

Aesthetics for Visual Arts in Hospitals

**A comparative case study between
Balmain and Wyong Hospitals, NSW, Australia**

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The work contained in this thesis has not been previously submitted for a degree or diploma at any other university. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made.

Signed.....

Date.....

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Abstract

The impetus for Aesthetics for Art in Hospitals emerged from my first waiting experiences in hospitals whilst being well, from my first pregnancy check ups ten years ago, accompanying my children to our doctor's surgery, and later, sitting with my mother in palliative care; I was acutely aware of the lack of thought and organisation behind the display of visual imagery and signage in hospital waiting rooms. As an artist, I wondered who decides what images will be displayed in waiting areas of health clinics and hospitals. This idea gradually developed from 2005 when I attended the Arts Health and Humanities Conference in Newcastle, and realised that patient's perspectives regarding aesthetics appeared to be overlooked. It was from this point that this inquiry became a research project that led me to the University of Sydney and in particular to The Sydney College of the Arts and the Medical Humanities Unit.

This thesis is the outcome of this original inquiry and examines the questions, how can visual arts be received in hospitals? and how does western society represent illness and death? These questions explores how patients, their family members, and carers respond to art in hospitals, while acknowledging their discomfort experienced in hospital settings. This inquiry took the form of a comparative case study between Balmain and Wyong Hospitals, NSW, Australia. The aim of the study was to produce a reflective and empathetic response to elderly patients in waiting rooms as a mode to investigate the potential of evidence based art for hospitals. The intention was to produce a series of digital photographs that reflected the art preference of elderly patients. The outcomes of the study uncovered the patients waiting experience and recorded their levels of discomfort. It established the potential and significance of landscape photography in hospital waiting rooms to create a less threatening environment. The participants selected landscapes as their preferred subject matter for visual arts in hospitals. The study contributes to Australian arts health research by comparing Australian arts health projects to international examples. These comparisons indicate that further research is required to comprehensively understand the hospital waiting experience of Australian patients, and their family members in order to create visual arts that they can appreciate and respond to.

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Introduction

The format of this thesis is divided into two sections wherein the first six chapters provide a philosophical background that leads into the primary case study. This philosophical background establishes the relevance of examining the position of visual arts in hospitals by exploring aesthetics and medieval history, public art theory, landscape photography, the photographic representation of illness and death, the relationship between time and space in hospital settings, and the artistic influences that informed the thesis exhibition, *Pain, Anxiety, and Boredom*. Chapters seven and eight discuss the methods and findings of the comparative case study conducted in Balmain and Wyong Hospitals. Together these chapters inform the outcomes presented in the conclusion.

Aesthetics for Art in Hospitals: A Medieval Vision

The term aesthetics is derived from the Greek work *aisthesis*, and refers to eighteenth century theories associated with beauty or sense perception in works of art.¹ To explore aesthetics for art in hospitals, this study reflected on the foundation of the phrase *art in hospital*, and examined the meaning behind the art created for Greek healing temples dating from 300 BC, and monasteries that housed the sick poor in Tuscany from 1090 AD. Chapter one discusses the significance of Aristotle's *Poetics* with regard to the concepts of *tekhne* and *imitation*, and how artists played a significant role in defining Medieval culture and its transition to the Renaissance. John Henderson's book *Renaissance Hospitals*, discusses Domenico di Bartolo's fresco *The Care of the Sick*, 1440 - 4, situated in the Pellogrinaio ward of the Santa Maria della Scala, Siena, Italy. I was fortunate to view this fresco and other works from di Bartolo's series in 2007. Master painter Duccio di Buoninsegna (active 1278 – 1318) founded the high standards associated with early Trecento art in Siena. Simone Martini's sensitivity and experience of public art works were highly regarded.² The Siennese public halls of the council chambers, churches, and monasteries (which we identify as hospitals) commissioned professional artists from the workshops and master studios to create

¹ Kai Hammermeister, *The German Aesthetic Tradition* (New York: Cambridge University Press, 2002).ix

² Nathalie Heinich, "Outsider and Insider Artists: Gauging Public Reactions to Contemporary Art," in *Outsider Art*, ed. Vera Zolberg (Cambridge: Cambridge University Press, 1997).118

works of art that reflected their beliefs, and place in history. The quality and aesthetic of art during the fourteenth century was based upon civic function and high quality artisanship, and was usually commissioned by wealthy patrons, the church, or large community organizations. The monasteries or hospitals exhibited works of art that indicated an intention to create an environment conducive to healing.

Public Art: The Artist as Surveyor

There has been a considerable shift in the way public art in the community is generated, produced, and exhibited compared to the spontaneous happenings of the Fluxus group in the 1960s. Public art practice today involves an emphasis on audience participation, ethical constraints, government bureaucracy, and the demarcation between corporate, public and private space. There are insurance costs, occupational health and safety standards to uphold, as well as the concerns of copyright to achieve outcomes in community projects. The question arises as to why artists take their ideas and enthusiasm to the public arena. Suzanne Lacy best sums up this desire, by suggesting public artists “do real life.”³ The interaction and relationships formed in communities alter the commitment to formalism and the environment of gallery and museum space, it also renegotiates, and extends the boundaries of professional art practice. Lacy’s edited book titled, *Mapping the Terrain: New Genre Public Art* re-examines the role of the artist in public art. Suzi Gablick tackles the concept of connective aesthetics, and argues that our culture’s psychology of affluence is threatening our values, and states, “Among artists, there is a greater critical awareness of the social role of art, and a rejection of modernism’s bogus ideology of neutrality.”⁴ Through public art we define who we are, our concerns, and what we value. Sally Webster and Harriett Senie, coeditors of *Critical Issues in Public Art*, view public art as documents of our place in time by visually rendering issues, ideas, traditions, and histories. Through symbols, signs, and images, it can identify and comment on the challenges that affect us. In the context of hospitals, the artist as surveyor explores and discusses how these theories have been applied with specific examples of art in hospital projects conducted in Australia, Canada, and Scotland. These examples will be critically analysed and compared to this study’s images produced for Balmain and Wyong Hospitals.

³ Suzanne Lacy, "Debated Territory: Toward a Critical Language for Public Art," in *Mapping the Terrain: New Genre Public Art*, ed. Suzanne Lacy (Seattle: Bay Press, 1995).1

⁴ Suzy Gablick, "Connective Aesthetics: Art after Individualism," in *Mapping the Terrain, New Genre of Public Art*, ed. Suzanne Lacy (Seattle: Bay Press, 1995).75

The Potential of Landscape Photography in Health Care Settings

The aesthetic theory of the sublime, and landscape painting of the eighteenth century influenced landscape photography. Chapter three explores the concepts of nature appreciation theorised by Ronald Hepburn, Allen Carlson, and Noel Carroll in relation to the development of photography to determine the most appropriate aesthetic for photography in health care settings. The aesthetic engagement of nature was founded on religion, the body, the environment, and the fear of death. Much of our pursuit for health, wellbeing, and pleasure comes from avoiding pain, and these ideas stem from the writings of Epicurus and the school of Hellenistic Philosophy in Greek antiquity.⁵ The discussion compares landscape photographs of Peter Emerson in the nineteenth century, with contemporary landscape photographer Kate Mellor. Mellor was commissioned to capture a series of landscape photographs for the Leeds General Infirmary in 2000. Mellor was directed by a brief from the Infirmary that was influenced by Dr Roger Ulrich's Stress Recovery Theory. Ulrich's theory was also discussed in the 2007 report, *Health Effects of Viewing Landscapes: Landscapes Types in Environmental Psychology*. This report evidenced how nature; natural settings, landscape photographs and videos eased the discomfort of patients in health care settings. However, while examining this empirical research, other questions emerged regarding the subjective nature of landscape photography, and the problems Mellor encountered. The need for in depth research of the elements that constitutes landscape photography should be considered in more detail to be affective in health care settings.

The Representation of Illness and Death: Susan Sontag and Annie Leibovitz

The experience of aged patients in hospitals can be seen through the lens of Annie Leibovitz who bravely captured photographs of Susan Sontag's illness and medical intervention from 1998 to her death in 2004. These images are unique, as a loved one has depicted universal moments in health care. Leibovitz recorded the medical intervention of illness, the sterile rooms, the recovery process, and Sontag's death. Chapter four references Leibovitz's controversial book *A Photographer's Life 1990 –*

⁵ Jacques Brunschwig and David Sedley, "Hellenistic Philosophy," in *Greek and Roman Philosophy*, ed. David Sedley (Cambridge: Cambridge University Press, 2003).155

2005, to reveal her family and personal relationships entwined with her professional practice as a celebrity portrait photographer. A deeply grieving Leibovitz assembled this collection, as she reflected on the loss of her partner Sontag, and her father Samuel Leibovitz, within five weeks of each other. Leibovitz published the intimate images of Sontag dying, and these caused considerable controversy in America. Leibovitz also produced a documentary for the American Masters series, titled *Annie Leibovitz: Life Through a Lens*, which recorded her journey through grief, and new beginnings. Leibovitz's portrayal reinforces the photographic concerns Sontag held regarding ethics and aesthetics in photography. Many of Sontag's books were propelled by her own experience of illness and suffering; *Illness as a Metaphor* was published in 1978 after she experienced breast cancer in 1975. *Regarding the Pain of Others* was published in 2003, as a response to the Bosnian War 1992 – 1995, and highlighted her concerns of photography and ethics. The photographs of Susan Sontag visually acknowledge the intrusiveness of medical care and present discomfort and dying in a sterile environment. Michel Foucault acknowledged the separation of the arts and sciences in the eighteenth century, and the linguistic, hierarchical, and paternal attitude between the practitioner and the patient. Chapter four visually positions the discomfort of one aged patient, Sontag, experiencing hospital care, as captured by Leibovitz.

The Temporal Duration of Waiting in Health Care Settings

The temporal duration of waiting explores the concepts of time and space in hospital settings. Waiting in hospitals is an experience people are often resigned to. The concept of surrendering to an environment, over which the patient or family member has little control, is as common as waiting at a train station for a train, or a bus shelter for a bus - a high level of trust is committed within these spaces. Foucault's concept of *heterotopia* coined in the late 1960s concerns the meaning of other places that possess fragmented or incompatible meanings.⁶ The idea of incompatible meaning could be interpreted as to how patients experience hospital waiting rooms. Heidi Sohn suggests Foucault appropriated the medical term *heterotopia* to reference its relationship to public space.⁷ Foucault's *heterotopia* identified vulnerable and marginalised spaces devoid of any real

⁶ M Dehaene, L, De Cauter, ed. *Heterotopia and the City* (London: Routledge,2008).i

⁷ Heidi Sohn, "Heterotopia: Anamnesis of a Medical Term," in *Heterotopia and the City*, ed. M Dehaene, L, De Cauter, (London: Routledge, 2008).41

power.⁸ Waiting in hospitals is a specific waiting experience undertaken when people are unwell, under stress, and fear the unknown in terms of not knowing what their illness is, or the extent of their injuries. Studying the waiting times of patients is a method researchers apply in nursing and hospital management, and often disregard what it feels like to wait. Amber Van Dreven explored the waiting experience for relatives of patients in 2001, and suggests that not enough consideration is given to family members of patients.⁹ Li We Hsieh suggests numerous studies had been undertaken to determine the quantity of waiting times as a key indicator of quality outcomes in outpatient departments. Van Dreven also expressed her concerns that the physical design of waiting rooms reinforces the power of the institution. She refers to the height of triage counters, one-way glass, grills, and bells to ring as strategies to impose the submissive action of waiting.¹⁰ The research gathered from these studies and mine, explore the feelings experienced while waiting – the pain, anxiety, and boredom – to understand how patients negotiate waiting times. Chapter five references Albert Einstein's theories of relativity, which have informed William James's ideas relating to time, and Henri Lefebvre's production of space. It also explores Martin Heidegger's *Concept of Time*, and Paul Fraisse's *Psychology of Time* in the context of phenomenology.

The Exhibition: *Pain, Anxiety, and Boredom*

The exhibition *Pain, Anxiety, and Boredom* was informed by this study in relation to observing the experience of patients waiting in hospital waiting rooms. The reality of waiting in a hospital environment is the underlying theme of this exhibition. It explores what it feels like to wait in our discourse, and highlights these feelings being compounded by the architecture of the institution. Chapter six illustrates how artists visually depict pain and anxiety, to include examples from Honoré Daumier's lithographs, Bruce Nauman's *Corridor Series*, 1969 – 1973, and Bill Viola's video installation *Science of the Heart*, 1983, that exposes the frailty of life and death. These artists presented social issues, to create a sense of anxiety for the audience through their work. Daumier's extensive work revolved around social issues in nineteenth century France. He created satirical lithographs that often targeted King Louis-Philippe, and on one occasion, Daumier was sentenced to six months in a mental institution for insulting

⁸ Ibid.48

⁹ Amber Van Dreven, "Waiting: A Critical Experience" (Australian Catholic University, 2001).141

¹⁰ Ibid.

the King.¹¹ Daumier highlighted the everyday issues concerning the French, and his work was a precursor to the development of modernism. Nauman, in a similar sense, creates an awareness in his work. Janet Kraynak collected many of Nauman's interviews from 1965 to 2003; Nauman once stated "My work comes out being frustrated about the human condition, and about how people refuse to understand other people."¹² Further, Christoph Grunenberg suggested Nauman's language examined physical and mental activity "be it his own or that of the audience."¹³ Bill Viola is another artist who produces work to affect the audience. Chris Townsend suggested Viola's video art is an art of affect that is strengthened by the play of duration and absorption.¹⁴ Audiences were mesmerized by his epic video installation series, *The Passions* 2002.

The site of the exhibition plays a role in the presentation of this exhibition, and references the theories that inform the definition of pain, anxiety, and boredom in relation to hospital waiting rooms. Carla Yanni's book, *The Architecture of Madness* reveals the correlation of personal narratives of patients in conjunction with the site and design, of asylums. The exhibition *Pain, Anxiety and Boredom*, is scheduled to be held in the Dungeons of Kirkbride in Callan Park, Rozelle, Sydney.

Defining the Study

The case study that informed this study was conducted at Balmain and Wyong hospitals in NSW, Australia from 2006 to 2008. The study explored elderly patients' experiences of a suburban and regional hospital setting, and compared their attitudes to and preferences for visual art, signage, ambience and design of waiting rooms. The evidence from this study has emerged from questionnaires and interviews which investigate how patients and their family members view art and value art in hospital waiting rooms. One hundred and twenty participants provided this study with a snapshot into the art preferences of elderly people. Chapter seven discusses research that has been conducted in the field of art and health, with references to Peter Scher and Peter Senior's *Exeter*

¹¹ Encyclopaedia Britannica, "Honoré Daumier,"(2009), <http://www.britannica.com/EBchecked/topic/152400/Honore-Daumier>.1

¹² Laurence Sillars, "Bruce Nauman Keeping Busy," in *Bruce Nauman: Make Me Think Me*, ed. Laurence Sillars (London: Tate Liverpool, 2006).10

¹³ Laurence Sillars, ed., *Bruce Nauman: Make Me Think Me* (London: Tate Liverpool,2006).8

¹⁴ Chris Townsend, "Call Me Old Fashioned, But." in *The Art of Bill Viola*, ed. Chris Townsend (London: Thames & Hudson, 2004).8

Evaluation 1999, and Marilyn Cintra's *Liverpool Hospital Redevelopment Arts Program Post Occupancy Evaluation 2000*. These projects are discussed with nursing studies that explored the waiting experience of patients. Further, this chapter provides the rationale for qualitative and quantitative strategies, citing John Creswell; the rationale for a phenomenological approach; and the limitations and significance of this study.

Research Findings: How can visual arts be received in hospitals?

The interviews recorded and data received from the questionnaires completed by patients in Balmain and Wyong Hospital have been coded, and analysed to answer this study's research questions. The data was processed by the graduate version of Statistical Package for the Social Sciences computer software. The interviews were transcribed by Smartdocs a company that specializes in transcriptions in Melbourne. I completed the coding of the interviews under the supervision of Dr Claire Hooker.

The research findings answer the following questions:

- How do patients define what is art in hospitals?
- What are the art preferences of patients in waiting rooms?
- Do patients think there is a need for art in hospitals?
- What do patients notice when they enter a waiting room?
- How do we know the body is under stress in a hospital environment?
- Do patients enjoy contemporary art?
- How can waiting rooms be improved?

The research findings are divided into two sections. Section one presents the data obtained by the questionnaires, supported by graphs, to make clear comparisons between Balmain and Wyong Hospitals. Images captured of the waiting room settings during the research illustrate the patients' perspective. Definitions are provided for the terms pain, anxiety, and boredom in context with this study. Section two explores the descriptive elements of the interview responses to hear the voices of the participants.

Chapter One

Aesthetics for Art in Hospitals: A Medieval Vision

Aesthetics evolved from the notion of beauty in antiquity, and specifically from the philosophy of Aristotle who in turn, was influenced by Plato and Socrates. To successfully define beauty in art and philosophy continues to challenge theorists, artists, writers, educators, and critics, as the need to deconstruct and redefine aesthetics is driven by the evolution of cultural values and expectations as they alter. Subjective strands of beauty, i.e. taste, style, value, intention, and interpretation, define the concept of sensuous perception. The theories that inform sensuous perception link to Aristotle's concept of *imitation*, whereby humans by nature are prone to engage in the creation of likeness, and to respond to likeness with pleasure, and this instinct references their innate desire for knowledge.¹⁵

To apply the ideas of beauty in art, artists need techniques to reproduce what we see in reality or imagine. Aristotle's notion of the Greek term *tehkne*, has been defined through the interpretation of his notes on *Poetics*, as a craft, skill, or art.¹⁶ Malcolm Heath explains that Aristotle defines *tehkne* as the productive capacity informed by an understanding of human culture that has continued to evolve.¹⁷ Aristotle's rationale of *tehkne*, the *poet*, and *imitation*, created a foundation for artistic production, and how humans create pleasure through knowledge. The current study drew from Aristotle's foundation, to historically trace the many parallels that contribute to cultural identity, and how this has informed aesthetics in works of art for hospitals.

Historically, the idea of establishing hospitals had its geneses in Greek antiquity as a result of the plague, famines, wars, and religious beliefs. Greeks who were sick or wounded began to gather at healing temples as a result of the plague that infected Athens in 420 BC, as well as soldiers and civilians who survived the Peloponnesian

¹⁵ Aristotle, *Poetics*, trans. Malcolm Heath, *Penguin Classics* (London: Penguin, 1996).13

¹⁶ *Ibid.*9

¹⁷ *Ibid.*

War between Athens and Sparta 431 to 404 BC.¹⁸ The public works of art reflected the healing practices and beliefs of their time. There were statues of Apollo, Asklepios, and Hygieia who were deities of wellbeing, healing, and medicine respectively. There were also architectural friezes in relief sculpture that illustrated the function of these buildings including the ritual of being bathed and cleansed by the healers or doctors before the patient was admitted for treatment.



Figure 1.1. Unknown, *Apollo*, The Temple of Apollo, 380 BC. Delphi, Greece

¹⁸ Michael T Compton, “The Association of Hygieia and Asklepios in Graeco-Roman Asklepieion Medicine,” *Journal of the History of Medicine and Allied Science* 57, no. 3 (2002), <http://www.groveart.com/>.



Figure 1.2. Unknown, *Temple of Asklepios*, Relief Sculpture, Greece

Apollo, as shown in Figure 1.1, and the sculptural relief of a cleansing ritual, Figure 1.2, illustrate the intentions of each healing temple. These objects reflect the taste, style, beliefs, values, and cultural perspective of that era in Greek society. The legacy from art in antiquity has provided evidence that sick and wounded people identified with healing temples as sites whereby they could be cleansed and revitalised physically and spiritually. This legacy continued to influence works of art created for medieval monastic hospitals of Tuscany, Italy from 1090 AD.

C.H.Lawrence suggests Christian monasticism evolved from a solitary way of life experienced by Egyptians and Palestinians who were exiled into the deserts through political or religious alienation from around the third century.¹⁹ The word monk is derived from the Greek word *monachos* meaning solitary, and it was assumed that monks were people who had withdrawn from society to pursue a spiritual life in solitude.²⁰ This spiritual withdrawal from society is also feature of Buddhism and Judaism whereby gathering in closed communities to practice religion and philosophy insulated them from religious decay and political instability being experienced in the world around them. The full impact of these religious and intellectual communities peaked during the Middle Ages. It was during the Age of Cluny, from the tenth to the twelfth centuries, that monastic society acquired political and religious influence in

¹⁹ C.H. Lawrence, *Medieval Monasticism*, Second ed. (New York: Longman Group, 1989).1

²⁰ *Ibid.*

Western Europe. It is from this era that monasteries transformed into sites for caring for the sick poor, as well a central organization for community and religious affairs.

The term aesthetics was informed by Alexander Baumgarten's *Aesthetica* 1750 – 1758, and influenced the seminal works of Immanuel Kant's aesthetic rationale in *Critique of Aesthetic Judgement and Critique of Teleological Judgement* in 1790.²¹ Aesthetics was a new philosophical discipline that emerged from rational metaphysics. Kai Hammermeister suggests Baumgarten's aesthetics originated as an advocacy of sensibility, not necessarily a theory of art.²² Baumgarten argued that humans have other ways of capturing reality and this was through a blinding intuition, while Kant argued that aesthetic pleasure was the result of the mind, intuition and reason. It was from this position that I created my interpretation of the hospital experience in chapter six. Kant's work on aesthetic judgment was attuned to beauty in natural objects, and feelings of the sublime.²³ Both Baumgarten and Kant explored sensual perception to define beauty. Umberto Eco utilizes these perspectives, and applies them in a medieval context.

