the small pot, the small Egyptian pot, she reminded that she had read somewhere that Ramasees II, somewhere that he had some potions, to be healthy, as he had thirty wives and he needed the potions (laughs)...I think it was as very constructive experience for her I think she was really feeling good, because she knew about many things and I think it made her feel good that she had knowledge".

This type of intervention appears to have great potential in the right hands. The supervisor found that junior doctors struggled to generate the levels of engagement that the museum volunteer generated possibly due to age and life-experience. There has been an attempt to recruit appropriate volunteers in order to conduct further handling sessions. However, recruiting adequate numbers of volunteers who can meet the time commitment involved has proved difficult. This is an example of a project working with limited resources, which is dependant upon good will and individual effort. The handling sessions have demonstrated their potential (Agudo, 2007). However, the reliance on personal and informal resources threatens the project's viability.



### *The mosaic project*

This involved mental health service users working with mosaic artists to produce three pieces which will be on permanent display within the X-ray department. Many service users have been heavily involved in the project both designing and constructing the mosaics. Service users were interviewed on the evening the mosaics were unveiled:

“...it was like enduring pain because you had to go through barriers to make it work, its really difficult, mosaics isn't an easy trade...it was like my own barriers of 'Suzie I can't do this I'm stuck', erm, I would put my mind to it, Suzie would say 'I will be over in a minute' and before she came over I would have done whatever it was I was stuck on and its just pushing the boundaries the whole time thinking I can do this I will do this.”

This individual has used the art to push through internal boundaries causing a degree of psychic pain which she then found she could tolerate. Another participant compared the art activity to therapy:

“...I am a very obsessive person, lots of phobias, lots of rubbish goes on in my head, but this has just been, it has allowed me to do something constructive and it has allowed me to focus on something that is worthwhile, rather than the destructive stuff that goes on in my head, basically all through my life I have had all sorts of therapies, seen psychiatrists, changing nothing and this has done something useful, it has helped me socialise with other people because I was isolated you know I didn't see anyone you know just erm the supermarket checkout girls because I just stayed at home, you know doing destructive things,

Making mosaics appears to have helped integrate a fragmented existence and reconstruct a tolerable social and emotional life. However, the interviewee went onto state:

“You know yesterday was the first day when there wasn't anything else to do anymore and that was frustrating actually, really quite sad, because now it's all over.”

This again shows the precarious position of the arts within this setting. The funding for this project was minimal and gathered from three different sources. The project ran for eight months, a relatively long period, but it is evident that service users would benefit from a continuation of similar projects. The mosaic project and the museum project demonstrate how the position of the arts is constantly being negotiated in UCH. During this evaluation funding for the arts program was halted whilst negotiations for future funding were conducted. Future funding for the arts program

has been assured for the time being but the arts programme faces uncertainty in the longer term.

### *Conclusions*

The title of this paper – ‘Precarious Flight’ – is an attempt to succinctly capture the nature of the arts program within UCLH. The term Precarious relates to several levels. Firstly, the multiple difficulties faced by those seeking funding within settings such as UCLH; Secondly, the media and at times politically driven response to art in hospitals, which resulted in *Monolith* and *Shadow* being described as a ‘questionable’ work of art by the then Conservative health spokesman (Loughton, 2005); Lastly, to the difficulty of presenting the effects of engaging with the arts in terms which are understandable, but do not oversimplify what is often a dynamic and complex experience. The term ‘Flight’ refers to the potential of art to lift us out of our usual states of being, to engage fully with our subjectivity and to stimulate our faculty for making meaning.

The long-term value of art lies in its ability to affect the individual in a deeper manner and can involve awakening sensory faculties, giving pleasure, creating disturbance, posing existential questions and stimulating intellectual curiosity. Whether these effects are short term or remain with the individual will be influenced by personal, cultural and social factors. What seems essential is that the arts can provoke these responses, that the art has what Holden (2006) describes as the ‘capacity and potential’ to be used by the audience. However, in order to be available for use the arts require facilitative spaces which allow risks to be taken and in which negative responses can be accommodated.

This evaluation shows that the arts program in UCLH has both short and long-term value. The interpretation of long-term value has relied on stakeholders’ reports of their subjective responses to the art works, which demonstrates elements of transformative processes described by Froggett (2007) and Kilroy et al (2007). However, identifying ‘indicators’ of long-term value remain problematic as the concept of ‘excellence’ (McMaster, 2008) is continually contested. It is important that artworks with the capacity and potential for use continue to be chosen for the program as it is these qualities which appear to underpin the intrinsic value of art in this

setting. Future evaluations must continue to look to stakeholders' experiences of the arts program to determine whether this potential for use is realised.