Eco suggests medieval aesthetic theory developed the mathematical conception of beauty, the aesthetic metaphysics of light, a certain psychology of vision, and the conception of form as the cause and the lightness of pleasure.²⁴ These elements featured in works of art commissioned for monasteries. The two leading philosophers to emerge from Christian aesthetics were Augustine and Thomas Aquinas. Joseph Margolis states, "Augustine was viewed as the most original and influential philosopher of the early church and Aquinas the most magisterial voice of the high Middle Ages."²⁵ Both philosophers explored the works of the ancients and in particular Aristotle. Aquinas combined Christianity with metaphysics; however, his work in aesthetics is limited to mimesis. Augustine on the other hand influenced Franciscan aesthetics that featured the interpretation of God and spirituality in medieval frescoes. Aquinas's definition of beauty is mimetic, and allows room for this representation in painting and sculpture. Margolis notes Aquinas's conviction that art cannot create new forms.²⁶

²¹ Eva Schaper, "Taste, Sublimity, and Genius: The Aesthetics of Nature and Art," in *The Cambridge Companion to Kant*, ed. Paul Guyer (New York: Cambridge University Press, 1994). 367

²² Hammermeister, *The German Aesthetic Tradition*.4

²³ Ibid.21

²⁴ Umberto Eco, *Art and Beauty in the Middle Ages*, trans. Hugh Bredin (New Haven: Yale University Press, 1986). 27

²⁵ Joseph Margolis, "Medieval Aesthetics," in *The Routledge Companion to Aesthetics*, ed. B Gaut, McIver-Lopes, D (New York: Routledge, 2006).29

²⁶ Ibid.37

Beauty demands the fulfilment of three conditions: the first is integrity, or perfection, of a thing, for what is defective is, in consequence, ugly; the second is proper proportion, or harmony; and the third is clarity – thus things which have glowing colour are said to be beautiful. Thomas Aquinas²⁷

The Middle Ages valued works of art and objects that depicted and reflected the essence of their respective communities through imitation, or direct and proportional representation of the body and nature. Eco cites Galen's definition of beauty, "beauty does not consist of elements, but in harmonious proportion of the parts, the proportion of one finger to the other....of all parts to all others, as it is written in the canon of Polyclitus."²⁸ This appears to be true of the frescoes commissioned for Santa Maria della Scala; however, do these works of art represent the values of the community? Also how do we define aesthetic value?

John Hospers suggests Bertram Jessop's definition of aesthetic value: "...is an objective property of the things that have it, just as much as squareness and circularity, size, shape, and weight. If an object has this quality, it has aesthetic value; and it has the value only to the extent that it has this quality."²⁹ In other words, the value is in the work itself, not in the subject matter, intention, or what the viewer takes away from the experience. Richard Shusterman references John Dewey's *Art as Experience*, to grasp the concept of aesthetics in a social context. In this context, Dewey notes the 'compartmentalize' conception of fine art as a response to nationalism and imperialism, whereby high art fed the museum, and industrialization and world market capitalism took art away from its intimate social connection.³⁰ This intimate social connection in the Middle Ages indicates the notion of aesthetic value as a response the viewer or patient has experienced. Dewey suggests the philosophical theories about art are significantly shaped by socioeconomic conditions;³¹ therefore, our concept of art needs to be reformed as society transforms. George Santayana stated when discussing "The idea of something of practical advantage to us, the premonition of which brings

²⁷ Ibid.

²⁸ Eco, *Art and Beauty in the Middle Ages*. 29

²⁹ John Hospers, "Introduction," in *Introductory Readings into Aesthetics*, ed. John Hospers (London: Free Press, 1969).11

³⁰ Richard Shusterman, "Pragmatism Dewey," in *The Routledge Companion to Aesthetics*, ed. B Gaut, D, McIver-Lopes, (New York: Routledge, 2006).126

³¹ Ibid.127

satisfaction, and this satisfaction prompts an approval of the presented object.”³² Santayana suggests aesthetic value extends from happiness and expression. He gives an account of the term *home*; in a social context it would refer to happiness, and when *home* is represented as a cottage and a garden, it becomes an aesthetic concept, and then becomes a beautiful object. The beautiful object has value, because it encompasses the elements in our lives that bring us happiness.³³ The house example may be simplistic, however, it illustrates the process of aesthetic value. What appears is the connection of expression, the concept, and the object approved by the viewer – hence the value. The Sieneese community in Italy valued their works of art, as proven by the fact that many frescoes have survived after centuries of restoration and protection. In addition to aesthetic value, is there aesthetic morality?

Terry Eagleton suggests aesthetic morality or duty has no direct relationship to human pleasure or happiness, however, when we consider the art in monasteries/hospitals with Christian themes, is it art or an artefact? Eagleton notes an artefact is “self grounding and self determining.” He adds moral values must be validated by instinct, or they must validate themselves, not through social relations.³⁴ If this is true, then trying to determine the aesthetic value of an artwork or artefact is a highly subjective notion, especially from the perspective of the viewer. Eagleton suggests David Hume and Edmund Burke agreed that what knits society together is the aesthetic phenomenon of mimesis.³⁵

It is by imitation, far more than by precept, that we learn everything; and what we learn thus, we acquire not only more effectually, but more pleasantly. This forms our manners, our opinions, and our lives. It is one of the strongest links of society; it is a species of mutual compliance, which all men yield to each other without constraint to themselves, and which is extremely flattering to all. David Hume³⁶

In relation to art in hospitals, imitating the natural world as requested by patients (from Balmain and Wyong Hospitals) is a plea of what would put them at ease in a hospital waiting room. The philosophy of the Middle Ages operating on a mimetic aesthetic, was not only a response within their discourse, it may be the only way of putting patients at

³² George Santayana, *The Sense of Beauty* (New York: Dover, 1955).129

³³ Ibid.41

³⁴ Terry Eagleton, *The Ideology of the Aesthetic* (Oxford: Blackwall, 1990).53

³⁵ Ibid.

³⁶ Eagleton, *The Ideology of the Aesthetic*.53

ease in hospitals that reflect the patient's environment. It is speculative to assume what response viewers or patients had while experiencing works of art placed in the Santa Maria della Scala; however, the combination of religion, medicine, and community depicted through everyday experiences portrayed a holistic impression of caring in monasteries i.e., medieval hospitals.

John Henderson notes many historians, such as Alberti and Boncompagno da Signa, colour the perception of medieval life and in particular hospitals, as overcrowded, depressing, unsanitary and indicates the poor were sent there to die rather than recover.³⁷ Henderson explores the visual imagery, and patient and community records to trace the architecture and the fusion of religion and medicine in medieval communities throughout Tuscany.

Works of art were created on the walls of many monastic hospitals established in Tuscany from the tenth to the sixteenth century. Henderson's chapter titled *Splendid Houses of Treatment Built at Vast Expense: Wards and the Care of the Body and Soul*, from his book *The Renaissance Hospital*, maps the role of religion and medicine visualized through imagery. The Santa Maria della Scala, situated in Siena was established in 1090 AD. This monastery or hospital exhibited significant works of art that indicated an intent to create an environment conducive to healing. The Sieneese community regarded the Virgin Mary as their Patron Saint, and their symbol. Her image was re-imaged through Sieneese sculpture, iconography, and frescoes.³⁸ The presence of Mary, the caring Mother of Christ, was not only a symbol for the Sieneese, but for other Italian hospitals.³⁹ These hospitals commissioned works of art as well as purchasing religious relics, and this combination attracted community interest. The immediate area in front of the Santa Maria della Scala was the site of elaborate public ceremonies. Henderson suggests that after the success of the hospital's acquisition of a large collection of relics from Constantinople, the Sieneese community voted that the hospital should be the centre of the city's celebration of the festival of the Annunciation, at which time the communal magistrates were present.⁴⁰ The hospital, in this sense, was a formidable economic and social base. It is from this environment that a group of artists, later canonized, emerged from this region in the fourteenth century; they included

³⁷ John Henderson, *The Renaissance Hospital* (New Haven: Yale University Press, 2006).xxv

³⁸ Frederick Hardtt, *A History of Italian Renaissance Art* (London: Thames & Hudson, 1970).74

³⁹ Henderson, *The Renaissance Hospital*.77

⁴⁰ *Ibid.*69

Duccio di Buoninsegna, Simone Martini, Ambrogio and Pietro Lorenzetti, and Dominico di Bartolo.

Master painter Duccio di Buoninsegna (active 1278 – 1318) established the high standards associated with early Trecento art in Siena. The Italo-Byzantine influences were a major thread that identified Siennese work. Duccio, known for his originality, extended the boundaries in painting; he abandoned the use of gold striation that featured in the depiction of the Virgin Mary. He adopted methods from French Gothic architecture, to include tiny French Gothic arches to frame the composition of his paintings. Frederick Hardtt estimates Duccio's new and slightly Gothicized phase of Italo-Byzantine style may have influenced the contemporary generation of Florentine painters including Giotto.⁴¹ From Hardtt's account of the influence and stature of Duccio, we can conclude that he was a major pivot in his culture. Duccio's influence and experience paved the way for his student Simone Martini (active 1315 – 44) to experiment and extend boundaries to fully embrace the French Gothic style, and later fulfill the demand for Italian mural painters to decorate areas of the Louvre in Paris.⁴²

The acknowledgment of the terms mural painters and decorators, have ambiguous connotations in our present discourse. These terms are associated with poorly constructed, naïve, community art aesthetics, or with high and low art; however, during the careers of Duccio and Martini there was no distinction, they were one and the same. Martini's sensitivity and experience of public art works were highly regarded. Martini accepted many public commissions in Siena during his career, these included *Guidoricco da Fogliano* 1328, a fresco for the council chambers, Palazzo Pubblico. Hardtt describes this fresco as ambitious; it commemorates the victory of Montemassi that same year and depicts a General riding on his well-adorned charger through the Siennese landscape. Hardtt explains this design identifies with the Roman Empire centuries before. This is in contrast to the usual painting genre of Christian Art, and in a sense, it was an attempt to record what was happening in Siennese everyday life.

In Siena, master painters that worked from studios or workshops employed apprentices, similar to the relationship between Duccio and Martini. Nathalie Heinich notes, publicly commissioned art objects involve arts policy that emanates from the state, acceptance

⁴¹ Hardtt, *A History of Italian Renaissance Art*.75

⁴² Ibid.79

may often be best understood through the approaches of political sociology.⁴³ The Sienese public halls of the council chambers, churches, and monasteries or hospitals commissioned professional artists from the workshops and master studios to create works of art that reflected their beliefs and place in history. During the transition from the Medieval to the Renaissance era, professional artists had extensive apprenticeships, and practiced in both private and public spheres. Duccio and Martini pushed the boundaries of their practice, and were open to the foreign influences of French and Dutch painters.

The Santa Maria della Scala was the third centre of art in Siena, together with Palazzo Pubblico (town hall) and the cathedral, all situated within metres of each other.⁴⁴ Henderson explored the architectural plan of Santa Maria della Scala, depicted by Domenico Di Bartolo's *Care of the Sick*, 1440 – 1441, in the Pellegrinaio ward, and suggests that a comparative photograph taken of the Santa Maria Nuova in Florence illustrates a commonality for open-plan wards. This style of architecture originates from monastic infirmaries.⁴⁵ Enrico Toti argues the Pellegrinaio ward indicates a French influence from Citeaux, and from the Cistercian order to evidence the longitudinal spaces in the hospital.⁴⁶ Nevertheless, both Toti and Henderson's explanations, confirm the hospital ward was an outgrowth of the monastic infirmary, which was dependent upon the church model until the eighteenth century. The designers of wards relied on what they knew best from an ecclesiastical context.⁴⁷ The influence of the church plan in the architectural design of hospitals through its long halls and high ceilings also indicates the relationship and blending of religion and medicine. The open-plan designs not only contained hospital beds, they also displayed large frescoes, which depicted the values and activities in the hospital – similar to the iconography and paintings that adorned churches and cathedrals.

The fresco, *The Care of the Sick*, shown in Figure 1.3, was commissioned for the Pellegrinaio Ward of the Santa Maria della Scala between 1440 and 1441. The artist tendered, Domenico di Bartolo, painted this fresco and three others as a series of episodes to represent the history and life of the Santa Maria della Scala. The rector

⁴³ Nathalie Heinich, "Outsider and Insider Artists: Gauging Public Reactions to Contemporary Art," in *Outsider Art*, ed. Vera Zolberg (Cambridge: Cambridge University Press, 1997).125

⁴⁴ Enrico Toti, *Santa Maria Della Scala* (Siena: Comune di Siena, 2003).11

⁴⁵ Henderson, *The Renaissance Hospital*.157

⁴⁶ Toti, *Santa Maria Della Scala*.29

⁴⁷ Henderson, *The Renaissance Hospital*.157

called upon di Bartolo, Lorenzo Vecchiette, and briefly Priamo della Quercia, to apply their new Renaissance style, with skill and sophistication, to reflect the power and prestige of this hospital. The episodes encase two walls to create an accurate snap shot representation of the day-to-day experience of care in the hospital. The depiction of architectural perspective surrounds the patient or viewer within a realm larger than life. Toti suggests *The Care of the Sick* represents a promotional manifesto of the hospital, and this depiction is amplified through the position and subject matter of the works.⁴⁸



Figure 1.3. Domenico di Bartolo, *The Care of the Sick*, 1440- 4. Pellegrinaio ward, Santa Maria della Scala, Siena

The subject matter and narratives of *The Care of the Sick* are intrinsically linked to the day-to-day activity of the Santa Maria della Scala. Henderson enlarged sections from this painting to reference the interrelationship between medicine and religion. The painting depicts a number of narratives in what Toti describes as “microscopic detail.”⁴⁹ Firstly, the Quattro Centro system that transformed the two dimensional pictorial plane into the illusion of three-dimensional space by applying perspective is evident in di Bartolo’s painting. Filippo Brunelleschi a painter and architect was credited with inventing one point linear perspective in 1425 which revolutionised painting, and influenced painters such as di Bartolo during that time. These advances were a feature

⁴⁸ Toti, *Santa Maria Della Scala*.38

⁴⁹ Ibid.

of Renaissance painting and the precursor of a modern vision through photography. Scott McQuire defines this space as scenographic whereby artists were able to create realism by figuring depth, proportion, texture, and density by placing objects in the scene, for the eye of the spectator.⁵⁰

In the foreground of this painting and slightly left of centre, is the ancient practice of cleansing the patient, or pilgrim. As discussed earlier, the Greeks in the healing temples of Apollo and Asklepios conducted this practice. This practice was continued into the Christian era. Henderson notes, the hospital is the institutional embodiment of two of the seven works of Mercy, housing travellers and pilgrims, and tending to the sick.⁵¹



Figure 1.4. Domenico di Bartolo, detail, *The Care of the Sick*, 1440-4. Santa Maria della Scala, Siena

Figure 1.4 as shown, illustrates the patient after he has passed through the main doors of the hospital.⁵² The semi-dressed patient is bathed by hospital staff then dressed in clean clothes. Henderson suggests this process represents both a practical and symbolic function; practical in the sense of hygiene as the poor were often covered in lice, and

⁵⁰ Scott McQuire, *Visions of Modernity* (London: Sage, 1998).19

⁵¹ Henderson, *The Renaissance Hospital*.162

⁵² Ibid.

symbolic by leaving behind everyday life and entering a new life encompassing the body and spirit.⁵³



Figure 1.5. Domenico di Bartolo, *Confession of a Dying Patient* detail from *The Care of the Sick*, 1440-1. Santa Maria della Scala, Siena

Figure 1.5 as shown, represents the confessions of a dying patient with a friar resting on one foot listening. Henderson suggests behind the bed is a shelf holding two flasks that may have contained water or wine, and possibly containers with pomegranate, which was used for the treatment of stomach pain.⁵⁴ Henderson claims fruit was used as a symbol of passion that may assist the dying patient to attain salvation.⁵⁵ *Confessions of a Dying Patient* illustrates the activity surrounding the patient with two attendants carrying a stretcher with a cat and dog underfoot.⁵⁶ Di Bartolo had witnessed the domestic chaos in the Santa Maria della Scala and portrayed these events in realistic detail corresponding to the policies of a fifteenth century statute.⁵⁷

⁵³ Ibid.164

⁵⁴ Ibid.166

⁵⁵ Ibid.

⁵⁶ Toti, *Santa Maria Della Scala*.38

⁵⁷ Ibid.

It could be argued that di Bartolo's fresco *Care of the Sick* may have relieved any sense of anxiety experienced by patients as they were aware of the process and belief system of the hospital. Aquinas suggests spiritual beauty exists within conversations and actions that are well proportioned in accordance with the spiritual light of reason.⁵⁸ Aquinas's suggestion that men's rational and moral actions reflect aesthetics reinforces Eco's position that there is a return to the idea of aesthetic quality in rational and practical activities, and in mathematical and logical reasoning.⁵⁹ The process of patients entering the hospital and being bathed were mapped out before them in the fresco *Care of the Sick* while waiting and occupying the hospital wards. The placement of these frescoes is site-specific, with regard to where the beds were arranged, and the height of the beds to avoid obscuring the patients' view. Figure 1.6, *The Pellegrinaio Ward* outlines the skirting along the wall that separated the bed height from the imagery. The frescoes appear as an art installation. The spatial aesthetics become interlaced in the architecture.



Figure 1.6. *The Pellegrinaio Ward*, 2003. Santa Maria della Scala, Siena

⁵⁸ Eco, *Art and Beauty in the Middle Ages*.77

⁵⁹ Ibid.

With reference to spatial aesthetics and architecture, Nikos Papastergiadis examines aesthetics in contemporary practice, and explores the production of art. He refers to redundant buildings housing and exhibiting contemporary art works.⁶⁰ The Santa Maria della Scala, in a sense is engaging a new audience. The public is privileged to experience the art works of di Bartolo on the original site. The hospital has become a museum. The community of Siena is able to blend the past and the present, and appreciate a mimetic aesthetic in a medieval context that has inspired audiences for centuries.

The medieval intention for art in monasteries or what we identify as hospitals was spawned from the rediscovery and interpretation of Aristotle's work regarding *tehkne*, *poetics*, and *imitation* during that era. The depiction of likeness and metaphors portrayed by artists have visually mapped the evolution of taste, style, beliefs, values, intentions, and desires through creative expression applied with skill and technology.

To step back in time and explore the significance of art in hospitals depicted in Greek antiquity, and in the Medieval and Renaissance transition, has enabled this study to acknowledge the significance of the synthesis of art, religion, medicine, and community that canonised artists and life in Siena.

⁶⁰ Nikos Papastergiadis, *Spatial Aesthetics* (London: Rivers Oram Press, 2006).130

Chapter Two

Public Art: The Artist as Surveyor in Hospitals

Public art reflects a function or aesthetic need in a particular space. The complexity of theories surrounding public art are generalised if not connected to a specified project. This chapter discusses the emergence of public art policies in the 1960s, why artists are drawn to this field, and discusses different perspectives about how public art is perceived. This chapter will also explore the specificity of public art in the context of public hospitals, and examine the existing artwork placed in both Wyong and Balmain Hospitals and compare them with international and local examples. The Ottawa Heart Institute in Canada installed artworks in the wards of their hospital and recorded the effects these images had on the patients in 2006. Marily Cintra conducted two projects; an arts program designed for Wyong Hospital in 2004 that was aborted, and the successful Liverpool Hospital Redevelopment Arts program in NSW Australia which ran from 1993 to 1997; Juliet Dean coordinated the public arts agency PACE, to organise a \$1.8 million project for the Royal Aberdeen Children's Hospital in Scotland in 2003. These projects will be compared to illuminate the methods of art production for hospitals today, and evidence the influence of community support.

The term 'public art' emerged during the 1960s when the American Government's National Endowment for the Arts, Visual Arts Program supported art designed for public spaces.⁶¹ During this time, artists embraced the opportunity to extend the traditional boundaries imposed by gallery and museum sites. Suzanne Lacy suggests public art evolved as a reaction against high art.⁶² This development appeared in the

⁶¹ Arlene Raven, "Introduction," in *Art in the Public Interest*, ed. Arlene Raven (London: U.M.I. Research Press, 1989).11

⁶² Suzanne Lacy, "Cultural Pilgrimages and Metaphoric Journeys," in *Mapping the Terrain: New Genre Public Art*, ed. Suzanne Lacy (Seattle: Bay Press, 1995). 20

American and British counterculture of the 1960s whereby artists engaged in experimental interdisciplinary practices that highlighted social issues through performance and audience interaction. Artists Allan Kaprow, George Brecht, Dick Higgins, and Nam June Paik inspired a generation of performance artists, experimental video, and provocative installation art that utilized objects. Pierre Bourdieu suggested a cultural consciousness emerged, and developed into areas that we now categorize loosely as public art, community art, or the social production of art. In our discourse, Harriet Sieni states, “Public art documents our place in time by visually rendering issues, ideas, and histories. Through visual symbols, signs and images, it can identify and comment on the challenges that affect us. Public art acts like a mirror, a reflection of our society... and is often a shared or common experience.”⁶³

The intention of this study was to explore the art preference of elderly patients; however, to achieve this, how do we position the *public* in public art within the temporal space of a waiting room? Eugene Metcalf states “the *public* in public art can be read in two ways, as private art in public spaces or as art intended to be understood, enjoyed or even made by the public.”⁶⁴ The presentation, display, or exhibition of art in the public realm seeks an audience as a means of communication and self-expression. The concept of public art suggests a focus upon the needs and preferences of the public in corporate, state, or private space.

The inclusion of the *public* in public art Metcalf describes as problematic for an artist, and cites Vito Acconci, “The public artist gives up the gallery artist’s privilege of imposition...Public art, in order to exist in the world, agrees to certain social conventions, certain rules of peaceful existence....using manners as a cover, public art insinuates.”⁶⁵ Walter Benjamin recognised this – “the impossible place” that Acconci discusses. Suzy Gablik cites Linda Frye Burnham claiming that gallery art has lost its resonance for her, “there is too much going on outside, and real life is calling. I can no longer ignore the clamour of disaster – economic, spiritual, environmental, political disaster – in the world in which I move.”⁶⁶ Mary Jane Jacob suggests that twentieth century art has always been positioned according to its avant-garde edge and the

⁶³ Senie, HF, Webster S, ed, *Critical Issues in Public Art*, Smithsonian Institutional Press: Washington. 1998.3

⁶⁴ Eugene Metcalf, "Public Art: Old & New Clothes," in *The Lure of the Local: Senses of Place in a Multicentred Society*, ed. Lucy Lippard (New York: The New Press, 1997). 272

⁶⁵ Ibid.

⁶⁶ Gablik, "Connective Aesthetics: Art after Individualism." 75

individual. This position may give way in the future, as more research in art explores the position of the audience. Artists in the realm of social production float ambiguously between Marxist ideals and formalism. Hal Foster notes the duplicity of “author as producer” and positions “theory against activism”, or “aesthetic quality against political relevance.”⁶⁷ Public art is a problematic proposition for artists, however, artworks created for specific projects assist with the interpretation of what public art can be.

My concerns as an artist were to explore ‘art-in-hospital’ projects such as those by Peter Scher and Peter Senior who supported the value of evidence-based art in art and health. Their Exeter Health Care Arts Project, published in 1999, responded to the preferences of patients from The Royal Devon and Exeter Hospitals in the United Kingdom.⁶⁸ The project also examined the issue of art and audience, whereby the audience’s response to specific works of art were measured and formulated to give a variety of ratings. Pierre Bourdieu and Alain Darbel’s 1960s study of art museums and their public utilized this method. Paul Costantoura’s 1999 project *Australians and the Arts*, explored how Australians viewed the arts, to try and determine what they will value in the arts in the future.⁶⁹ This investigation has mapped Australians’ attitudes and preferences for art through questionnaires, and consultations with art professionals.⁷⁰ These projects indicate the connection between the arts and the audience. If artists take the time to explore the responses to art by audiences, then we have a greater understanding of how to inform, calm, inspire, and confront the audience in any situation.

The Artist as Surveyor is drawn from the notions of the artist as citizen, artist as ethnographer, artist as researcher, artist as agent, and artist as witness. These terms were coined through the diverse roles artists assume in art, and cross over into sociology and psychology.⁷¹ A surveyor suggests someone whose occupation is taking accurate measurements of land areas in order to determine boundaries, elevations, and dimensions.⁷² For an artist, surveying and measuring can be referenced from Plato’s *Timeaus*, whereby a sense of place, or creation cannot exist without the interaction of gendered bodies, and for a body to create, they must overcome the other. Edward Casey cites Plato’s Marduk the architect, and Tiamat (“primeval waters”), as a feminine

⁶⁷ Hal Foster, *The Return of the Real: The Avant-Garde at the End of the Century* (Cambridge: M.I.T, 1996). 172

⁶⁸ Peter Scher, Senior, Peter, "The Exeter Evaluation,"(1999), <http://www.rdehospital.nhs.uk/EHCA/report.htm>.

⁶⁹ Ibid.

⁷⁰ Paul Costantoura, *Australians and the Arts* (Sydney: The Federation Press, 2001).v

⁷¹ Linda Burnham, Durland, ed *Citizen Artist*, Critical Press, 1998. 179

⁷² Encarta Word Dictionary, *Thesaurus reference tools*, surveyor

metaphor. Casey states “Tiamat’s coil – her troublesome tumult – is too deep to fathom that Marduk must rise against her. For Marduk can only deal with measurable depth. His confrontation with Tiamat is thus foredoomed: their difference is literally cosmic. The confrontation itself comes when he surveyed her scanning the deep. He surveys her – makes her into an object of conquest.”⁷³ Through the concept of *cosomachia*, Marduk needs to triumph over the unstructured, or water to prove himself the master of the matrix.⁷⁴ He “brutally crushes Tiamut in battle. Marduk, the architect, or master builder seeks his building materials” from what Casey, describes as “Tiamut’s slain body, whose corporeal depths have become the source of the civilised cosmos.”⁷⁵ Plato views the creation of civilization or *place* was sourced from the body or the womb of women. This narrative positions contemporary public art critics such as Suzanne Lacy, Lucy Lippard, and Edward Soja to imply that public space is viewed as male space. It is also fair to assume the vessel, container, room, or interior to be the site of women. The artist as surveyor in this instance is equivalent to the female artist reclaiming interior space to best respond to the art preferences of patients in the male directed sphere of corporeal space.

Creating public art from the perspective of the audience is a labyrinth of negotiation and coming to terms with de-centring concepts on the part of the artist to allow for a symbolic means of communication. Janet Wolff states “art is a social product.”⁷⁶ Sally Webster and Sieni suggest public art can reflect the communities’ perceptions and values, unlike work displayed in museums and galleries.⁷⁷ They believe public art is a shared and common experience.⁷⁸ Not all public art aims at reflection; David Hammons suggests that the role of public art is to “ruffle sacred feathers.”⁷⁹ Jeremy Hunt quotes Grayson Perry, “I call [most contemporary public art] cultural abuse, a new crime that I’m seeing a lot of today. People expect results from art that isn’t just looking beautiful. They want it to have some sort of social experiment effect. That might happen. But I don’t expect it.”⁸⁰ Hunt also includes a statement by sculptor Antony Gormley. “In broad terms, it’s naive to think a piece of art is going to do what good planning and

⁷³ Edward S. Casey, *The Fate of Place* (London: University of California Press, 1998).27

⁷⁴ Ibid.

⁷⁵ Ibid.

⁷⁶ Janet Wolff, *The Social Production of Art* (New York: St Martins Press, 1981).1

⁷⁷ S Webster, *Critical Issues in Public Art*, Smithsonian Institutional Press.2

⁷⁸ Ibid.

⁷⁹ Ibid.2

⁸⁰ Jeremy Hunt, "Culture Tanks on the Lawn of Society," *Public Art Review* 19, no. 37 (2007).18

lively community spirit can do.”⁸¹ Noel Carroll suggests responding to the representational content of an artwork and reflecting on its moral message are not legitimate responses to artworks.”⁸² However, Carroll counteracts Hammons, Perry, and Gormley’s arguments by stating “aesthetic experience is of overwhelming importance to art. The possibility of aesthetic experience draws us to the artwork and it is what keeps us [the viewer] coming back.”⁸³

Metcalf also addresses the confusion of aesthetic experience in public art stating, “the general public’s intelligence is often underrated” and raises concerns about public art “pandering to the lowest common denominator”, and describes how the best public art aims for the “highest common denominator.”⁸⁴ To polarise public art as either as an agency for social values and reflection or to the conceptual language of the elite art community is problematic. There needs to be an exchange and flow of cross disciplinary process and aims that do not marginalize the perspective of the audience, or indeed undermine the impact of such art on audiences. Theories of public art are too general without the specificity of a project. Each project has a specific type of audience, and requires a specific outcome. To aim for the “highest common dominator” would be to present the subject matter in a conceptual, professional representation without losing the meaning of what is required. For example, the patients and family members of Wyong and Balmain Hospitals noted their preference for landscape images of their local area. This finding made me wonder, why landscapes?

The significance of depicting landscapes in art and photography has been noted by Graham Clarke who referenced Ralph Emerson’s 1835 essay *Nature*, suggesting that “there appears to be a holistic tendency of natural forms and scenery in both detail and larger whole, a symbolic state whose meaning implied the ideal presence of God.”⁸⁵ The essence of spirituality in the landscape is also embedded in cultural memory. Simon Schama states there are instances whereby, “landscape and memory are a way of looking or rediscovering what we already have.”⁸⁶ The photograph as a medium for landscape is highly suitable in a mimetic aesthetic. The way our culture remembers and feels is intrinsically linked to popular culture, the visual language of photography,

⁸¹ Ibid.20

⁸² Noel Carroll, *Philosophy of Art* (London: Routledge, 1999).200

⁸³ Ibid.

⁸⁴ Metcalf, "Public Art: Old & New Clothes."272

⁸⁵ Graham Clarke, *The Photograph* (Oxford: Oxford University Press, 1997).63

⁸⁶ Simon Schama, *Landscape & Memory* (London: HarperCollins, 1995).530

television, cinema, and advertising. The patient's preference for landscape imagery of their local area also reflects the original intention of art in hospitals discussed in chapter one.

Landscapes as subject matter for photographs could also lower the levels of anxiety experienced in hospitals. Hans Kreitler suggests that human beings feeling disoriented evoke anxiety.⁸⁷ He suggests people who experience disorientation do not know how to act, or what to expect when they impatiently wait for news, and this creates a growing sense of insecurity and possible danger. To ease this disorientation, there must be a balance, which restores, relieves, and even allows pleasure to be obtained in oneself.⁸⁸ In other words, the subject matter of landscapes has the potential to restore an inner balance for the viewer. Kreitler notes, "if it is the spectators who pass judgement about what is beautiful and aesthetically enjoyable, it is to spectators that we have to turn to if we want a deeper insight into the beautiful in art and its impact."⁸⁹ There are specific areas in which works of art can be beneficial and help others in the context of understanding the needs of an audience and aesthetics to encourage specific sensations.

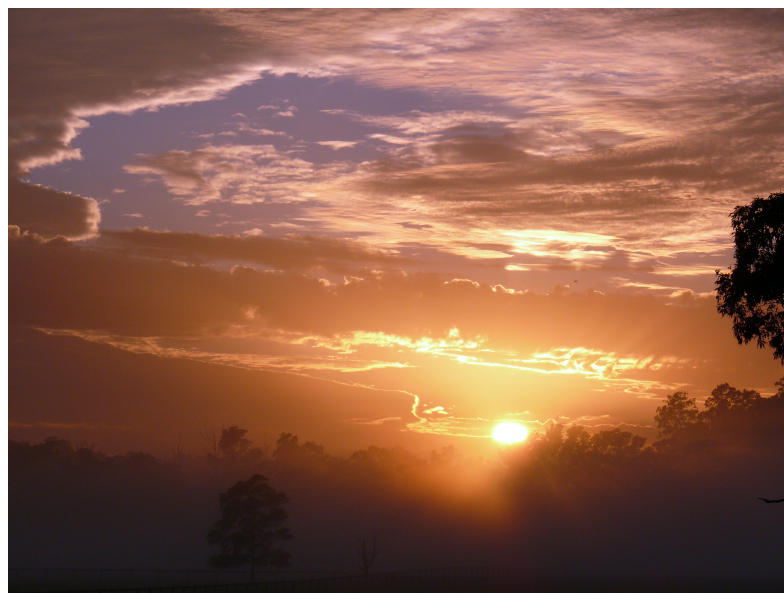


Figure 2.1. Jillian Gates, *Jillaby Sunrise*, 2007. Photograph, 700 x 1000mm, Wyong Hospital, Wyong

⁸⁷ Hans. Kreitler, Shulamith, *Psychology of the Arts* (Durham: Duke University Press, 1972).25

⁸⁸ Ibid.

⁸⁹ Kreitler, *Psychology of the Arts*.6

Figure 2.1, is a photograph of a *Jillaby Sunrise* that was captured with a Panasonic Lumix DMC-FZ50 digital camera with a Leica lens 12x optical zoom with 10 megapixel definition, and printed on photographic paper. This image is 700 x 1000mm. I drove to Jillaby, in the Wyong Shire at 6 am in May 2007, to capture this moment. There was a window of 10 minutes as the sun rose from the horizon, to emit a glow through the clouds. This moment was the accumulation of daily weather forecasts, early morning trips and random luck, which were played out to produce imagery for the patients. Therefore, if the skill of the artist is met with the preference of the patients, it could be a beneficial outcome in a hospital environment.

An example of how audiences respond to art in hospitals is shown with the artwork selected for the Ottawa Heart Institute in Canada in 2006. An unlikely experience of patients being physically affected by works of art occurred when the hospital board decided to install one hundred artworks from the Federal Art Bank, as an art therapy experiment. However, some of the paintings had unexpected effects. Amongst the paintings chosen, was a series of Queens created by Shirley Brown, and a painting titled *Ward Robe*, created by Maggie Dunbar Deegan, depicting a gorilla. Dr Robert Roberts admitted the paintings were selected as a part of an art therapy experiment to calm patients.⁹⁰ However, the hospital did not expect the blood pressure of patients to rise. Jacques Guerette states, “The Queens had very intense eyes, and they were triggering that feeling that they were watching you, as you walked around, and they were blowing all our hypertension results. The Queens were creeping them out.”⁹¹

⁹⁰ ABC. Jan 07 online, “ Art Therapy Not So Therapeutic,” *Australian Doctor*, 19th January 2007

⁹¹ Paul Gessell, "The Queens Were Creeping Them Out," *The Ottawa Citizen* (2006), <http://www.canada.com/ottawacitizen/news/story.html?id=dc4baf13-afda-4939-9f50-1990f4f646b3.26> May 2006



Figure 2.2. Shirley Brown *The Queens*, 2006. Oil on canvas, Ottawa Heart Institute, Ottawa

This comment is a clear indication that artworks situated in hospitals can affect patients. The response from the patients at the Ottawa Heart Institute may suggest a sense of anxiety normally felt in hospitals. Heidegger defines anxiety as a realisation in the sense of coming to terms with the necessity of being “self”, the sense of making real, in opposition to “they”.⁹² In other words, the patient coming to terms with their surroundings. This feeling of anxiety, especially for aged patients, has been established in the research findings in chapter eight. If a level of anxiety already exists as a patient enters a hospital, it is problematic to consider that works of art may further increase these levels. Unfortunately, in the example of *The Queens*, the art had the opposite affect from the desired one.

The other painting, *Ward Robe*, had a mixed reaction: one woman was horrified when confronted with an image of a gorilla while looking for the ladies’ rest rooms.⁹³ When the painting was removed for a few days for cleaning, Jacques Guerette was inundated with e-mails from staff and others demanding the painting’s return. Paul Gessell suggests the painting had become a mascot for the people frequenting that area of the building. The staff used this image as a mapping reference for patients and their family

⁹² Frederick Beiser, ed. *The Cambridge Companion to Hegel* (Cambridge: Cambridge University Press, 1993), 97

⁹³ Gessell, "The Queens Were Creeping Them Out." 1

members to find their way to the rest rooms. The majority of patients and nursing staff began to enjoy the image. This idea of ‘lets take a closer look at the image that scares us’ is a human impulse. Susan Sontag stated, “that images of the repulsive can also allure,” and notes, “Plato argued that we have an appetite for sights of degradation, pain and mutilation.”⁹⁴ Not wanting to have *Ward Robe* removed reveals a sense of mischief, and in part cruelty, which is as human as sympathy and empathy. Not everyone had agreed to the selected paintings; the hospital board made its choices through its experience of art, although later they needed to respond to the concerns and effects experienced by patients. These examples have highlighted how the good intention of placing artworks in hospitals can go astray.



Figure 2.3. Maggie Dunbar Deegan, *Ward Robe*, 2006. Oil on Canvas, Ottawa Heart Institute, Ottawa

The example of the Ottawa Heart Institute exposes the hit-and-miss nature of selecting artworks for hospitals. In this case, the Institute had funds to hire the works of art, without fully understanding the aesthetics required for a hospital. There are examples in Wyong and Balmain Hospitals where artworks are donated without understanding how these works affect patients.

Another example of how good intentions motivate the production of artworks in hospitals has emerged through Hospital Art Australia Inc (HAA). This enterprise

⁹⁴ Susan Sontag, *Regarding the Pain of Others* (London: Penguin, 2003). 85-6

donates approximately 85% of the artworks located in Wyong Hospital. This group is organised by Pat de Carle and Sonnie Hopkins. The methodology of HAA derives from American advertiser and Hospital Art founder John Feight.⁹⁵ HAA informally appropriate designs that are not copyright to present ready-made canvases complete with designs to cancer patients, elderly patients in nursing homes, and other hospital patients, for them “to paint by numbers.”⁹⁶ Acrylic paint, brushes, and containers are also provided. Once the patients have completed their paintings they are returned to HAA. The group then organises painting hobbyists to tidy up the patients’ work if they painted over the lines. The hobbyists then outline the appropriated designs in black.⁹⁷ The finished product is gifted to various hospitals and nursing homes in NSW and South Australia. An example of these paintings can be seen in Figure 2.4. The inclusion of patients and the wider community is positive. However, is it art and how do patients respond to this work? The methods of Hospital Art Australia Inc. fall short of art as therapy in a professional sense, and fall short of appearing as art or professional graphics. Nevertheless, the work decorates the walls of waiting rooms and corridors in many Australian health care facilities.



Figure 2.4. Hospital Art Australia Inc, *Untitled*, 2007. Acrylic on Canvas, Wyong Hospital, Wyong

⁹⁵John Feight, "The Foundation for Hospital Art,"(2007), http://www.hospitalart.com/about_execdirector.html. 20th October 2007

⁹⁶ Sonnie Hopkins, *Guidelines for the Operation of Hospital Art Australia Inc Teams* (St Huberts Island: Local Printer, 2003).15

⁹⁷ Hospital Art Australia Inc, "Introducing Hospital Art Australia Inc," (Gosford: Gosford City Council, 2006).1

The initiatives of the Ottawa Heart Institute and Hospital Art Australia Inc. are well intended; however, how can business people, healthcare providers, and medical administrators predict or judge the aesthetic taste of the local community in relation to works of art? This judgement also appears in Westmead Hospital in Western Sydney. Westmead Hospital has a proactive attitude in relation to visual arts and music. The intensive care unit deputy director Yugan Mudaliar states, “Both art and music are the two most important healing things that we should be focused on.... It tows away the stark reality of the hospital, particularly for children.”⁹⁸ Mudaliar has addressed the significance of art and music, however, the question lingers as to why there is more emphasis upon children feeling less intimidated in hospitals and less concern with how the aged feel in the same environment.

Balmain Hospital is a specialised aged care facility, and older local artists have donated their art to the hospital, as a thankyou for their care. Artists Frank Marjason, and Margaret Marjason have been contributing prints and paintings to Balmain Hospital since 2002. Frank donated his first contribution while waiting in the waiting room. His interpretation of waiting on a Sunday depicts the busy atmosphere in what he describes as Balmain Casualty. Frank is a retired bank manager, who feverishly creates art that depicts his everyday activities. He and his wife Margaret worked together as social workers when they first met. After Frank retired from the bank, he gained a welfare certificate, and started helping people less fortunate than himself. His interaction with his community has produced an enormous body of work, which he donates to community projects, councils, and hospitals.

However, it was Margaret’s prints for the *Strong Room* that caught my attention. The Strong Room is a centre in the hospital to integrate the use of exercise-based treatment into health strategies for the elderly. Margaret suffers from arthritis and requires a walking frame to move about. She donated series of her prints as a way of giving something back to the program that helped her so much.⁹⁹ The prints Margaret created were inspired by outer space images from NASA. Margaret stated she was “challenged and enchanted by colours and rhythms – awed by the revelations of space exploration, keen to celebrate the power of synergy, and to discover by chance what others might see.”¹⁰⁰ Margaret also suggested it is not the content that is so important when people

⁹⁸ Erik Jensen, "Art Put to Work Amid Drips and Monitors," *Sydney Morning Herald*, 13th August 2007.

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⁹⁹ Balmain Hospital, "The Art in the Gym," *Strong Talk Newsletter* 1 (2007).4

¹⁰⁰ *Ibid.*6

view work, but how they relate to the piece. Margaret also states that artworks take people out of themselves, and this is how she feels when viewing works of art.

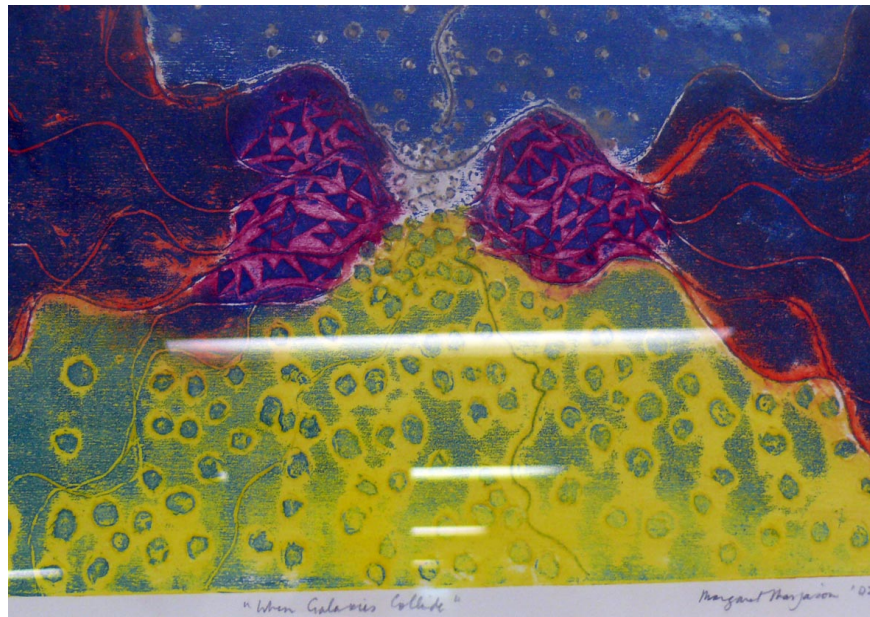


Figure 2.5. Margaret Marjason, *When Galaxies Collide*, 2002. Lino Print, The Strong Room, Balmain Hospital, Balmain

The inclusion of Figure 2.5 portrays Margaret's work, but also highlights the level of lighting in the *Strong Room*, and how images framed in glass reflect glare under large fluorescent lights. The use of reflective surfaces to frame works tends to obscure the images. Not all rooms or areas were so brightly lit. Balmain Hospital also hosts commercial prints from London-based artist Cathi Whiting, framed in glass.

Whiting, studied at Winchester School of Art in the United Kingdom where she focused on illustrative printmaking in etching, lithography, silkscreen, and relief printing. She relocated to London in the early 1980s where she completed silkscreen print editions for artists and publishers.¹⁰¹ Her paintings and prints explore colour and balance; Whiting states that the subject matter in her works evolves from, "not of one place or time, rather, like a scrapbook, fragments, from places visited, events seen, and elements that catch the eye."¹⁰² For Balmain Hospital to obtain these prints may have been an expensive exercise. Whiting charges on average £159.00 per print. Nevertheless, the subject matter of these prints were not designed specifically for hospitals; however, they

¹⁰¹ Cathi Whiting, "Cathi Whiting Biography," *Totally Essential* (2007), http://www.totallyessential.com/frames/artist/about.lml?ID=null&artist_F=50000123.

¹⁰² Ibid.

do tap into the genre that patients are looking for. The patients do not see these images from where they are seated in the waiting rooms.



Figure 2.6. Cathi Whiting, *London Contemporary Art*, Print, Corridor - General Practice, Balmain Hospital, Balmain, 2007

Whiting's prints, as shown in Figure 2.6, are displayed in a corridor leading to a staff only area. When I commenced this project in 2006, the only art in the waiting room was Frank Marjason's painting *Balmain Casualty*, that he donated to the hospital. Since then, the room has more information leaflets that appear to overwhelm the space.