## References:

- Agudo, A. (2007) Touch and the value of object handling: The value of object handling for learning and knowledge transfer and enjoyment, well-being and health. Dissertation submitted in partial fulfilment of the requirements for the degree of MA in Museum Studies at the University of London. London: UCL Institute of Archaeology
- Burns, C. (2005) Art in Hospitals. At: <http://www.hefma.co.uk/refbook05/05033.pdf> (Downloaded 11th October 2007)
- Cepeda, M.S., Carr, D.B., Lau, J. & Alvarez, H. (2006) Music for pain relief. *Cochrane Database of Systematic Reviews 2006*, Issue 2. Art. No.:CD004843. DOI: 10.1002/14651858.CD004843.pub2.
- DoH (2007) *Report of the Review of Arts and Health Working Group*. London: Department of Health.
- Editorial (2005) 'Sick misuse of NHS cash' Daily Express. Thursday August 25<sup>th</sup> 2005 p.10
- Froggett, L. (2007) Arts Based Learning in Restorative Youth Justice: Embodied, Moral and Aesthetic. *Journal of Social Work Practice. Vol.21(3)*
- Froggett, L. & Little, R. (2007) Evaluation of the arts program currently running in University College London Hospitals: Interim report
- Froggett, L., Farrier, A. & Poursanidou, D. (2007) Making sense of Tom: Seeing the reparative in restorative justice. *Journal of Social Work Practice. Vol.21(1) pp.103-117*
- Hewitt, P. (2004) The value of evidence and the evidence of value, in J. Cowling. (ed.) *For Art's Sake? Society and the arts in the 21<sup>st</sup> Century*. London : Institute for Public Policy Research.
- Holden, J. (2004) Capturing Cultural Value: How culture has become a tool of government policy. London: Demos
- Holden, J. (2006) Culture Value and the Crisis of Legitimacy: Why culture needs a democratic mandate. London: Demos
- Jermyn, H. (2004) The art of inclusion (Research report 35). London: Arts Council England
- Kilroy, A.J. (2007) The model of transformational change, in *Towards Transformation: exploring the impact of culture, creativity and the arts on health and well-being*. (Consultation report), Sept 2007. Amanda Kilroy, Charlotte Garner, Clive Parkinson, Carolyn Kagan & Peter Senior. Manchester Metropolitan University : Arts for Health.
- Loughton, T. (2005) Hospital trust runs up £200,000 arts bill. *Yorkshire Evening Post*. 3<sup>rd</sup> November 2005.
- Matarasso, F. (1996) *Defining Values: Evaluating arts programmes*. Available at: [http://www.comedia.org.uk/pages/pdf/downloads/defining\\_values.pdf](http://www.comedia.org.uk/pages/pdf/downloads/defining_values.pdf) Downloaded 07/06/07
- Matarasso, F. (1997) *Use or Ornament? The social impact of participation with the arts* Available at: [http://www.comedia.org.uk/pages/pdf/downloads/use\\_or\\_ornement.pdf](http://www.comedia.org.uk/pages/pdf/downloads/use_or_ornement.pdf) Downloaded 07/06/07
- McMaster, B. (Sir) (2008) Supporting Excellence in the Arts: From Measurement to Judgement. London: Department for culture, media and sport.
- Noble, G. (2005) UCLH Arts Strategy. London: University College London Hospitals NHS Foundation Trust.

- Pawson, R. & Tilley, N. (1997) *Realistic Evaluation*. London: Sage Publications
- Perry, G. (2007) Does art have a place in hospitals? Available at:  
[http://entertainment.timesonline.co.uk/tol/arts\\_and\\_entertainment/visual\\_arts/article2431328.ece](http://entertainment.timesonline.co.uk/tol/arts_and_entertainment/visual_arts/article2431328.ece) (Downloaded 11<sup>th</sup> October 2007)
- Staricoff, R.L. (2004) *Arts in Health: a review of the medical literature*. Research Report 36. London : Arts Council England .
- Staricoff, R.L. (2006) Arts in health: The value of evaluation. *The Journal of the Royal Society for the Promotion of Health*. 126(3) pp.116-120
- Starkey, J. & Morton, E. (2005) *The Sun*. Thursday 25<sup>th</sup> August 2005 p.1