Figure 2.7. Frank Marjason, *Balmain Casualty*, 2001. Acrylic on canvas, General Practice Waiting Room, Balmain Hospital, Balmain

Balmain Casualty, shown in Figure 2.7, takes pride of place in the waiting room; however, in Stage One of the questionnaire not one patient referred to it when asked “What imagery did you notice as you entered the waiting room?” The reason for this could be attributed to how the waiting room is organised, and how patients are seated, with their backs to the paintings and imagery, as shown in Figure 2.8.



Figure 2.8. Jillian Gates, *Balmain Hospital Waiting Room*, 2008. Balmain

During the course of this study, the waiting room of the general practice admissions to Balmain Hospital, and the allied health waiting room in Wyong Hospital had altered. In Balmain, notice boards and leaflets were added, as well as a large plastic playhouse for children. In Wyong, a television had been installed. These changes also influenced the outcomes of this study, because it is difficult to place controls in these areas. As a researcher, one can only appreciate the efforts of staff to improve facilities for patients.

There are hospitals that incorporate strategies that investigate the needs and opinions of the public when they apply funding to realise their vision. Two examples are Cintra's arts program in Liverpool Hospital completed in 1999; and the arts project for the Aberdeen Children's Hospital in Scotland in 2003 organised by Juliet Dean, the coordinator of the public arts agency PACE.¹⁰³ Cintra's arts program evolved from the concept of place making where she utilized a model similar to the methods of the Exeter Evaluation that included questionnaires and interviews to evaluate the responses of staff, patients, and visitors to the hospital. Cintra's project was granted \$750,000 over a four-year period, which was equivalent to 0.3% of the total cost of the

¹⁰³ Penny Lewis, "The Accidental Character of Public Art in Scotland," *Public Art Review*, no. 37 (2007).
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redevelopment.¹⁰⁴ The title of the project was Liverpool a Living Heritage, and it involved 58 artists and 44 community groups. The most interesting aspect of this project in relation to achieving the right concept for each section of the hospital was the process of ideas. The redevelopment committee had the final say as to the aesthetic of the art proposed; however, how did this committee form their decision to know what aesthetic of the art is needed in a hospital and who assessed it? The committee consisted of four administrators, one art planner, and one architect.

Cintra's evaluation cites Rodger Ulrich as one of the theoretical influences of her project. Ulrich completed various projects evaluating the effects of nature scenes on mental health patients in the United Kingdom, and his findings and recommendations are extensive. We cannot dismiss the universal themes that inform his work, however, do his findings inform how Australian patients, and their family members react to works of art? Overall, Cintra's evaluation provides the foundation for Australian models, to produce art in hospitals that resonates with our culture, memory, and experiences of illness. Ulrich's theories are helpful starting points as are Scher and Senior's methods applied in the Exeter Evaluation.

One of the highlights of the Liverpool Evaluation was the inclusion of Aboriginal artists and their installation of imitation burial poles, although one could question whether burial poles are unique to the Yolngu people of Arnhem Land in the Northern Territory, and its relevance to the Liverpool area could be investigated further. During the 1960s when Indigenous artefacts were being defined as art, installations of *Totem Poles* were popular¹⁰⁵, and this theme was explored on the site of Liverpool Hospital. Figure 2.9 and Figure 2.10 illustrate the *Totem Poles* and the significance of the site.

¹⁰⁴Marilyn Cintra, "Liverpool Hospital Redevelopment Arts Program Post Occupancy Evaluation," (Liverpool: Liverpool Hospital, 2000).18

¹⁰⁵ Telstra, "23rd Telstra National Aboriginal & Torres Strait Islander Art Award "(2006).1
http://www.nt.gov.au/nreta/museums/education/pdf/natsiaa_education_resource.pdf. 9



Figure 2.9. Janice Shipley, *Totem Poles*, 1998. Wood, Main Court Yard, Liverpool Hospital



Figure 2.10. *Spiritual Site*, Main Court Yard, 1998. Liverpool Hospital

The *Totem Poles* reflect a symbolic significance to the Liverpool Hospital site, as well as incorporating themes of life, death, and regeneration. Neville Drury and Anna Voight suggest, “The end of the life cycle of course brings death, but for Aboriginal people this inevitability means a transition rather than an ending – all of which is transcribed in the events of the dreamtime.”¹⁰⁶

¹⁰⁶ Anna Voigt and Neville Drury, *Wisdom from the Earth* (East Roseville: Simon & Schuster, 1997).179

Figures 2.11, 2.12, and 2.13 as shown, illustrate artworks installed in Liverpool Hospital. Figure 2.11 is an abstract painting by Peter MacGregor. Cintra stated, “MacGregor’s *Untitled* was removed shortly after it was installed, because the staff and management of the hospital thought it did not reflect the values of the hospital.”¹⁰⁷ The staff and management may have acknowledged how the public feel about art they do not understand. Hospitals are not environments in which viewers seek to be challenged by abstracted forms. Sixty percent of the participants of this thesis study did not enjoy contemporary art, with reference to abstract forms. Kristy Skinner remarks “Unlike gallery art, which can afford to be provocative or challenging, public art needs to be enjoyed and appreciated by its audience if it is to fulfill its function as a humanising force.”¹⁰⁸ MacGregor’s painting was replaced by Andrew Townsend’s installation of *Fish and Chips*. The subject matter from this piece is easily read, the patients can see what it is – whether the installation reflects the values of the hospital, and its community is another story.



Figure 2.11. Peter MacGregor, *Untitled*, 1999. Lobby, Liverpool Hospital, Liverpool

¹⁰⁷ Cintra, "Liverpool Hospital Redevelopment Arts Program Post Occupancy Evaluation."56

¹⁰⁸ Kristy Skinner, "Exercises in Exploration,"(2008), <http://www.rach-art.org.uk/exploration.htm.1>



Figure 2.12. Andrew Townsend, *Fish and Chips*, 1999. Lobby, Liverpool Hospital, Liverpool



Figure 2.13. Andrew Townsend, *Fish and Chips*, 1999. Lobby, Liverpool Hospital, Liverpool



Figure 2.14. Susan Grant, *Birds of a Spiritual Site*, 1999. Liverpool Hospital, Liverpool

Figure 2.14 as shown, depicts Susan Grant's painting *Birds of a Spiritual Place* located in Liverpool Hospital's admissions waiting area. Cintra noted that this painting, featured in the background, was one of the most popular pieces presented in Liverpool Hospital.¹⁰⁹ It depicts cockatoos flying amongst the tree tops, with a vivid, deep red background. It is interesting to note the patients are seated facing away from the art. The problem of the design of waiting rooms will be briefly discussed in chapter eight.

The Liverpool Hospital Redevelopment Arts Program Post Occupancy Evaluation was a step in the right direction for evaluating the art preferences of staff, patients, and family members in an Australian context. The inclusion of the community artists from diverse backgrounds to create a body of work for the hospital was an enormous undertaking. The evaluation was not published, nor were all the findings completed.

Juliet Dean, coordinator of the public arts agency PACE, organised the arts project for the Aberdeen Children's Hospital in Scotland in 2003. Similar to the Liverpool Hospital Evaluation this project sought to include the work of community artists; however, they were enabled with a budget of \$1.8 million.¹¹⁰ With a large budget, they attracted

¹⁰⁹ Cintra, "Liverpool Hospital Redevelopment Arts Program Post Occupancy Evaluation."62

¹¹⁰ Lewis, "The Accidental Character of Public Art in Scotland."32

Scottish public artists Matthew Dalziel and Louise Scullion who formed a collaborative practice in 1993.¹¹¹ Their practice includes video, photography, sculpture, and sound. They exhibited in the Venice Biennale and were recipients of the Creative Scotland Award in 2005. There were thirteen professional artists involved in Phase One, including Dalziel and Scullion. Phase Two is still in progress, and includes seven artists. The sculptural installation, *Ontological Trees*, created by Dalziel and Scullion highlights elements that emerged from the research acquired at Balmain and Wyong Hospitals.

Penny Lewis describes *Ontological Trees* as “a garden of imaginary Scottish trees.” PACE established a young advisory group with the children from the surrounding schools to gauge the success of the concept and interest. The concept of trees corresponds to the elderly patients from Wyong and Balmain Hospitals’ preference for landscapes, and with what was popular in the Liverpool Evaluation; these universal concepts work equally as well in the grounds of a children’s hospital. Figure 2.15, *Ontological Trees*, taps into what makes that area in Scotland unique. Dalziel and Scullion state, “This work comprises four stylized versions of common Scottish trees: a Scots Pine, a Rowan and two Silver Birches. Each bares the distinctive characteristics of its species whilst exaggerating other aspects of the tree.”¹¹² This is an example of how public art in hospitals can work extraordinarily well, from a critical perspective. Judith Finlay acknowledges how well Dalziel and Scullion’s art practice of exploring landscapes and seascapes worked as public art in an arena deemed as community art.¹¹³ Dalziel and Scullion’s art practice has taken the concept of landscapes into ecology, to create contemporary visions and interpretations of our relationship with the natural world. Their photography, films, and video installations alter and extend the perception of the viewer. These explorations, as Finlay suggests, “combines and confuses the natural and the man-made and the ancient and the modern.”¹¹⁴ Ulrich’s investigation of the affects of landscapes on patients supports the art preferences of the patients in Wyong and Balmain Hospitals, as well as the intentions of Dalziel and Scullion.

¹¹¹ Grampian Hospital Trust, "The Artists Phase One,"(2008), <http://www.rach-art.org.uk/artists-DalzielAndScullion.htm>.1

¹¹² Lewis, "The Accidental Character of Public Art in Scotland."32

¹¹³ Judith Findlay, "A Less Remote Place: Art Ecology and Dalziel and Scullion," <http://www.dalzielscullion.com/A%20Less%20Remote%20text%20essay%20about%20Dalzeil%20scullion.html>.

¹¹⁴ Ibid.



Figure 2.15. Dalziel and Scullion, details *Ontological Trees*, 2005. Aberdeen Children's Hospital, Aberdeen



Figure 2.16. Dalziel and Scullion, details *Ontological Trees*, 2005. Aberdeen Children's Hospital, Aberdeen

The international and local examples of art in hospital projects discussed in this chapter have indicated a diverse range of subject matter, budgets, intentions, and views regarding the value of art placed in hospitals. From 1999 – 2008 this study explored various levels of production for art in hospitals, and examined the application of different methods. These examples highlight the locality, and sense of place that makes each example unique. They also reflect the art experience of each locality. For example, Wyong and Balmain Hospital's approach to art was a hit-and-miss affair, and budgets for art are almost non-existent in Australian Hospitals, therefore Australian Hospitals are reliant on the donations of community artists for artworks.

An example of having systems in place can be seen from the Royal Aberdeen Children's Hospital. The hospital commissioned its art project to the art agency PACE, which then selected Scottish contemporary public artists, including Dalziel and Scullion. The level of professionalism and conviction saw this project produce appropriate public art suitable for a children's hospital, which reflects the community of Aberdeen, and the school children who contributed to the consultation. The National Health Service in the United Kingdom understands and values how ambient hospital space can have positive effects on patients.

The National Health Service's (NHS) level of understanding has been informed and acted on in several ways. The NHS has actively searched for art professionals to consult with their departments on the role and value of art and health. Sir Nigel Crisp, former chief executive of the NHS commission, asked Harry Cayton of the National Director for Patients and Public to coordinate a review of the NHS with the aim to sustain a long-term commitment to art and health. The Review of Arts and Working Group was published in 2007, for the Department of Health.¹¹⁵ Some of the outcomes, or examples support the significant correlation of art and health. Cayton states researcher Rosalia Staricoff, "found the length of stay patients on a trauma and orthopaedics ward [from Chelsea and Westminster Hospitals], exposed to visual arts and live music was one day shorter, and the need for pain relief was significantly less than those in the control group; live music was very effective in reducing levels of anxiety and depression; and visual art and music reduced levels of depression in patients having chemotherapy by a

¹¹⁵ Harry Cayton, "Report of the Review of Arts and Health Working Group," (London: Department of Health, 2007). 3

third.”¹¹⁶ However, the question remains what form of visual arts and what type of music? The methods utilized were not stated; however, these documented examples of the reduction of pain and anxiety support the intention of this study. Cayton’s report is general; however, it gives an indication as to the extensive amount of research that has been completed in the area of art and health in the United Kingdom.

Public art for hospitals is dependent on audience consultation to understand the range of aesthetic experiences that could reduce the discomfort experienced in hospitals. If Australian hospitals acknowledge the depth of research in art and health completed in the United Kingdom and attempted in North America we could have better starting points that would benefit Australians’ hospital experiences - in terms of shorter stays with less depression, and a greater sense of belonging. Public art and theories from the 1960s have been instrumental, with the expansion of the visual arts fulfilling diverse social roles, and the meaning behind public space. From the perspective of this study, the grassroots application of responding to the preferences of patients has the potential to increase their knowledge of art. As it stands today, there are isolated instances where Australian hospitals have made attempts to establish funded arts programs; however, without the commitment of long-term government support the potential of arts programs in hospitals is compromised.

¹¹⁶ Ibid.12

Chapter Three

The Potential of Natural Landscape Photography in Health Care Settings

This chapter examines the aesthetics associated with nature appreciation. Ronald Hepburn, Allen Carlson, and Noel Carroll have theorised how humans experience nature, and their combined efforts inform the aesthetics of representing nature appreciation and environmental aesthetics. The question of whether the effect of nature in health care settings could benefit patients is a contentious one. Empirical studies have attempted to measure and record patients' visceral responses to natural settings, landscape photography, and videos.

Rodger Ulrich, Professor of Architecture at Texas A&M University, has applied his knowledge of nature in architecture to inform and evidence how images of nature can improve the hospital experience for patients. Ulrich's contributions to the design of health care facilities and his research of patient outcomes dominate the empirical research conducted in this area. However, within our discourse hospital administrators and doctors discuss the problems of methodology used in these types of studies to confirm and link nature with health indicators. For example, The Dutch Advisory Council of Research on Spatial Planning Health Council of the Netherlands, *Nature and the Environment* in 2004 stated, "Knowledge about the link between nature and health from a therapeutic practice is anecdotal and fragmentary."¹¹⁷ They also expressed their concern regarding the validity of Ulrich's methods applied in his *Stress Recovery Theory*.¹¹⁸ Ulrich also accepts the constraints of clinical methods to support his findings, however the amount of research conducted in this area internationally, indicates similar outcomes that support the benefits of nature in health care settings. It is also ironic that medical research in ancient Western and Eastern cultures had its foundations in empirical research, which later shifted to an empiric – rational status in both European monastic hospitals and Buddhist monastic infirmaries of the Middle Ages.¹¹⁹ These cultures were influenced by the empirical medical practices of the

¹¹⁷ Dutch Advisory Council for research on Spatial Planning Health Council of the Netherlands, *Nature and the Environment*, "Nature and Health. The Influence of Nature on Social, Psychological and Physical Well-Being.," (The Hague: Health Council of the Netherlands and RMNO, 2004).16

¹¹⁸ Ibid.

¹¹⁹ Kenneth Zysk, *Asceticism and Healing in Ancient India*, vol. Oxford University Press (Oxford1991).6, 29

Egyptians and Mesopotamians. With this in mind, the employment of an empiric – rational perspective may be the most effective way to discuss the potential of landscape photography in health care settings to benefit patients.

This chapter examines the aesthetics of nature appreciation informed by Hepburn, Carlson, and Carroll to identify the shift in the appreciation of nature in the twentieth century. To understand why this shift occurred, the chapter discusses Romanticism in the eighteenth century with specific reference to Immanuel Kant's theory of the sublime in relation to Ralph Waldo Emerson's essay *Nature* written in 1884. The perspective of nature, informed by Kant and Ralph Emerson, is visualized by the natural photogravures captured by Peter Henry Emerson in 1888. Both Ralph Emerson and Peter Emerson's aesthetic attitudes to nature is relevant as to how artists regarded nature in the nineteenth century. Their representations illustrate the emotional and sensory attachment viewers feel towards natural landscapes. Research undertaken by M.D. Velarde, G. Fry, and M. Tveit was compiled to produce *Health Effects of Viewing Landscapes: Landscapes Types in Environmental Psychology*, 2007. Their research methods were founded on the evidence recorded from thirty-one peer reviewed papers from journals on ecology, health, and psychology that recorded the effects of landscapes on students, stressed individuals, and patients.¹²⁰ Research papers from that study also inform Kate Mellor's landscape photographs that were commissioned for the Leeds General Infirmary, in the United Kingdom in 2000. Her artist's statement addresses the experience at Leeds and outlines the artist's perspective of creating suitable images. The significance of examining the aesthetics of nature appreciation and Velarde, Fry, and Tveit's research is to acknowledge the relevance of why patients from Balmain and Wyong Hospitals intuitively requested landscape imagery as their preferred subject matter for art in hospitals, and to evidence the calming effects viewing landscapes had on hospital patients.

From a Western perspective John Henderson noted the symbolic inclusion of gardens and flowers in medieval and Renaissance Hospitals located in Tuscany, Italy. He suggests in general terms, that flowers were seen as reflecting the Christian values of Christ, Mary, and the saints, as well as providing medicinal elements.¹²¹ Kenneth Clark suggested that Sieneese artists Simone Martini and Ambrogio Lorenzetti frescoed

¹²⁰ M.D Velarde, G Fry, and M Tveit, "Health Effects of Viewing Landscapes - Landscapes Types in Environmental Psychology," *Urban Forestry and Urban Greening* 6, no.4 (2007).201

¹²¹ John Henderson, *The Renaissance Hospital* (New Haven: Yale University Press, 2006).130

symbolic landscapes. These artists were the first Italian artists to move away from Christian iconography to record Sieneese everyday life by symbolizing landscapes as backdrops to secular narratives.

An example of this is illustrated by Lorenzetti's *Idea of Good Government in the Country*, created in the fourteenth century for the Palazzo Pubblico in Siena. The transition to include symbolic landscapes with secular themes was evident in the frescoes created for the monastic hospital Santa Maria della Scala discussed in chapter one.¹²² Enrico Toti argued the frescoes created for the Santa Maria della Scala were also promotional manifestos that would elevate the status of the commune;¹²³ Malcolm Andrews supports Toti's claim by suggesting that landscapes have a history of acting as political texts.¹²⁴



Figure 3.1 Ambrogio Lorenzetti, *Idea of Good Government in the Country*, 1338. Fresco, Palazzo Pubblico, Siena, Italy

Aesthetics associated with viewing natural landscapes resonate with the controversial aesthetics of nature appreciation theory defined by Ronald Hepburn. Hepburn wrote the seminal work of *Contemporary Aesthetics and the Neglect of Natural Beauty* in 1966, and *Trivial and Serious in Aesthetic Appreciation of Nature* in 1993. The concept of nature appreciation is a human response to nature and landscapes. This concept is problematic in terms of understanding how humans identify appreciation. Is

¹²² Kenneth Clark, *Landscape into Art* (London: John Murray, 1976).9

¹²³ Enrico Toti, *Santa Maria Della Scala* (Siena: Comune di Siena, 2003).38

¹²⁴ Malcolm Andrews, *Landscape and Western Art* (Oxford: Oxford University Press, 1999).175

appreciation pleasure, do humans sense appreciation or does it come through knowledge, and which response is more authentic – does it matter, and how do we analyse it? These are the questions that aestheticians grapple with to position nature appreciation.

Firstly, what is the difference between nature and landscape? Nature encompasses the phenomena of the natural world influenced by the combination of elements including earth, wind, fire, and water. Natural environments suggest hills, woods, seas, valleys, ice lands, grasslands, forests, and deserts.¹²⁵ Graham Clarke suggests landscapes whether natural, artificial, urban or rural are mediated land, land that has been aesthetically processed, and has been arranged by artistic vision.¹²⁶ All natural and urban landscapes are seen to the horizon, have a range of meanings and explore space in the environment. The difference between nature and landscapes is that nature is infinite and landscapes frame a vision. The meanings attached to either nature or landscapes are defined by cultures and the discourse in their given cultural context.

Hepburn and Carlson argue aesthetics of natural beauty in the landscape is an area of neglect that has not been pursued fully since the eighteenth century.¹²⁷ Romanticism defined the eighteenth century, which elevated the aesthetics of nature through philosophy, painting, and poetry. Philosopher Immanuel Kant proposed the sublime in nature and, later, art. His concept emerged from Longinus in the first century and British and German aesthetic theory in the early eighteenth century; however, Kant was able to synthesise these ideas to form a secular version of the sublime in 1790.¹²⁸ Briefly, Kant's sublime refers to pleasure experienced by the beauty of nature. The concept of Kant's sublime is divided between mathematically sublime and dynamically sublime. Donald Crawford suggests, "both divisions relate to formlessness and our inability to apprehend nature in spatio-temporal measures."¹²⁹ The mathematically sublime is a reflection on natural vistas, such as oceans and mountain ranges or other natural phenomena. The sublime occurs when we cannot place the vista within a measure, and can only appreciate the vastness or magnitude of what is viewed with awe

¹²⁵ Ronald.W Hepburn, "Trivial and Serious in Aesthetic Appreciation of Nature," in *Landscape, Natural Beauty and the Arts*, ed. Salim Kemal and Ivan Gaskell (Cambridge: Cambridge University Press, 1993).66

¹²⁶ Graham Clarke, *The Photograph* (Oxford: Oxford University Press, 1997).7

¹²⁷ Hepburn, "Trivial and Serious in Aesthetic Appreciation of Nature."65

¹²⁸ Donald. W Crawford, "Kant," in *The Routledge Companion to Aesthetics*, ed. Berys Gaut and Dominic McIver Lopes (New York: Routledge, 1993).62

¹²⁹ Ibid.63

and feeling, thus creating pleasure. The dynamically sublime refers to the feeling of fear in nature, such as black clouds, lightning strikes, volcanoes, cyclones, and floods.¹³⁰ It is difficult to comprehend the rise of feeling associated with encountering the force of natural phenomena. Kant suggests, the viewer of nature senses' determine beauty or fear. Kant also suggested that nature could enhance the health of the observer's soul.¹³¹

Painters Casper David Friedrich and Joseph William Turner visualized sensation in landscape painting, and poets William Wordsworth and John Keats saturated their poems with expressions and metaphors of nature; Wordsworth's *Tinter Abbey* was a meditation on healing and the spiritual power of nature; Keats's *Ode to a Nightingale* was written in the Spaniards Gardens in London, and referred to nature and mortality. The underlying theme that unites these disciplines was the intimate connection of the human condition with nature. Hepburn understood the fusion of the human condition and nature, and suggests that the aesthetics of nature appreciation has a dual role and this is determined by sensuous and thought components.¹³² These components work in tandem to inform nature appreciation, and also expand on Kant's concept of the mathematically sublime. It is reasonable to consider that one component cannot exist without the other.

¹³⁰ Ibid.

¹³¹ Salim Kemal and Ivan Gaskell, "Nature, Fine Art and Aesthetics," in *Landscape, Natural Beauty and the Arts*, ed. Salim Kemal and Ivan Gaskell (Cambridge: Cambridge University Press, 1993).21

¹³² Hepburn, "Trivial and Serious in Aesthetic Appreciation of Nature."66



Figure 3.2. Casper David Friedrich, *Wanderer Above the Sea of Fog*, 1818.

These two components are visualised in Casper David Friedrich's *Wanderer Above the Sea of Fog*, 1818. This literal example depicts the body and the landscape. The majesty of the view, the sensation of elevation and awe, and the thought of expansion in relation to political or geographical possibilities could invade that moment. Malcolm Andrews suggests Friedrich referenced Carl Gustav Carus's second passage of *Nine Letters on Landscape Painting*.¹³³

*Stand then upon the summit of the mountain, and gaze over the long rows of the hills. Observe the passage of streams and all the magnificence that opens before your eyes; and what feeling grips you? It is a silent devotion within you. You lose yourself in boundless space, your whole being experiences a silent cleansing and clarification, your I vanishes, you are nothing, God is everything.*¹³⁴

¹³³ Andrews, *Landscape and Western Art*.143

¹³⁴ Ibid.

Figure 3.2 alludes to Carlson's suggestion that naturalists would have a truer understanding of nature and feel its effects more intensely because these feelings are identified by knowledge.¹³⁵ Noel Carroll and Malcolm Budd argue that Carlson undervalues the experience of the senses in the sublime, and also its religious metaphors. The connection between nature and God was made in Carus's earlier passage. Hepburn also wrote about the relationship between nature and religion. Carroll supports Hepburn's suggestion in relation to the thought component of aesthetic appreciation and suggests that he does not consider the relationship between nature and religion exclusive; he states, "the emotions aroused by nature that concern me can be fully secular and have no call to be demystified as displaced religious sentiment. That is, being moved by nature is a mode of nature appreciation that is available between science and religion."¹³⁶ The relationship between nature, science, and religion informs the emotions experienced by the viewer of landscapes.

Figures 3.1 and 3.2 illustrated the discussion regarding how the viewer experiences natural landscapes. Figure 3.3 sets the stage of appreciation and interpretation of landscapes. Joseph W. Turner painted *The Fighting Temeraire* in 1833. This landscape depicts a changing order, both regarding a shift in landscape painting and how the viewer interprets this change; *The Fighting Temeraire* was a ship being towed into the breakers yard after being damaged by the French. Michael Lloyd suggests the subject matter was not newsworthy, however Turner imaginatively transformed the scene.¹³⁷ A sense of regeneration is experienced, and somehow Turner evokes a visceral response. Turner's impression of this event encourages the viewer to appreciate this landscape intuitively. Clarke comments on how the viewer interprets landscapes, "Our sense of our own identity and relationship with the environment is implicated in our response to such pictures."¹³⁸ Ralph Emerson also saw the connection of human identity and the environment.

¹³⁵ Noel Carroll, "On Being Moved by Nature: Between Religion and Natural History," in *Landscape, Natural Beauty and the Arts*, ed. Salim Kemal and Ivan Gaskell (Cambridge: Cambridge University Press, 1993).245

¹³⁶ Ibid.246

¹³⁷ Michael Lloyd, "Being There," in *Turner*, ed. Michael Lloyd (Canberra: National Gallery of Australia, 1996).194

¹³⁸ Clarke, *The Photograph*.8



Figure 3. 3. Joseph W. Turner, *The Fighting Temeraire*, 1833. Oil Painting, 910 x 1220mm, National Gallery, London

Emerson was born into the era of Romantic transcendence and his philosophy of nature found a common base for humanity. His essay, *On Nature*, sensuously describes the ebb and flow of nature, spirit, and life. He wrote, “There is nothing so wonderful in any particular landscape, as the necessity of being beautiful under which every landscape lies. Nature cannot be surprised in undress. Beauty breaks in everywhere.”¹³⁹ In relation to health he states, “By fault of our dullness and selfishness, we are looking up nature, but when we are convalescent, nature will look up to us.”¹⁴⁰ Emerson describes the physicality of the landscape, and the human ability to alter nature to serve their needs, as well as suggesting that nature can also aid humans to restore and energise their spirit. Emerson also expressed Hepburn’s two components of aesthetic appreciation. The beautiful landscape informed by the sublime, and the landscape as a metaphor that encouraged thought and contemplation of self. The thought component is read when Emerson makes the connections that the human spirit could be energised and restored by viewing natural landscape; sense of self is identified with the landscape he/she occupied in the present moment. The aesthetics applied to landscape painting, and later to landscape photography during the nineteenth century were similar; however, at the 1860s the Salon in Paris critics thought that the idea to paint what one saw was

¹³⁹ Ralph W Emerson, "Nature." (Boulder: Hoboken, 1884).2

¹⁴⁰ Ibid.

vulgar.¹⁴¹ Artists were encouraged to improve nature. This mode of academic art existed for more than sixty years.

As the nineteenth century progressed, the Impressionist painters rejected the Salon's ideas on landscape, and photography represented a new realism. During the twentieth century W.J.T. Mitchell also noted the two shifts in nature aesthetics. Mitchell describes the first shift as a contemplative shift, in order to redefine the history of landscape painting as transcendence, and the other to be interpretative, that is, to view landscapes as a metaphor for psychological and ideological themes.¹⁴² Carlson also suggests that a resurgence of environmental aesthetics began in the middle of the twentieth century, as a paradigm shift from the modern system of art including the development of expressionist theory, and institutional theory of art. The aesthetics of engagement stresses sensuous involvement with any object of appreciation.¹⁴³ After considering Mitchell's and Carlson's observations and viewing the initial change of order in Turner's landscape painting, the following are examples of what this shift meant visually. It is from this position that landscape photography evolved from the concept of transcendence or the sublime that Ralph and Peter Emerson observed in nature during the nineteenth century, to the contemporary photographic work of Kate Mellor in the late twentieth century.

Photographer Peter Henry Emerson captured the essence of landscape photography as purely pictorial. He argued against photographs with a soft focus, combination printing, and allegorical or narrative structures.¹⁴⁴ Clarke notes that Peter Emerson used a platinotype camera; these were considered more permanent and delicate in their ability to reproduce tonal variation and atmosphere.¹⁴⁵ Peter Emerson felt strongly about the representation of landscapes in photography and published *Naturalistic Photography for Students of the Art* in 1889. He thought landscape photography that recorded nature truthfully was at its most expressive. Peter Emerson also argued that the photograph should imitate nature rather than alter it.¹⁴⁶ Shown in Figures 3.4 and 3.5 are examples

¹⁴¹ Clark, *Landscape into Art*.164

¹⁴² J.T.W Mitchell, ed. *Landscape and Power* (Chicago: The University of Chicago Press,1994).1

¹⁴³ Allen Carlson, "Environmental Aesthetics," in *The Routledge Companion to Aesthetics*, ed. Berys Gaut and Dominic McIver Lopes (New York: Routledge, 2006).547

¹⁴⁴ Clarke, *The Photograph*.52

¹⁴⁵ Ibid.

¹⁴⁶ Paul.J.Getty. Museum, "Peter Henry Emerson,"no.15th April (2009).1
<http://www.getty.edu/art/gettyguide/artMakerDetails?maker=1762>.

of Peter Emerson's natural reflections of British landscape imagery in the nineteenth century.



Figure 3.4. Peter Henry Emerson, *The Lea Near Hoddesdon*, 1888. Photogravure, 1850 x 1250 mm



Figure 3.5. Peter Henry Emerson, *The Shoot Amwell Magna Fishery*, 1888. Photogravure. 1960x1200 mm

Peter Emerson's photographs capture the mood of Ralph Emerson's writing and interpretations of landscapes. The aesthetics associated with landscape photography include the sublime that transcends meaning. Clarke suggests landscape photography is a spectacle and involves elements of pleasure, and these elements contribute to a world

of possibilities.¹⁴⁷ In a sense, the photographer as the outsider promotes the idea of 'tourist' to the viewer.¹⁴⁸ Although the writings of Ralph Emerson and the photographs of Peter Emerson did not contribute directly to landscape photography in health care settings, their writings and photographs illustrate the way they valued landscapes, to capture authentic representations of nature.

Unlike Peter Emerson, British contemporary landscape photographer Kate Mellor utilized a variety of lenses and formats in her representation of landscapes in health care settings. She was commissioned to produce a series of non-threatening landscapes for the Leeds General Infirmary in the United Kingdom in 2000. The concept of non-threatening landscapes is closely linked to therapeutic landscapes, which promotes the idea of place identity.¹⁴⁹ Mellor was set the task of creating a series of works for the Infirmary, and she mentioned her uncertainty about creating the appropriate aesthetic, "I was not sure how I would deal with making work which needed to be positive in context and affect."¹⁵⁰ As Mellor progressed with the project, she suggested everyone responded positively to water; however, if the water was abstracted or shown in a colour other than blue, the hospital representatives remarked that the water looked like bile. Mellor recalls, "They were reminded of bile, and used adjectives like nauseous, and bilious to describe the way they were affected."¹⁵¹ Further, Mellor stated, "that photographs of burnt and blackened eucalyptus trees were controversial because the viewer thought black was associated with death. Photographs of re-growth were more acceptable."¹⁵²

From the experience at Leeds, Mellor noticed a gendered preference for landscapes. She stated, "women responded to softness and shelter, while men responded to space and graphic clarity."¹⁵³ Mellor was also challenged when she met someone who disliked landscapes, and was concerned whether landscape photography would be able to fulfil the requirements of the commission.¹⁵⁴

¹⁴⁷ Clarke, *The Photograph*.73

¹⁴⁸ Ibid.56

¹⁴⁹ Velarde, Fry, and Tveit, "Health Effects of Viewing Landscapes – Landscape Types in Environmental Psychology."1

¹⁵⁰ Kate Mellor, *Kate Mellor Response* (Public Art Online, 2000 [cited 30th April 2009]); http://www.publicartonline.org.uk/casestudies/health/leeds_general/response.php.1

¹⁵¹ Joanne Morland, *Leeds General Infirmary, UK* (Public Art Online, 2000 [cited 26th April 2009]); http://www.publicartonline.org.uk/casestudies/health/leeds_general/description_photo.php.

¹⁵² Mellor, *Kate Mellor Response*.

¹⁵³ Ibid.

¹⁵⁴ Ibid.

After Mellor's initial reservations, she presented a series of fourteen photographs of Australian landscapes to the Leeds General Infirmary. After analysing this thesis's research of patients' preference for landscape imagery, and preferably of their local area, I thought Mellor's choice was odd, considering the beautiful work she produces of British land and seascapes. The research that informed Mellor's commission was published in the British Medical Journal in 1994. From the research cited, Joanna Morland from Leeds General Infirmary wrote, "Post operative delirium in patients coming around after invasive traumatic surgery and treatment with narcotic drugs, raises the heart rate and creates stress, delaying recovery or even leading to death."¹⁵⁵ It was also suggested that viewing landscapes rather than the clinical setting could have a positive physiological effect and assist patient recovery. The evidence Morland cited from the British Medical Journal appears to be from Ulrich's Stress Recovery Theory.

Morland states, "Kate Mellor was provided with a fee and materials/travel expenses to produce twenty images; the reprocessing and display costs would be paid by Arts in Healthcare. In order to find landscape images which the research indicated would have a positive effect on patient recovery, during the English winter months of January and February, the artist visited the states of Victoria and Tasmania in Australia. Here she produced landscape and coastal photographs for the commission."¹⁵⁶



Figure 3.6. Kate Mellor, *Untitled*, 1997. Water Room, Leeds General Infirmary

¹⁵⁵ Morland, *Leeds General Infirmary, UK*.

¹⁵⁶ *Ibid.*



Figure 3.7. Kate Mellor, Triptych from Water Room, 1997. Leeds General Infirmary

Figures 3.6 and 3.7 are landscapes captured from either Victoria or Tasmania. Figure 3.6 depicts a palm tree obscuring a waterfall cascading in the background. Figure 3.7 is representative of the comments made by the hospital administrators from Leeds General Infirmary's concerning water: the green water depicted in Figure 3.7 looks bilious. The triptych format moves away from Peter Emerson's aesthetic of natural landscapes. The idea of Mellor visiting Australia to produce her series for a British hospital is an interesting one. As stated earlier the photographer as the outsider can open up possibilities for the viewer to become the tourist. This may entice patients to travel once they have recovered from their illness.

Figures 3.8, 3.9, and 3.10 illustrate Mellor's photographs from her 1989 series, *Sea Front*. The impetus behind these images was to map the section of coastline at Folkestone in the United Kingdom which was to be affected by the construction of the Channel Tunnel linking the U.K. to France.



Figure 3.8. Kate Mellor, Sea Front Series, 1989. Folkestone



Figure 3.9. Kate Mellor, Sea Front Series, 1989. Folkestone



Figure 3.10. Kate Mellor, Sea Front Series, 1989. Folkestone

Although Mellor's *Sea Front* series was produced to highlight the connection of history and geography to define territory, Giuliana Bruno cited Simon Schama, who indicated that any landscape is a work of the mind.¹⁵⁷ Bruno, like Mellor, describes the significance of photography through topography. Bruno initiates the phrase, "The emotion of topophilia – voyages of the room,"¹⁵⁸ which could benefit patients to drift into a familiar landscape. Mellor's images may have worked equally as well in a hospital. The question could be asked, would patients feel a deeper connection to photographs of their own country, or some faraway destination? Each perspective is equally valid.

The representation of landscape photography captured by Peter Emerson and Mellor visualises the shift from transcendence to interpretation for the viewer. Mellor's use of wide angle lenses distorts the coast line; the colour of the water is either grey or green. Emerson's black and white photographs have a haunting effect; however, there is stillness to them associated with memory. The examination of Mellor's and Emerson's photographs isn't to compare one being better than the other, but to highlight the complicated task of choosing the most appropriate aesthetic for photography to assist patients. The issues that become apparent include the choices regarding the inclusion of black and white or coloured prints. The following chapter discusses how colour brings us closer to the present and black and white photography references the past. It has been established that a mimetic aesthetic of representation in photography resonates with hospital patients; however, these preferences do not determine the format, colouring, presentation, size and placement of photographs for hospitals. After my experience of producing photographs for Balmain and Wyong Hospitals, I recommend the presentation of photographs should be discussed with patients and staff.

The effects of landscape photography on patients in health care settings has been researched; however, the concerns presented in the former paragraph were not addressed in the outcomes of the research by Velarde, Fry, and Tveit's *Health Effects of Viewing Landscapes: Landscapes Types in Environmental Psychology*. Their research was based on the outcomes of students, stressed individuals, and patients who had been placed in natural landscapes like gardens, or had viewed direct representations of nature through photographs and videos.

¹⁵⁷ Bruno Giuliana, *Public Intimacy* (Massachusetts: M.I.T., 2007).39

¹⁵⁸ Ibid.

Amongst their findings Velarde, Fry, and Tveit explored Ulrich's Stress Recovery Theory. Ulrich is a prominent advocate for creating calming health care settings aided by nature and the visual representation of landscapes. Ulrich sums up his concerns by stating, "The strong emphasis on infection reduction, together with the priority given to functional efficiency, shaped the design of hundreds of major hospitals internationally that are now considered starkly institutional, unacceptably stressful, and unsuited to the emotional needs of patients, their families, and even health care staff. Despite the intense stress often caused by illness, pain, and traumatic hospital experiences little attention was given to creating environments that would calm patients or otherwise address emotional needs."¹⁵⁹ Ulrich's concerns resonate with the intention of this thesis. He conducted experiments to determine how natural scenes could reduce stress, and discovered clinical settings tend to hinder recovery from stress.¹⁶⁰ Ulrich's papers *Visual Landscapes and Psychological Wellbeing* in 1979, and *Natural versus Urban Scenes: Some Psychological Effects*, 1981, evidence his research and concerns.

Ulrich in 1979 suggested nature scenes (photographs and videos) dominated by green vegetation, including cultivated fields, improved wellbeing, reduced anxiety, increased positive affect factors, and reduced the fear arousal factor. However, urban scenes, commercial landscapes, and images of industrial areas increased sadness, and there was a decline in attentiveness of patients.¹⁶¹ In 1984, Ulrich suggested patients who viewed, and were placed in natural landscapes with trees experienced shorter post-operative hospital stays, and lower minor post-surgical complications. The nursing staff and doctors received fewer negative comments from patients in evaluative nurses' notes, and patients took fewer strong analgesics than the patients looking at brick walls. The patients who were placed or viewing a brick wall experienced longer post-operative hospital stays, higher minor post-surgical complications, higher frequency of negative evaluative comments from nurses' notes, and a higher number of doses of strong analgesics than patients looking at natural landscapes.¹⁶²

¹⁵⁹ Rodger.S Ulrich, "Health Benefits of Gardens in Hospitals," in *Plants for People, International Exhibition Floriade* (Texas A & M University: Green Plants for Green Buildings, 2002).2

¹⁶⁰ Velarde, Fry, and Tveit, " Health Effects of Viewing Landscapes- Landscapes Types in Environmental Psychology." 200

¹⁶¹ Ibid.

¹⁶² Ibid.

The research methods Ulrich applied included calculating the number of days in hospital after surgery; measuring the doses of painkillers during recovery; measuring blood pressure, heart rates, brain activities, and muscle tension; self reports on emotional states; interviews; and questionnaires. Research methods that attempt to measure subjective experiences are limited in some areas and these are discussed further in chapter seven.

Ulrich's findings were listed with other researchers including Dr Gregory Diette, and his colleagues paper, *Distraction Therapy with Nature Sights and Sounds reduces Pain during flexible Bronchoscopy*, in 2003. Diette is an Associate Professor at The Centre of Global Health, at the John Hopkins University School of Medicine, in Baltimore. His area of expertise is in the field of pulmonology, which studies the diseases of the lungs and chest, including asthma. Diette and his team examined the effects on patients if they viewed a nature scene before a procedure. The nature scene they used depicted a mountain stream in a spring meadow with sound. The patients were significantly distracted which reduced pain for the participants exposed to the nature scene and sound combination. Also there was no difference in the mean level of anxiety. If patients had the procedure without the accompanying scene or sound, this control group reported higher levels of pain, and the mean level of anxiety remained consistent.¹⁶³

Dr Wilber Gesler, a Professor in the Department of Geography at the University of North Carolina in America, also contributes to the theories surrounding natural landscapes in health care settings. Gesler is concerned with health and place and these concerns are informed by his skills as a geographer. He published *Therapeutic Landscapes: An Evolving Theme*, in 2005, which included his earlier research *Therapeutic Landscapes: Theory and Case Study of Epidaurus, Greece* in 1993. Epidaurus was the site of an Asclepieion, a Greek Healing Temple from 300 BC. Asclepieions were built in picturesque settings. Figures 3.11 and 3.12 illustrate the Asclepieion in Kos, which was established in 405 BC, and this was where Hippocrates received his training.

¹⁶³ Ibid.



Figure 3.12. Asclepieion, Kos, 405 BC. Epidaurus, Greece

Ulrich, Diette, and Gesler continue to contribute research and evidence to endorse the inclusion of natural landscapes in health care settings. Ulrich, Diette and Gesler's research in Velarde, Fry, and Tveit's study unites a common concern, and the motivation behind their efforts could be compared to the drive behind the inception of moral treatment for mentally ill patients in the nineteenth century. Architect Thomas Kirkbride designed mental asylums, which were located on hills, and surrounded by bushlands, parks, and gardens to improve the wellbeing of patients.¹⁶⁴ Today the site and design of hospitals and clinics are dependant on urban infrastructure and access to specific communities.

¹⁶⁴ Carla Yanni, *The Architecture of Madness* (Minneapolis: University of Minnesota Press, 2007).24

The options for actual natural landscapes to be incorporated in health care design would be an ideal outcome. The appreciation of nature within all cultures and its association with health as a medicinal source, refuge, and signifier for holistic care and wellbeing is timeless. The potential for natural landscape photography in health care settings has been theoretically supported by the aesthetic of nature appreciation influenced by Kant's concept of the sublime, and expanded upon by contemporary aestheticians Hepburn, Carlson, Carroll, and Budd who debate the relevance of nature appreciation, interpretation, and representation. Natural landscape photography was used as a stimulus in Velarde, Fry, and Tveit's *Health Effects of Viewing Landscapes: Landscapes Types in Environmental Psychology*. Of the thirty-one studies examined, eleven were informed by either photography or videos. Photography was the most suitable medium to portray a mimetic aesthetic that brought pleasure, reduced fear and anxiety, and shortened hospital stays for patients. These outcomes were evidenced by the methods employed by Ulrich, Giette, and Gesler's studies, and the participants from Balmain and Wyong Hospitals indicated the subject matter of landscapes to be their preferred choice of art and this reduced their levels of anxiety.

The development of the potential of natural landscape photography in health care settings has only begun. We have determined that the medium of photography to capture a mimetic representation of nature is deemed appropriate. However, more research needs to be conducted to understand the elements within nature that patients respond to. With regards to photographic representation, more research is required into colour management and format. We need to understand the relevance of special effects and mixed use of lenses to enhance compositions. How large should landscape photographs be, and how would this affect patients? Should photographs be framed and have reflective or non-reflective surfaces? Where should photographs be displayed? How should photographs be installed? More intensive research into photographic representation to inform therapeutic appreciation is needed not only for patients but also for researchers using landscape photography as stimulators in their methods.

Chapter Four

The Photographic Representation of Illness and Death:

Annie Leibovitz and Susan Sontag

The photographic representation of illness and death illustrates the hospital experience for elderly patients in western society. This chapter reinforces the argument of why visual arts has a place in hospitals as Annie Leibovitz reveals the stark environment in which Susan Sontag occupied during her illnesses. Leibovitz's aesthetic and representation of reality also influenced the video installations created for this thesis art exhibition *Pain, Anxiety, and Boredom*.

The photographic representation of illness illustrates the hospital experience for elderly patients in western society. Annie Leibovitz captured a series of photographs of Susan Sontag seriously ill in hospital while she was diagnosed with uterine cancer in 1998, and shortly before her death, and including her remains following her death in 2004. The disclosure of these images published in 2006 reignited the concepts of ethics and aesthetics in photography theorised by Sontag in her book, *Regarding the Pain of Others* 2003. Leibovitz's photographic series unveils some vital elements that support the basis of this study. These include images of Sontag as an elderly woman dying in a hospital; it supports the notion of why elderly patients feel a sense of anxiety while waiting in hospitals, and how the institution reinforces the dehumanisation of these spaces. This chapter will also examine the concept of photojournalism to present the images of Susan Sontag as a patient, and discuss the impact of these photographs on the viewer.

The photographic representation of illness could be viewed as Sontag's final debate to create an awareness that, at times, masks the hospital experience, and incorporates how we perceive death in western society. Sontag was afraid of death; her son, David Reiff, revealed she feared extinction. One of Sontag's influences, Simone De Beauvoir once

noted how her mother had an “animal dread of death.”¹⁶⁵ Reiff also stated his disapproval of Leibovitz’s images as posthumously humiliating, and guilty of memorialising his mother, in what he describes as carnival images of celebrity death.¹⁶⁶ On the surface this may appear true; however, if we dig deeper, we realise that this inquiry into death and reality has been a theme in Leibovitz’s work that dates back to 1993 when she and Sontag travelled to Sarajevo and witnessed war and death firsthand. Sontag allowed a series of photographs of her hospital experiences to be captured by Leibovitz in 1998. Sontag understood the power of the photograph as a relic, a struggle against time, and against death. Her generous gesture of allowing Leibovitz to visually document her organic decline extends the vision of Sontag’s seminal works, *Illness as a Metaphor* 1978, *Regarding the Pain of Others* 2003, and before her death, *Regarding the Torture of Others* 2004.

The collaboration between the theorist, Sontag, and the practitioner, Leibovitz, extends their individual work. Elizabeth Bruss states, “Sontag was a freelance intellectual. Sontag’s theorizing has been obliged from the start to raise issues, invent dilemmas, project domains of thought – and to do so in a way that would make her own proposals seem not simply accurate or original but necessary.”¹⁶⁷ Leibovitz is a fashion photographer whose career was founded in photojournalism for Rolling Stone Magazine. Later she worked for the fashion bibles of Vanity Fair and Vogue Magazine. The questions could be asked why did Leibovitz return to the realm of photojournalism, and how do we define this area of practice?

Photojournalism as a genre should be a truthful and objective account of noteworthy events. Photojournalism is distinguished from other close branches of photography, such as street photography or celebrity photography, by three qualities of: First, timeliness; the images have meaning in the context of a recently published record of events. Second, objectivity; the situation implied by the images is a fair and accurate representation of the events they depict in both content and tone. Third, narrative; the images combine with other news elements to make facts relatable to the viewer or reader on a cultural level.¹⁶⁸ Nicolas Bourriaud suggests the function of realistic representation in photography is becoming obsolete, whereas new viewing angles

¹⁶⁵ Simone De Beauvoir, *A Very Easy Death* (New York: Patheon Books, 1965).14

¹⁶⁶ David Rieff, *Swimming in a Sea of Death* (New York: Simon & Schuster, 2008).150

¹⁶⁷ Leland Poague, "Introduction," in *Conversations with Susan Sontag*, ed. Leland Poague (Jackson: University Press of Mississippi, 1995).xi

¹⁶⁸ George Alexander, *Lewis Morley Education Kit*, (Art Gallery of NSW, 2006). 9

become legitimised¹⁶⁹; this may be true, however, why do audiences express outrage when visually confronted with imagery of ethical or social relevance? Graham Clarke suggests documentary photography and photojournalism, are the most intimate forms of photography and they create a bond between the viewer and the subject.¹⁷⁰ Although Bourriaud suggest this genre of photography is fading, the depiction of real life encourages dialogue.

The word *photograph* refers to *light writing*; it is concerned with the control of light and time.¹⁷¹ Francois Tiphaigne de la Roche describes the photographic image as an illusion and given the medium's optical and chemical influences the photographic image has the ability to be perceived as magical and suggestive.¹⁷² Sontag stated, "Photography has kept company with death because an image produced with a camera is, literally, a trace of something before the lens, photographs were superior to any painting as a memento of the vanished past and the dear departed."¹⁷³ Roland Barthes notes, "that photography mechanically repeats what could never be repeated existentially. In the photograph, the event is never transcended for the sake of something else. The photograph always leads the corpus I need back to the body..."¹⁷⁴ These comments allude to some divergent interpretations of the photographic image; from the magic and suggestion of light writing defined by Tiphaigne de la Roche, to the realistic and pragmatic definitions of Sontag and Barthes.

Sontag stated, "To live is to be photographed, to have a record of one's life, and therefore to go on with one's life oblivious, or claiming to be oblivious, to the camera's nonstop attentions. But to live is also to pose. To act is to share in the community of actions recorded as images."¹⁷⁵ Sontag's interest in photography reflected her personal battles as her body was under siege by cancer. *Illness as a Metaphor* and *Regarding the Pain of Others* were published to reflect her concerns with the body under siege in sickness and war. Sontag wrote an essay *Regarding the Torture of Others* in 2004 shortly before her death, exploring photography and censorship of the war on terror, and

¹⁶⁹ Nicolas Bourriaud, *Relational Aesthetics* (Les Presses Du Réel, 2002). 67

¹⁷⁰ Clarke, *The Photograph*. 145

¹⁷¹ Ibid.11

¹⁷² Ibid.

¹⁷³ Sontag, *Regarding the Pain of Others*.21

¹⁷⁴ Roland Barthes, *Camera Lucinda* (London: Vintage, 2000).4

¹⁷⁵ Susan Sontag, "Regarding the Torture of Others,"(2004),
<http://www.southerncrossreview.org/35/sontag.htm>.III

how photography in the past has acted as a deterrent.¹⁷⁶ Paradoxically, her death images captured by Leibovitz sum up her commitment and the necessity to reveal the actuality of death and dying.

Sontag persistently questioned the position of ethics and aesthetics in photography to redefine what she termed “visual codes, what is worth looking at, and what we have a right to observe.” Her bravest legacy to photography was to allow Annie Leibovitz to photograph her illness and subsequent organic decline in 2004. These powerful images of illness come to the world through the lens of a partner. Many artists have mapped their illness through their hospital experience, to highlight the distance in care, the loss of identity, and the physical trauma of trying to cope psychologically with the pain and inner realisation that their natural state has been altered. Sontag stated “becoming ill, facing ones death, being in the company of people who are suffering terribly – and many of them dying – for several years is, of course a watershed experience – you are not the same afterwards.”¹⁷⁷ Photographer and artist Jo Spence mapped her daily experiences of breast cancer through photography in 1982. She used the technique of phototherapy to document being “processed through the hands of the medical profession.”¹⁷⁸ Sontag has explained that the motivation behind her book *Illness as a Metaphor* was driven by her illness; she became aware of just how little time there is.¹⁷⁹ Leibovitz on the other hand, has facilitated a universal perspective of ageing and western society’s reluctance to acknowledge the process of grief. After Sontag’s death in December 2004, Leibovitz’s grief could be seen in her book titled *A Photographer’s Life 1990 – 2005*, published by Random House in 2006. This book embraced her professional life as a celebrity portrait photographer for Vogue Magazine, as well as incorporating images of a personal nature to narrate the fullness of experience that is Leibovitz’s life. For an artist, the professional is personal, and these two didactic modes of experience and behaviour are intrinsically linked.

Figure 4.1, as shown, is an image of Sontag admitted to Mount Sinai Hospital, New York in 1998.¹⁸⁰ Leibovitz has captured Sontag in a vulnerable position. This level of

¹⁷⁶ Dilonardo Paolo and Anne Jump, eds., *Susan Sontag, at the Same Time. Essays & Speeches* (New York: Farrar Straus Giroux, 2007).128

¹⁷⁷ Charles Ruas, "Susan Sontag: Me, Etcetera," in *Conversations with Susan Sontag*, ed. Leland Poague (Jackson: University Press of Mississippi, 1995).176

¹⁷⁸ Virginia M Soffa, "Cultural Sniping. The Art of Transgression," review of May 1997, *JSTOR: Women's Art Journal*: 18, no. No.1(1997). 63

¹⁷⁹ Ruas, "Susan Sontag: Me, Etcetera." 176

¹⁸⁰ Annie Leibovitz, *A Photographer's Life, 1990-2005* (New York: Random House, 2005).

intimacy facilitated by the patient to include the photographer, the nurse, and the viewer, projects a sense of empathy, for any one of us who has been placed in any of the three roles depicted. The active role of the viewer is subjective depending on the viewer's experience of illness.



Figure 4.1. Annie Leibovitz, *Untitled - Susan Sontag*, 1998. Mount Sinai Hospital, New York

The image also alludes to the intimacy of medical care; the patient's loss of dignity. Michel Foucault presents the question, "Can pain be a spectacle?"¹⁸¹ Foucault believes so, "to look in order to know, to show in order to teach, is not this a tacit form of violence, all the more abusive for its silence."¹⁸² What is really happening in this image? The silence is suggestive; the automatic click of the camera fills the moment, a nurse wipes Sontag's bottom, Sontag is firmly grasping the side of the cot, eyes closed, accepting specialized intervention. In Leibovitz's photographs of Sontag, there is a heavy silence, and a density that mirrors hospital practice. The body is pushed, manipulated, and stressed in ways it has never experienced. Sontag has offered the viewer an intimate truth without censorship.

¹⁸¹ Michel Foucault, *The Birth of the Clinic; An Archaeology of Medical Perception* (New York: Vintage, 1994).84

¹⁸² Ibid.

This intimate truth without censorship has a deeper interpretation; Foucault suggests *anatomo* i.e. pathology; pathologist Marie Francois Xavier Bichat states, “an experience in which death was the only possibility of giving life a positive truth. The irreducibility of the living to the mechanical or chemical is secondary only in relation to the fundamental link between life and death.”¹⁸³ In other words, Sontag has exposed her depth of commitment to ethics and aesthetics in photography, by revealing her illness and appointing Leibovitz as an agent to document her death. This element of human agency has been a feature in the production of art.¹⁸⁴ Sontag wrote books and produced films that were founded on her personal experience. Her interest in photography, illness, and death held universal themes that required then, to be critically deconstructed in an era of terror and anxiety.

Leibovitz published nine images of Sontag’s illness captured in 1998, in her book *A Photographer’s Life 1990 – 2005*. Sontag’s first episode of breast cancer was in 1975, and, as mentioned earlier, influenced her book *Illness as a Metaphor*. Sontag states “...there are photographs that seem to invite a different kind of attention. For this ongoing body of work, photography is not a species of social or moral agitation, meant to prod us to feel and to act, but an enterprise of notation. We watch, we take note, we acknowledge. This is a cooler way of looking. This way of looking, we identify as art.”¹⁸⁵ Emma Brockes wrote, “Leibovitz wanted to show what illness looks like and what courage looks like too.”¹⁸⁶ These images reopen Sontag’s inquiry into illness as a metaphor, and complements the work she and Leibovitz completed in Sarajevo, Bosnia in 1993.

Figure 4.2, is a photograph Leibovitz captured in Sarajevo in 1993. Once again, Leibovitz has broken away from her usual practice and returned to photojournalism. Leibovitz recalled that the photograph of the wounded soldier was taken in a makeshift operating theatre. She was later informed that the soldier died as she took the photograph.¹⁸⁷ This crucial moment is the space between life and death in a hospital. The silence and expressions of the medical staff in the image hold the gaze of the

¹⁸³ Ibid.145

¹⁸⁴ Patrick Maynard, "Photography," in *The Routledge Companion to Aesthetics*, ed. B Gaut, McIver-Lopes, D (New York: Routledge, 2005).619

¹⁸⁵ Paolo and Jump, eds., *Susan Sontag, at the Same Time. Essays & Speeches*.126

¹⁸⁶ Emma Brockes, "My Time with Susan," *Guardian Unlimited* (2006),

http://books.guardian.co.uk/departments/artsandentertainment/story/0,1888256,00.html#article_continue.

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¹⁸⁷ Leibovitz, *A Photographer's Life, 1990-2005*.9

viewer. This photograph supports the notion of how the individual is propelled from the everyday, into a system of uncertainty. Figure 4.1 and Figure 4.2 are symbolic statements of truth; although extreme examples, nevertheless they are examples of medical intervention and photographic representation.



Figure 4.2. Annie Leibovitz (section), *Dr Sanja Besarovic, Kosevo Hospital, 1993. Sarajevo*

The inclusion of Sontag's illness and death images, as well as photographs of Sarajevo in a travelling exhibition, *A Photographer's life 1990 – 2005*, was criticized by Sarah Karnasiewicz who described them as "Annie Leibovitz's reckless candour", implying Leibovitz would have been better off to consider hiding these images.¹⁸⁸ Malara Wood suggested Sontag did not have a choice as to whether she would have approved of having these photographs published. Wood stated, "Sontag may have discussed the 'democracy of photographs' in life, but even she could not imagined it would go this far."¹⁸⁹ The significance of Leibovitz's photographs of Sontag is that they portray the actuality for patients in hospitals. Leibovitz has taken these images out of the realm of

¹⁸⁸SarahKarnasiewicz, "AnnieLeibovitz'sRecklessCandor," *SalonArts&Entertainment*(2006), <http://www.salon.com/ent/feature/2006/11/18/leibovitz/index-np.html>. 1

¹⁸⁹ Malara Wood, "Is Vanity Fair?"(2006), http://wordsbody.blogspot.com/2006_10_01_archive.html. 5

documentary, into a touring fine art exhibition. This method is similar to the intentions of photojournalist John Pilger's exhibition, *Reporting the World* at the Museum of Contemporary Art, Sydney in 2002. The preference to step outside of the commercial sphere to create awareness has provided depth to Leibovitz's photographic art, and continued to support the legacy of Susan Sontag's pioneering work in critically evaluating ethics and aesthetics in photography.



Figure 4.3. Annie Leibovitz, *Susan Sontag*, 2004. University of Washington Medical Centre. Seattle

Figure 4.3 reveals Sontag suffering from Myelodysplastic Syndrome and receiving treatment at the University of Washington Medical Centre, in November 2004. These images reveal how people experience terminal illness in our culture; the interiors, function, design, and equipment override the human experience. The individual is now processed, evaluated, and monitored for expediency. This hospital truth, which we have all either already experienced or will experience at one time or another, led Leibovitz into a minefield of criticism as discussed earlier. Leibovitz acknowledges in her interview with Brockes, "Susan loved the good fight, and there is no doubt in my mind – and I do this as if she was standing behind me, that she would be championing this work."¹⁹⁰ After reading Sontag's essays and books, it becomes clear that Sontag's questions concerning the ambiguity of ethics and aesthetics in photography have been argued. Sontag's books, *Illness as a Metaphor*, and *Regarding the Pain of Others*, have

¹⁹⁰ Brockes, "My Time with Susan." 5

been the precursor to Leibovitz's photographic series. It was ironic that Leibovitz suggested, "Susan always said, she felt that art really had to rise above the personal."¹⁹¹ Leibovitz mentions to Brockes that she disagrees. If *Illness as a Metaphor* and *Regarding the Pain of Others* is not a photographic inquiry, grounded from Sontag's illness, and personal life, it then appears to be out of place if Sontag made that statement. The photographic series depicting the various stages of Sontag's illness, and subsequent death is much more attune to Sontag's views than Leibovitz's.



Figure 4.4. Annie Leibovitz, *Susan Sontag December 29, 2004*. New York

After understanding the intentions of Sontag, we now have a clearer indication of why Leibovitz took photographs of her dying and subsequent death. The difference in colour between Figure 4.4 is worth examining. As shown in Figure 4.1, Sontag was suffering from uterine cancer in Mount Sinai Hospital, New York in 1998. As shown in Figure 4.3, Sontag was suffering from Myelodysplastic Syndrome at the University of Washington Medical Centre 2004, and finally dies of Leukaemia and her body is returned to New York, where the photographs, Figure 4.4 were captured of Sontag in an open coffin.¹⁹² The difference between the black and white photograph of Sontag and the coloured image of Sontag in her coffin is distinct. Black and white images depict a timeless memory, render without embellishment, and as David Finn suggests, they are somehow, more authentic.¹⁹³ The colour photograph brings the subject closer to the present. Finn states "colours show texture, vibrancy and delight the eye with the richness of contrast and harmonies found in the spectrum. The photographer has the opportunity to experience and depict diverse realities."¹⁹⁴ The green tainted proofs of Sontag lying in the coffin was not a deliberate effect Leibovitz was seeking. She stated in her film *A Photographer's Life*, commissioned by the series *American Masters* for

¹⁹¹ Ibid.

¹⁹² Leibovitz, *A Photographer's Life, 1990-2005*.10

¹⁹³ David Finn, *How to Look at Photographs* (New York: Abrams, 1994).17

¹⁹⁴ Ibid.

the American Broadcasting Corporation that she was printing the proof sheet and the green tint appeared. Therefore, she published the proof in her book and displayed it in her touring exhibition.

From the articles sourced for this thesis, little was mentioned about the images Leibovitz took of her father dying at home. Sontag's hospitalised experience of illness differs from the dying experience of Leibovitz's father Samuel that occurred in February 2005. Figure 4.6 as shown, depicts a photograph directly scanned from *A Photographer's Life 1990 – 2005*, (pages not numbered); this image is presented in this state because it is as it appears between pages and the fold. This image has lost its impact and significance because of the distraction of the fold.



Figure 4.5. Annie Leibovitz, 3rd February 2005. Samuel Leibovitz, Florida

Samuel Leibovitz died on the 3rd of February in 2005.¹⁹⁵ Figure 4.5 is ambiguous, as the viewer is unaware if Samuel is sleeping or has died. Why would this image seem less offensive than Sontag's deceased body? Is it because Samuel's body appears at rest in bed? Or is it because the black and white surface renders this image peaceful and lost to memory? Leibovitz has allowed the viewer to step into her reality of grief.

Through the examination of Leibovitz's black and white photographs, we have not only explored the reality surrounding death, but also viewed how elderly people die, and where they die. These universal experiences and collective memory are ways in which images can communicate, and engage the viewer. Jill Bennett suggests that visual artists exploit the concept of the connection between sight and affective memory. Visual representation, in this sense, has been the most effective means of storing and retrieving memories and dates back to medieval history and the mnemonic function of the arts.¹⁹⁶ Bennett, the author of *Empathic Vision*, discusses Gilles Deleuze's term, the *encountered sign* – this term relates to a sign that is felt, rather than processed by cognitive process of rational thought.¹⁹⁷ Bennett also suggests that an affective response to artwork is not an emotional or sympathetic engagement by the viewer but the direct engagement with sensation. Was it this sensation that viewers of Leibovitz's photographs of Sontag experienced when they first sighted these photographs? Bennett also refers to Dominick La Capra's work with trauma. *Empathic unsettlement* is a term to describe the aesthetic experience of simultaneously feeling for another and becoming aware of a distinction between ones own perceptions and the experience of the other.¹⁹⁸

Photography has a history of provoking empathy, anxiety, fear, and happiness. Sontag mentions the ethics and intention of the photographer in the construction and manipulation of images of suffering; “they goad the viewers feel more intently.”¹⁹⁹ Images that resonate with patients and their family members may have the same effect of inviting the viewer to engage. It is plausible to assume that one of the functions of photography is to make things look better. Sontag notes that beautifying is one classic operation of the camera and it tends to bleach out a moral response, but it does not bleach out a bodily sensation.

¹⁹⁵ Leibovitz, *A Photographer's Life, 1990-2005*.

¹⁹⁶ Jill Bennett, *Empathic Vision*, Stanford University Press.36

¹⁹⁷ Ibid.7

¹⁹⁸ Jill Bennett, *Empathic Vision*, Stanford University Press.8

¹⁹⁹ Susan Sontag, *Regarding the Pain of Others*, Penguin, New York.71

Leibovitz's photographs of Sontag's illness and death, the wounded soldier, and the death of her father, are about communication. They absorb the notion of silence, or absence, the universal themes of illness and death and are reflective moments of grief in Leibovitz's experience. These art photographs have been exhibited in the context of fine art. Photography as a medium transcends the art experience. It is a form of evidence, documentary, it has the ability to show truths, and deny them through the manipulation of digital software such as Photoshop – it can engage and repel simultaneously. This malleable medium that is grounded in realism has the capacity to transform, to suit the aesthetic sensitivities of the audience. It therefore appears to be the most effective mode to illustrate the experience of illness and death.

Chapter Five

The Temporal Duration of Waiting in Healthcare Settings

The concept of waiting is determined by the duration of time and how we perceive and experience this phenomenon in space. When we think about time, we usually explore the past, present, and future. However, this chapter explores the time experience in relation to waiting in waiting rooms. Robert Ornstein suggests there are four modes of time experience; these are the present, duration, temporal perspective, and simultaneity and succession. These four modes define how an individual or culture experiences time depending on their perspective, and how they act out their time.²⁰⁰ In the realm of waiting rooms, time places the individual firmly in the present. To be situated in the present depends on how we perceive duration in a specific space, and to understand the psychology of time in relation to waiting experiences. Foucault noted with his concept of heterotopia, “a society can make a heterotopia that exists and has not ceased to exist operate in a different way.”²⁰¹ In the context of waiting rooms this space has the potential to transform and add meaning with regards to time and imagery. This chapter explores the relationship between time and space defined by Albert Einstein’s theories of relativity, which have informed William James’s ideas relating to time, and Henri Lefebvre’s production of space. Paul Fraisse explores the psychology of time, which links closely to Martin Heidegger’s *Concept of Time*. This chapter will also reference studies that explore how it feels to wait in hospital waiting rooms. Li Wei Hsieh’s *The Phenomenon of Waiting* was conducted at an outpatient department of a tertiary admission hospital in Australia in 1997. Hsieh’s research was for a Masters Degree in Nursing at RMIT University. Amber Van Dreven conducted a study *Waiting: A Critical Experience*, for her Masters Degree in Nursing at the Australian Catholic University, Aquinas Campus in Victoria 2001. Van Dreven’s study was informed by the waiting experiences of relatives in hospital waiting rooms. A collective analysis of both time and space theory will be applied to Hsieh’s study, Van Dreven’s study, and this thesis study, as to how patients and their family members perceive time and space in waiting rooms.

²⁰⁰ Robert Ornstein, *On the Experience of Time* (New York: Penguin Books, 1969).22

²⁰¹ James. D Faubion, ed. *Michel Foucault Aesthetics, 1954 - 1984* (London: Penguin, 1994).180

The concept and definitions of time add to the dimension of what makes us human, our ability to reflect, and our ability to project realms of thought based on the past to inform the future. Ornstein suggests Western culture is very precise about time and how we break up time into small units. We define a unit of time as .9,192,631,770 cycles of frequency associated with the transition between two energy levels of the isotope cesium 133.²⁰² Ornstein highlights that different cultural views have varied interpretations of time perspective. Waiting is a suspension of time in the present that interrupts the pulse of urban life. Paul Virilio sums up the fluidity of the body and its relationship with technology, “The urbanisation of real time is in fact first the urbanization of ones own body plugged into various interfaces, prostheses that make the super equipped able bodied person almost the exact equivalent of the motorized and wired disabled person.”²⁰³ The waiting experience in hospitals is equivalent to winding down, stalling, and to disconnect from a rhythm. In the realm of the case studies referencing patients’ waiting time experiences, the participants are citizens of the West in relation to time.

Ornstein noted the four elements of time experience; these elements explore, firstly the present, that is, short-term time broken down to the perception of short intervals, and rhythm or timing. Secondly, duration is the remembrance of the past that is associated with long-term memory. Thirdly, temporal perspective refers to the culture we occupy and the interpretation of time experience as indicated in the example of time units. Finally, simultaneity and succession aids the concept of *the same time*, depending on the frame of reference; both Einstein and Henri Bergson explored this concept. Bergson also suggests that when time for each individual is discussed, that subjective time may speed up or slow down, relative to other experiences in the individual or to other individual experiences.²⁰⁴ The experiences of patients and their family members happen at the same time in the same space. For example, if I surveyed ten patients all waiting in a waiting room in a three hour time frame, and they were collectively experiencing an internal tension of anxiety and pain, their interpretation of their waiting experience will differ depending on their perception of time and their strategies to deal with it. If we have these four modes of time experience then we need to explore how this impacts upon the mental processes of people waiting in hospital waiting rooms.

²⁰² Ornstein, *On the Experience of Time*.41

²⁰³ Paul Virilio, *Open Sky* (London: Verso, 2008).11

²⁰⁴ Ornstein, *On the Experience of Time*. 41

To explore the lived experience of patients we process these experiences through a phenomenological lens. Phenomenology is derived from the Greek words *phainomenon*, and *logos* – the participial form of *Phainein*, meaning to show, and *logos* referring to reason or study; together they mean a “study of things shown.”²⁰⁵ David Macy suggests phenomenology was a major strand in continental philosophy, and was examined by Edmund Husserl in its purist form.²⁰⁶ Martin Heidegger explains that the history of phenomenological research emerged from the historical situation of philosophy at the end of the nineteenth century.²⁰⁷ This situation was noted by exploring life worlds by being in the world, and interpreting these worlds through observation and interaction. Max Van Manen suggests there are two descriptions or interpretations in phenomenological research; one is lived through quality of the lived experience, the other describes the meaning of the expressions of the lived experience.²⁰⁸ This study also explores Heidegger’s notion of letting the manifest in itself be seen from itself.²⁰⁹ Max Van Manen best sums up Heidegger’s phrase by stating, “Phenomenology is the systematic attempt to uncover and describe the structures, the internal meaning structures of the lived experience.”²¹⁰ In the context of this study phenomenology assists us to interpret the psychology of time.

The psychology of time explores how we act or manoeuvre through space. Paul Fraisse defines waiting as “an active regulation of the action which comes between two stimuli, one preparing and the other releasing, and which keeps our activity between the two at the phase of preparation.”²¹¹ James suggested time perspective is the knowledge of some other part of the stream, past or future, near or remote, that is always mixed in with our knowledge of the present thing.²¹² Paul Fraisse asserts, “our actions at any given moment do not depend on the situation in which we find ourselves at that instant, but also on everything we have already experienced and on all our future expectations.”²¹³ James and Fraisse discuss the psychology of time. Heidegger and James also look beyond the surface, and position time in relation to space. For example, Heidegger discusses what he terms “characters of encounter of the world”, whereby he

²⁰⁵ David Macy, *Dictionary of Critical Theory, Penguin Reference* (London: Penguin, 2001).297

²⁰⁶ Ibid.

²⁰⁷ Heidegger, *History of the Concept of Time*.13

²⁰⁸ Max Van Manen, *Researching Lived Experience* (London: The University of Western Ontario, 1990).25

²⁰⁹ Heidegger, *History of the Concept of Time*.85

²¹⁰ Van Manen, *Researching Lived Experience*.2

²¹¹ Paul Fraisse, *The Psychology of Time* (London: Lowe & Brydone, 1964).151

²¹² J. Zimbardo Boyd, P, *The Time Paradox* (London: Rider, 2008).51

²¹³ Fraisse, *The Psychology of Time*.151

describes how the totality of a room with its furnishings or a public space and its surroundings, has elements that are familiar, and have a relationship with the people who “dwell in them.”²¹⁴ The essence of relativity has its foundation with Einstein; John Boyd suggests that this relativity is both psychological and physical.²¹⁵ Waiting is based the concept of delay, whereby a need is identified then fulfilled.²¹⁶ To further explore this phenomenon, Fraisse defines the notion of the temporal horizon in accordance with temporal perspective. Waiting in health care settings is a specific experience, and needs to be understood, so that strategies can be employed to make these spaces comforting. If we consider the duration of the waiting time, it then becomes a psychological reality when the present action does not bring immediate satisfaction or relief.

The concept of time also relates to space; however, how do we define space? The philosophy that informs the concepts about space is complex and has been pursued by Descartes, Spinoza, Leibniz and many more. In relation to waiting room space, we will explore the production of social space from a spatial architectural base. Space according to Lefebvre, had a strictly geometrical meaning, best known as absolute space, which implies an empty area.²¹⁷ In relation to mathematics, space becomes mental thing or a mental place.²¹⁸ However, space in a post-modern discourse is much more than that. In reality, architectural space incorporates the body. Deborah Hauptmann suggests that proportions of a building (to create space) have been taken from those of the human body. Lefebvre suggests where there is space there is being.²¹⁹ Waiting in hospitals is about the body, the body entering a transient place to be categorised and treated.

The psychology of space refers to the sensations experienced in a particular environment. James explored the concept that all sensations have spatial dimensions.²²⁰ Although Gerald Myers comments on the naivety of such claims, James persevered with the idea that people sense space with an intuitive and primal process. Myers also notes empirics such as John Stuart Mills support James in so far as attributing these intuitive processes to understanding why people react to the colour red and to loudness so

²¹⁴ Martin Heidegger, *History of the Concept of Time*, trans. Kisiel Theodore (Bloomington: Indiana University Press, 1985).186

²¹⁵ Boyd, *The Time Paradox*.12

²¹⁶ Fraisse, *The Psychology of Time*.202

²¹⁷ Henri Lefebvre, *The Production of Space* (Oxford: Blackwell, 1991).1

²¹⁸ Ibid.3

²¹⁹ Michael Dear, "Post Modern Bloodlines," in *Space and Social Theory*, ed. George Benko, Strohmayer Ulf (Oxford: Blackwell, 1997). 50

²²⁰ Gerald Myers, *William James: His Life and Thought* (New Haven: Yale University Press, 1986).115

acutely. It is not something we have to experience first before we know how to respond.²²¹ How patients sense waiting rooms is similar when they refer to lighting, noise, and space being overcrowded. The exploration of space in relation to the body is known as an egocentric frame of space.²²² The concept of waiting in a space is a state of mind we learn. It is difficult to ask a three-year-old child to wait and be patient in a confined space; those intuitive and impulsive sensations take over. The connection can be made between behaviour learned, and what we sense at a deeper level in a waiting room.

Ornstein conducted a series of experiments regarding a storage size analysis that refers to a capacity to learn and store information in memory to quicken the sense of duration in time. Ornstein suggests that truck drivers, who drive the same route often, find themselves far along the route with no recollection of having driven there and having experienced little or no duration during that period.²²³ Repeating a familiar action, like visiting the same waiting room is very likely to result in this automatic mode of response to stimuli. An example of this occurred when I interviewed a patient in Balmain Hospital, who had sat in the waiting room three times during the week before I interviewed her. I interviewed her on the day she needed to pick up test results. Prior to those three days in the previous week, she had been to the hospital eighteen months earlier. I had placed four images in that waiting room six weeks before the interview, and the staff had placed a playhouse for children on the weekend; she was convinced that the waiting room had not changed in the ten years she had been living in the area. The concept of experiencing no duration, or in the case of the truck driver a type of time rhythm, has occurred; this is similar to what psychologists call liminal space, or how heterotopia exists in a time-space, “ I see myself where I’m not, in a real space that virtually opens up behind the surface.”²²⁴ That is, a space in which boundaries dissolve, and a transition occurs, whereby the duration of time is not experienced because it is either a familiar rhythm, or the stimulus of an activity has caused a loss of conscious duration.

The negotiation of time and space exists in waiting rooms of hospitals. Waiting rooms are transitional spaces, and by their very nature are designed for patient flow; however,

²²¹ Ibid.

²²² John Campbell, *Past, Space and Self* (London: MIT Press, 1994).8

²²³ Ornstein, *On the Experience of Time*.106

²²⁴ Dehaene, ed. *Heterotopia and the City*.17

they are vulnerable and marginalised spaces devoid of any real power.²²⁵ These spaces, according to Hsieh, have not brought satisfaction or relief to patients. Hsieh's study consisted of interviewing seven patients in an Australian out-patients department, and Van Dreven's study examines six female relatives of patients in Australian emergency departments. Similarities have also emerged through my case study of one hundred and twenty participants. The three studies explore why waiting rooms are uncomfortable. Is it the waiting that is uncomfortable, is it the physical condition that patients are experiencing, or is it the space which they occupy? Is it the combination of all these things? James notes we have a perception of time; sometimes a stretch of time goes so slowly, and as we get older, time seems to pass quickly. How we perceive time is connected to boredom, which is discussed in detail in chapter seven. James stated that time goes slowly when "we grow attentive to the passage of time itself."²²⁶ Following are themes from patients about how they feel, and manage time and space in relation to waiting.

Hsieh's findings isolated six themes expressed by patients waiting.²²⁷

- "Anxious about the unknown"
- "I felt that no one cared"
- "A sense of frustration"
- "A notion of unfairness"
- "A waste of time"
- "It was O.K to wait."

Van Dreven's findings identified four codes: Being Flustered, Mothering, In Safe Hands – trust in expert care, and Institutional Power.²²⁸ In the context of how relatives of patients actually experience "waiting to be seen", the following highlights Dreven's points under her title of Being Flustered. These are "Passing time", "Self reported feelings" and "Amenities in the waiting rooms".²²⁹

²²⁵ Sohn, "Heterotopia: Anamnesis of a Medical Term."48

²²⁶ Myers, *William James: His Life and Thought*.151

²²⁷ Li-Wei Hsieh, "The Phenomenon of Waiting: An Exploration of the Meaning of Waiting to Be Seen as Experienced by out-Patients Attending an out-Patient Department of a Tertiary Admissions Hospital in Australia" (R.M.I.T, 1997).76

²²⁸ Van Dreven, "Waiting: A Critical Experience".99

²²⁹ Ibid.

If we compare the responses from Hsieh's and Van Dreven's participants to the responses from this thesis study, similarities emerge. From the headings above, we will compare the time related points – Hsieh's headings include “Anxious about the unknown”, “A sense of frustration”, and “It is O.K to wait.”

Eighty percent of the participants from the thesis study indicated they were anxious. Van Dreven suggested her participants from a series of interviews articulated feelings of anxiety and anger. To establish how patients feel as they enter a waiting room informs how they perceive their waiting time experience. Helen Kennerley suggests that anxiety is a response to stress, preparing the individual for action in the face of danger.²³⁰ The definition of anxiety differs depending on the context and in which academic field it may be interpreted. The foundation of current definitions of anxiety finds a common base in Søren Kierkegaard's *Concept of Anxiety*, which referenced Reinhold Niebuhr's doctrine of man. The definition of anxiety in the context of this study is closely examined in chapter seven.

Hsieh noted in her findings that patients felt “A sense of frustration.” Van Dreven also identified this sense of frustration. She states that participants could not think straight, and felt flustered; this frustration transferred to relatives not being able to find Medicare cards in their wallets, and not being able to remember date of birth details of the patient they were assisting.²³¹ Van Dreven indicated that frustration and anxiety are closely linked. Fraisse suggests a sense of frustration is experienced when the individual is not content in relation to duration of time. He uses the example of how time flies when we are immersed in an activity such as reading, writing, or anything we are enjoying.²³² We lose sight of things changing around us. Frustration in waiting rooms is experienced because patients do not have the opportunity for a diversion, visual or tactile. It is interesting to note that after the visual and aesthetic needs were met in Stage Two of the study in Wyong Hospital, 56% of participants suggested they needed more reading material while 40% were satisfied with the changes in the waiting room. Patients were still searching for strategies to quicken the duration of waiting. Van Dreven indicated that patients did not utilize amenities in waiting rooms, such as televisions, magazines, and toys. One of her participants claims, “ With all this going on in my mind, I couldn't

²³⁰ Helen Kennerley, *Managing Anxiety* (Oxford: Oxford University Press, 1995).9

²³¹ Van Dreven, "Waiting: A Critical Experience".99

²³² Fraisse, *The Psychology of Time*.207

cope with anything like that.” Van Dreven suggests that her participants could not concentrate on anything; if they were reading a magazine, they would read the same line repeatedly.²³³ Further, she suggests diversionary strategies employed in waiting rooms that require concentration are of little comfort to relatives of patients; a soothing background would be preferred and Van Dreven notes that Routhie and Tansik suggest that music serves to ease the initial stirrings of anxiety in waiting rooms.²³⁴ These suggestions about patients not being able to concentrate in hospital waiting rooms also support the inclusion of visual arts, whereby the ability to view an image is a realistic option for waiting rooms.

Hsieh uncovered the concept of “It’s O.K to wait.” The surveys from Balmain and Wyong Hospitals identified two patients who indicated they expected to be bored. From my observations most women brought reading material with them. Van Dreven suggests these common factors indicate that patients and their family members do not question the institution, and if they do question their waiting time, or patients enquire about their care, or the care of a loved one, they are labelled demanding or difficult in the hospitals.²³⁵ Balmain Hospital employed a strategy to place a waiting time clock, so patients would not have to ask the staff at reception about how long it was going to take to see a doctor. I have observed patients going away and returning in two hours, because they looked at the clock.

The physical elements in waiting rooms can affect the duration of time. Personal space and spatial behaviour encompass a variety of elements, including proximity to others and objects in the environment.²³⁶ Fluorescent lights illuminate hospital spaces. Marcia Justic gave the example of Intensive Care Delirium where patients formed an ICU psychosis when hospitalised in intensive care units for a prolonged period. She notes that constant stimuli in the form of bright lights, and overwhelming technology may cause patients to experience disorientation, speech disturbances, unstable moods, and hallucinations.²³⁷ In a sterile environment, there is little evidence of a continuum. Patients may value the idea of punctuation in their duration. For example, I interviewed

²³³ Van Dreven, "Waiting: A Critical Experience".102

²³⁴ Ibid.

²³⁵ Ibid.129

²³⁶ D Bechtel, G Davidhizar, and J Giger, "A Model to Enhance Culturally Competent Care," *Hospital Topics* 76, no. 2 (1998). 23

²³⁷ Marica Justic, "Does I.C.U Psychosis Really Exist?," *Critical Care Nurse* 20, no. 3 (2000).28

a patient in Wyong Hospital, who was concerned he could not find a clock. When I looked around from where we were both seated, I could not see one either. When I completed the interview, I noticed a clock; however, it was out of the line of sight for the patient. The patient was concerned about time, and as James stated earlier, the passage of time moves slowly while we are concerned about it. Other strategies could be employed to allow patients to experience duration in a transparent and natural way. The idea that we lose time, and are subjected to constant stimuli while waiting could stress patients in the way that Justic suggested.

The waiting experience for patients is a complex issue regarding our experience of time in the production of space. The studies conducted by Van Dreven and Hsieh are tentative steps leading to a greater understanding of how waiting experiences can influence the wellbeing of patients. The temporal duration of waiting is capable of altering the levels of anxiety and boredom experienced by patients. The physicality and design of a waiting room can be the difference between an oppressive or open space.

Chapter Six

The Exhibition: *Pain, Anxiety, and Boredom*

The exhibition for my thesis, *Pain, Anxiety, and Boredom*, was influenced from the observation of the experience of patients waiting in hospital waiting rooms. The reality of waiting in a hospital environment is the underlying theme of this exhibition. It explores what it feels like to wait, and highlights the feelings of being confined by the architecture of the institution. I communicate through an ontological lens, to create video art with a focus on digital media and sculptural forms. The progression of my work features similar methods and materials utilized by artists such as nineteenth century painter Honoré Daumier, Bruce Nauman, and Bill Viola. These artists explore social issues and their impact on the body to inform their paintings with regard to Daumier, and the performances, installations, and video work of Nauman and Viola. Installation art for me is about aligning objects and video to create a social awareness. This chapter explores spatial aesthetics in regard to architecture and the site of the exhibition. The exhibition will be held in the Dungeons of Kirkbride in Callan Park, Sydney. It will reference Paul Virilio's interpretations of the body and technology, and how his views have informed this work. Theodore Adorno's sceptical stance regarding aesthetics positions *Pain, Anxiety, and Boredom*, as promoting the subversion of art that challenges the social world. In order to challenge social convention, one needs to understand the process, and experience the tension in the body either as memory or desire in which to create art. In a sense, it refers to subversively exposing tension that exists in the realm of our discourse.

The title of the exhibition has been inspired by the case study involving patients from Balmain and Wyong Hospitals, with reference to the questionnaire, and how patients rated their experiences of pain, anxiety, and boredom.

The definitions of the terms pain, anxiety, and boredom are discussed in chapter seven; however, we will examine what it means visually to depict these three emotions. Artists explore the psychology of human nature whether it is their own or something they have witnessed. In relation to theory that surrounds installation art, the body plays a crucial role in the way the artist represents a concept for the viewer. Arranging and assembling disparate objects in spatiotemporal environments is a feature or thread that distinguishes installation art from alternative practices in visual arts. Elaine Dines states, “The quality of our emotional response is tempered by our psyches in the context of our culture.”²³⁸In our culture, artists such as Nauman aestheticize bodily experience. Nauman’s work engages the audience to consider the way that we live, and its impact on the body, expressed through installations. Installation art, as with any interdisciplinary art practice, creates a new language through conceptual frameworks.

The question emerges, how does one conceptually interpret pain, anxiety and boredom? The ability to sense and feel sympathy or empathy to generate art has been noted by Jill Bennett, who refers to this process as an empathetic vision. However, how does an artist develop or acquire an empathic sensibility? Empathy is an element of aesthetic perception.²³⁹ It is a perception of how we feel into, or share another person’s way of thinking.²⁴⁰ For an artist to conceptually interpret pain, anxiety, and boredom is to remember the events that brought about these feelings for them and try to understand how others negotiate these experiences in the same circumstances. Bennett cites Edouard Claparède in stating that, “emotions are felt only as they are experienced in the present; remembered events become representations.”²⁴¹These representations may manifest into works of art. Claparède suggests that to represent oneself in memory is to see oneself from the outside. The term ‘outside’ may refer to someone witnessing these experiences, or thinking from a detached perspective. Gilles Deleuze, quoting from Bennett’s writing, states, “what is being painted on a canvas is the body, not insofar as its representation as an object, but insofar as it is experienced a sustaining [sic] this

²³⁸ Elaine Dines, *Anxious Interiors* (Laguna Beach: Laguna Beach Museum of Art, 1984).32

²³⁹ Thomas Mautner, ed. *Dictionary of Philosophy*, Second Edition. (London: Penguin Reference, 2005).184

²⁴⁰ Ibid.

²⁴¹ Jill Bennett, *Empathic Vision* (Stanford: Stanford University Press, 2005).23

sensation.”²⁴² Therefore, to conceptually interpret pain, anxiety, and boredom is to recreate the events surrounding these feelings to transfer these uncomfortable sensations. The visual depiction of pain and discomfort throughout culture is timeless. Figures 6.1 and 6.2 illustrate the earliest impressions and paintings of how cultures symbolise pain.



Figure 6.1. Ancient fragment of human sternum with the flint arrowhead still embedded.

²⁴² Ibid.37



Figure 6.2. Honoré Daumier, *La Colique* 1833. Lithograph, 320x245mm, France

Figure 6.1 illustrates one of the earliest interpretations of pain, whereby flint is embedded in organic matter. The flint has ruptured the flesh, severed nerves and tissue, to finally be wedged in the sternum. Considering the sternum is the breastbone, the viewer is shown a painful demise. Figure 6.2, is a lithograph by French artist Honoré Daumier, who explored social issues in nineteenth century France. He immersed himself in the everyday life of French culture and through his range of caricatures, lithographs, paintings, and sculptures he seized the moment where he could record and comment with irony on the socially dubious encounters that filled his daily life. Amongst his observations, he depicted what illness looks like in the form of *La Colique*, (English translation *the colic*). When we consider the term *colic* we think of babies with tummy aches due to gases building up in the intestines. However, in adults the term can also mean excessive anger, anxiety, and fear.²⁴³ Daumier also painted *The Imaginary Malady* in the 1860s. The notion that artworks highlight the tension in our everyday experience does not mean that artists want to change these things; Howard Becker states, “an attack on convention does not merely mean an attack on a particular item to

²⁴³ "Colic," *Medicine Net* (2009), <http://www.medicinenet.com/colic/article.htm.1>

be changed.”²⁴⁴ In a social sense, works of art ask the viewer to reflect, and take a closer look at what we do in our everyday lives.

In a social sense, art also explores interiors of space and the body. The concept of ‘anxious interiors’, coined by Dines²⁴⁵, signifies the metaphors for interior space that reference bodily interiors, and informs the psychology of art in society. Paul Virilio suggests our bodies are subjected to extreme stress; the tension manifested in our bodies relates to the anxiety and pace of our culture.²⁴⁶ Performance and installation art is an appropriate medium for artists to make sense of these tensions. Nauman’s earlier works reference these attitudes as he appears as author and model of what Peter Schjeldahl describes as, “a Barnum of introversion, embodying anxious or hostile states in broad jokes and spectacular displays.”²⁴⁷ Christoph Grunenberg suggests Nauman’s work investigates human states of mind that cross into areas of psychology and social sciences. Nauman’s observational skills border on an anthropologist’s curiosity then seek to mimic these everyday rituals and gestures in his studio.²⁴⁸ Nauman transfers an observed set of behaviours and feelings into his work. For example Nauman’s *The Corridor with Mirrors and White Lights* installation, shown in Figure 5.3, presents a constricted form, which challenges the audience to participate. He was interested in the psychology of the audience and how they manoeuvred towards his constructed space. Nauman remarked in an interview with Michele De Angelu, that the corridor series emerged from *69 Performance Corner*, when he was living in Southampton in the United Kingdom. He constructed two parallel walls as a prop for a performance he was recording on video. He had this prop in his studio for quite some time, then realised it was quite effective on its own. Nauman states, “I didn’t want people to make their own performances [around the prop] I wanted to control the situation.”²⁴⁹

²⁴⁴ Howard S. Becker, "Art as a Collective Action," in *Art in Society*, ed. Arnold W. Foster. Judith R. Blau (New York: State University of New York Press, 1989).41-53

²⁴⁵ Dines, *Anxious Interiors*.17

²⁴⁶ Paul Virilio, *Art & Fear* (New York: Continuum, 2004).14

²⁴⁷ Sillars, ed. *Bruce Nauman: Make Me Think Me*.63

²⁴⁸ Ibid.

²⁴⁹ Michele De Angelu, "Oral History with Bruce Nauman," *Archives of American Art* (1980), <http://www.aaa.si.edu/collections/oralhistories/transcripts/nauman80.htm>.23



Figure 6.3. Bruce Nauman, *The Corridor with Mirrors and White Lights*, 1971. Wood Glass Object, 3048 x 1220 x 178 mm, Tate Collection, London

The corridor has explored architectural space. Nauman described the slim entrance, “as being, seven or eight inches wide” and suggests, “you can go in it, but it is not intended that you enter.”²⁵⁰ The audiences’ access to the lit passage was limited. Nauman noted that the series of corridors he produced from 1969 to 1973 had different effects on the audience, depending on the coloured lights and position of the corridors. He suggested that some viewers were either tense or relaxed when they experienced the work.²⁵¹ Nauman’s response to his *Green Light Corridor* 1971, shown in Figure 6.4, was tension.²⁵² A twofold tension emerges with the desire to go forward towards the light, followed by the realisation of the viewer that it is not possible, so a sense of anxiety and isolation are experienced.

²⁵⁰ Ibid.23

²⁵¹ Ibid.

²⁵² Ibid.



Figure 6.4. Bruce Nauman, Green Light Corridor, 1970. Painted Wood, Fluorescent Lights, 3000 x 1220 x 300mm, Guggenheim Collection. New York

The emotions of pain and anxiety have both been visualised in the work of Daumier and Nauman. The reason audiences understand and connect with these artists is because they recognise and are familiar with symbols and narratives. The universal elements of pain and anxiety are feelings we experience in our day-to-day lives.

The emotion of boredom is complex; in the realm of hospitals it refers to the emotion experienced when the individual looks for something familiar, but cannot relate to the environment where they find themselves. An example of this appeared in the survey of hospital patients whereby they found abstraction in art boring, because they could not attach any meaning from their experience of art. To discuss images of art that are boring is difficult and subjective, because what I may find boring, the reader may find interesting, therefore I will not attempt to visualise boredom at this stage. The theories attached to boredom acknowledge its relationship with anxiety. Patricia Meyer Spack cites Sean Desmond Healy who suggests boredom reveals a cultural decline and loss of authenticity.²⁵³ Further, Healy states that boredom and anxiety constitute *allotrope* of one another. In other words, a reaction occurs, and then one can feed off the other. For example, Haskell Bernstein claims, “Since World War 2 the Age of Anxiety has given way to the Age of Boredom.”²⁵⁴ This comment refers to people and their leisure time – due to the advances in technology and consumer products. In the realm of waiting in

²⁵³ P Meyer Spacks, *Boredom* (Chicago: University of Chicago, 1995).3

²⁵⁴ Ibid.

hospitals, there are limited choices as to how one negotiates boredom, which could very well cause anxiety at some level. Following, we will consider how these feelings inform installation art.

6.1 Installation Art

The evolving artistic language of installation art originated conceptually through the art practice of El Lissitzky, Kurt Schwitters, and Marcel Duchamp.²⁵⁵ Their exploration of objects and sensory processes heighten the awareness of the viewer, and the viewer or audience is an integral factor determining the response or intention of installation art. Claire Bishop suggests that the term installation art, “loosely refers to the type of art into which the viewer physically enters, and which is often described as theatrical, immersive, or experiential.”²⁵⁶ Jonathon Crary expands Bishop’s interpretation by acknowledging the hybrid nature of contemporary experience,²⁵⁷ which in turn, is revitalized by the development of innovative technologies that widen the scope for artists to push the boundaries of perception. Installation art could also be defined as an evolution – a manifestation of objects or sensations to create spatiotemporal environments to heighten the perceptual experience of the audience. Julian Stallabrass, cites David Hume when discussing contemporary art practice, and Hume’s observations complement the nature of installation art. “All human imagination is nothing more than the combination of found objects”, Stallabrass further suggests, “with modern and many post-modern practices, these combinations have become simpler, their elements more manifestly found, their recombination more promiscuous and arbitrary, and the meaning that they generate more fleeting and cursory.”²⁵⁸ In other words, installation art is so fragmented and diverse through the vast choice of media, and the sophistication of audiences to read visual social constructs, that installation art, and the development of digital media and technology, can push the audience and visual language into deeper abstracted spheres of communication.

²⁵⁵ Claire Bishop, *Installation Art* (London: Tate, 2005).6

²⁵⁶ Ibid.

²⁵⁷ Jonathon Crary, "Foreword," in *Installation Art in the New Millennium*, ed. De Oliveira. Oxley. Petry. (London Thames & Hudson, 2003).7

²⁵⁸ Julian Stallabrass, *Contemporary Art. A Very Short Introduction* (New York: Oxford University Press, 2004).108

These spheres of communication are able to cross disciplines; however, a new tension emerges. Hans Ulrich Obrist defines this tension as “territorial anxiety”.²⁵⁹ Pipilotti Rist discusses this concept in relation to artists closing the gaps between disciplines. Rist suggests, “It becomes more and more essential for artists to have an unequivocal attitude about their usefulness to society.”²⁶⁰ Nauman states, “Artists are expected to live in the culture and not to be too weird. On the other hand, they are expected to be somewhat outside that culture and to be weird – it’s like you have to live other peoples’ fantasy life for them... It’s part of the relationship that goes on between the artist and the public.”²⁶¹ These statements from Rist and Nauman suggest the role of the artist is to go beyond the experience of everyday life, and somehow immerse and detach themselves. The ability to relate and immerse oneself in an experience, to create a specific awareness, and somehow detach, embeds the residue of experience. Artists may emerge out of these engagements as wounded soldiers, slightly out of balance, because these experiences have the potential to profoundly alter their day-to-day existence. William Blake asked

*Can I see another’s woe,
And not be in sorrow too?
Can I see another’s grief,
And not seek for kind relief?*²⁶²

Whether the artist is a participant or witness of an event, or a set of circumstances, emotions such as empathy are experienced. Whether these experiences are felt in all levels of society is debatable, so to create artworks that may profoundly affect audiences, artists need to step across disciplines to gain access to coding, symbols, and materials that create a language to generate awareness. For example, Nauman once again crossed into the spheres of architecture to create the installation *Floating Room* in 1973. Coosje Van Bruggen states, “the *Floating Room* was installed high enough off the floor and was above the centre of ones own body, giving the sense of levitation; gravity seemed to be denied and the room appeared to float.”²⁶³ *Floating Room* did not control the space around the viewer; the space inside the lit room filtered outside, where it was

²⁵⁹ Hans Ulrich Obrist, "Interview," in *Pipilotti Rist* (New York: Phaidon, 2001).6

²⁶⁰ Ibid.

²⁶¹ Coosje Van Bruggen, *Bruce Nauman* (New York: Rizzoli, 1988).16

²⁶² Nigel Spivey, *Enduring Creation: Art, Pain and Fortitude* (London: Thames & Hudson, 2001).184

²⁶³ Van Bruggen, *Bruce Naumann*.194

dark.²⁶⁴ Nauman explored the concept of anxiety; further Van Bruggen stated, “the unspoken fear generated by being in such an uncontrollable situation is more immediate and primitive than the intellectual.”²⁶⁵ Moreover, the installation was about the body finding its centre. Nauman noted, “It became much safer to stay in the centre of the room, because you became anxious about the dark space outside.”²⁶⁶ Nauman’s installations identify the centeredness of comfort, and explore the idea of crossing over into the darker spaces. These installations could be a metaphor for anxiety that would make the audience tense if they were to cross into areas that have not been explored. *Floating Room* was an extension of thought that originally informed *The Corridor with Mirrors and White Lights*, and *Green Light Corridor* discussed earlier.

How we define installation art has been explored with references to Nauman and his practice in the 1970s; however, the question arises as to how we perceive the representation of the ‘everyday’ and the feelings associated with this in our discourse. Nikos Papastergiadis discusses the concept of spatial aesthetics, and notes the way artists perceive the everyday experience. Spatial aesthetics is structured around cultural identity and place.²⁶⁷ This exhibition explores these themes in a subversive manner.

In the realm of installation art and exploring an anti-aesthetic, the work of Adorno comes to mind, he states, “True art is distinguished by a *plus*; this *plus* consists of arts capacity, through mimesis, to transcend its condition of production to point to nature”, further, “Of course, art is not a mere copy of nature, but neither is the imagination a purely spontaneous invention of mind.”²⁶⁸ The impetus for the *Pain, Anxiety, and Boredom* exhibition is to highlight the tension surrounding these emotions in the context of the hospital environment.

6.2 The Site of the Exhibition

The site chosen for the exhibition is located in Callan Park, Rozelle which today houses The Sydney College of the Arts – The University of Sydney. The buildings the College occupies are on the Kirkbride site, which was designed and utilised as a mental asylum.

²⁶⁴ Ibid.

²⁶⁵ Ibid.

²⁶⁶ Ibid.

²⁶⁷ Papastergiadis, *Spatial Aesthetics*.5

²⁶⁸ Stanley Aronowitz, *Dead Artists, Live Theories* (New York: Routledge, 1994).20

Architect Thomas Kirkbride (1809 – 1883), devised The Kirkbride Plan that formed a link between architecture and mental health in the United States and Britain during the nineteenth century. Carla Yanni suggests The Kirkbride Plan was the avant garde in architecture to morally manage mentally ill patients.²⁶⁹ The architecture sought to improve the patients' living environment that would lead to comforting, not necessarily curing, them. The sites of these institutions were built on hills surrounded by woodlands and water, where nature played a role in Kirkbride's vision of being morally managed.

Colonial Architect James Barnet (1827 – 1904) designed the Kirkbride Complex in Callan Park, under the guidance of Dr F.N. Manning from 1880 – 1885. Manning was the Superintendent at Gladesville Mental Asylum who researched the benefits of the moral therapy movement sweeping America and Europe. He suggested Barnet work closely to the recommendations for mental asylums outlined by Kirkbride in his book *On the Construction, Organisation, and General Arrangements of Hospitals for The Insane with Some Remarks on Insanity and its Treatment* published in 1880.²⁷⁰

The design of Kirkbride in Callan Park diverges from the original Kirkbride Plan. The New Jersey State Lunatic Asylum shown in Figure 6.2.1 illustrates Kirkbride's vision of the V shaped plan. Yanni suggests large asylums normally housed all patients under one roof called congregate hospitals. She explains the Kirkbride Plan was also known as the linear plan, which took some features from the congregate plan, but was made up of short connected pavilions. Further, The Kirkbride Plan was like no other; although contemporary medical hospitals in Britain and Europe adopted the concept of Kirkbride's pavilions, they usually designed them in a U shape, E shape, or a grid but not the original V shape.²⁷¹

²⁶⁹ Carla Yanni, *The Architecture of Madness* (Minneapolis: University of Minnesota Press, 2007).15

²⁷⁰ Environmental Design Group, "Rozelle Hospital. Heritage Study," (Sydney: NSW Public Works Department, 1991).16

²⁷¹ Yanni, *The Architecture of Madness*.51

The theory of moral management highlighted the union of architecture and health, however, the day-to-day running of a mental asylum still faced challenges; namely overcrowding, and the pursuit of the alienists (psychiatrists) to utilise the facilities to test scientific methods on patients. These patients were vulnerable and needed to adapt to the asylums' routines. The state controlled their wellbeing.

The experiences of mental patients in these spaces are rarely mentioned; however, Yanni notes instances where women in a Wisconsin asylum were dragged along by two attendants using a single rope and a series of belts.²⁷² Other examples included men being herded out like cattle; women were left in these institutions by their husbands; patients being mistreated by attendants, with the attendants proceeding to groom the patients when their families came to visit.²⁷³

The Kirkbride complex at Callan Park, I'm sure shares a similar past, and this is why the site was appealing. In particular, I was drawn to the story of the *Dungeons*, situated under the printmaking studios. The *Dungeons* are associated with a myth.

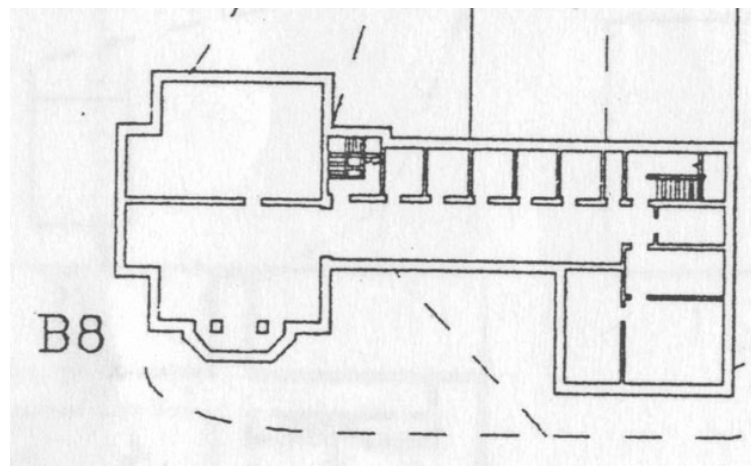


Figure 6.2.3. NSW Public Works, Intermediate Wing Female Division (Printmaking Building) Basement Plans Kirkbride Complex, Sydney College of the Arts, Rozelle

There was talk that a tunnel linked the *Dungeons* to Callan Cove where it was the first point of entry for patients being transferred from the Gladesville Mental Asylum. The

²⁷² Ibid.142

²⁷³ Ibid.142,66

patients were then led through a tunnel to the underground waiting area (*the Dungeons*), as it was illegal for mental patients to walk on the King's roads in daylight hours. This first point of entry for those patients does not appear in architectural plans of the site. However, these underground rooms do exist. The documents confirming the site of this underground point of entry and the tunnel that leads to Parramatta River may have been destroyed in a fire on the premises in the 1980s.

The site of this exhibition highlights Papastergiadis's concepts of *Spatial Aesthetics*, whereby abandoned industrial buildings are no longer seen as industries' productive space, and are renovated and re-energized as cultural sites to house the arts. The site of the Sydney College of the Arts is a prime example of how a mental asylum with a firm set of beliefs became obsolete. The site has maintained its architectural integrity to house a culture of art. Similarly, the Redfern Railway Workshops have transformed into an arts venue called Carriageworks. This venue is a colossal multifunctional space that houses art galleries and television studios, as well as presenting cultural performances. Papastergiadis also points out that after these sites have been transformed, the buildings retain their residual presence, which is "laced with nostalgia."²⁷⁴ It is from this position of working in redefined space that the work of the artist unfolds in both a historical and postcolonial sense.

6.3 The Installations

The installations for the *Dungeons* were based on my observations of patients in waiting rooms, and from the research obtained through the history of Kirkbride Mental Asylums. I noted the everyday routines and behaviour of patients to conceptualise their responses. These installations were influenced by Bill Viola's historical references from the Renaissance, the aesthetic of his videos, his depiction of time, and his exploration of space and the interiors of the mind. Viola's *Science of the Heart* 1983, was a turning point for contemporary art in Russia, by its inclusion in the show *U Predela*, (translated to mean *Along the Frontier*) with Bruce Nauman, Anne Hamilton, and Francesco Torres, at the Marble Palace in St Petersburg, 1996. It was the first time that video installations from the United States had been shown in a traditional

²⁷⁴ Papastergiadis, *Spatial Aesthetics*.129

museum.²⁷⁵ The significance of Viola's work in relation to the installations designed for the *Dungeons* was the theme from *Science of the Heart*, and how elderly people in St Petersburg responded to it. As shown in Figure 5.3.1, an empty brass bed is centred in the middle of a dark room. A video is projected behind the bed to feature the internal workings of a chest cavity with a human heart beating at irregular intervals, then stopping and starting to regain a regular pattern.²⁷⁶



Figure 6.3.1. Bill Viola, *Science of the Heart*, 1983.Video/Sound Installation, Marble Palace, St Petersburg, 1996

Viola has illustrated what Antonio Geusa describes as the geographical frontier and limits of the human body between life and death.²⁷⁷ One of the curators for this exhibition, Dr Olesya Turkina, suggested the audience seemed overwhelmed by Viola's work, to the extent that elderly people had to be warned of the emotional danger of what it presented. Geusa suggested the reviews of the exhibition portrayed Viola's work as the chamber of horrors.²⁷⁸ Viola's work expressed the frailty of life, and as Geusa notes, this installation is a reminder of everyday life, which includes illness and death.²⁷⁹ The

²⁷⁵ Antonio Geusa, "Knocking at a Foreigner's House," in *The Art of Bill Viola*, ed. Chris Townsend (London: Thames & Hudson, 2004).208

²⁷⁶ Ibid.210

²⁷⁷ Ibid.

²⁷⁸ Ibid.

²⁷⁹ Ibid.

overall theme in Viola's work is how we experience everyday moments throughout our lives, and it is this theme of the everyday, that has informed the installations for the *Dungeons*.

My approach to the space in the *Dungeons* references Lefebvre's concepts of the body in space, and how space creates an illusion, and with that comes transparency. The concept of transparency works on two levels; firstly with the space, and secondly with the theme of the exhibition. This work has also acknowledged some insightful opinions by Paul Virilio with regards to sound and technology. An example of how these influences fuse together reminds me of Susan Norrie's exhibition *Notes on the Underground* in 2003. Her haunting message delivered in the bowels of the Museum of Contemporary Art in Sydney, Level Four, has become a benchmark of how the fusion of installation videos and objects explore relevant social themes.

The *Dungeons* add to the ambience of the timeless nature of waiting in hospital waiting rooms. The bodily tension generated by the thought of being sedated or tested. The isolation experienced while waiting alone, the demarcation of personal space, the loss of duration, and the intensity of light all play a role in this work. The experience of waiting is conceptually materialized by the fusion of objects and videos to generate impressions of *Pain, Anxiety, and Boredom*.

Chapter Seven

The Comparative Study between Balmain and Wyong Hospitals

7.1 Defining the Study

7.1.1 Research of Art and Health in Australia

The exploration into the field of art and health has been a timeless enterprise founded in Greek Antiquity, progressing through the Middle Ages, lost after the Enlightenment period and regaining ground from the nineteenth and twentieth centuries. Australian research into art and health is informed by the progressive and extensive work conducted in the United Kingdom and North America. Art and Health is the field whereby artists and health workers fuse their skills to contribute to the holistic care of patients in health care settings. This project was inspired by the exploratory work of Pierre Bourdieu's theories of agency, art, and the audience outlined in *Distinction; A Social Critique of the Judgement of Taste* and *The Field of Production*. Bourdieu's concept of cultural fields deepens the understanding of social fields and highlights relationships between cultural production and broader social processes in institutions. John Carey's investigation *What Good are The Arts?* reignites Bourdieu's concerns regarding the relationship between art, society, and the audience. Carey's intrepid quest to define "what is art" takes the reader away from "art for art's sake", and reviews aesthetics with a viewer's perspective. Bourdieu and Carey apply a realistic interpretation of how the public engages with art and this thesis study has applied this perspective in health care. So many public buildings are designed without considering the long-term impact on the people who frequently utilise the facilities provided in them.

The strategy for this study was formulated by exploring specific 'art in hospital' projects, such as those by Peter Scher and Peter Senior who support the value of evidence-based art in art and health. Their project *Exeter Health Care Arts Evaluation*, published in 1999, responded to the preferences of patients from The Royal Devon and

Exeter Hospitals in the United Kingdom. This thesis study gained a nursing perspective of Li -Wei Hsieh's Masters thesis, *The Phenomenon of Waiting*, awarded in 1997, and Amber Van Dreven's Masters thesis, *Waiting: A Critical Experience*, awarded in 2001. Very little is published that concerns how patients experience waiting in hospitals. My search for Australian evaluations of art projects led me to Marily Cintra's work in Liverpool and Bankstown Hospitals. In Cintra's *Liverpool Hospital Redevelopment Arts Program Post Occupancy Evaluation*, her methods and approach were similar to the *Exeter Evaluation*, and it was a large project to be funded and undertaken in Australia. I was also impressed with another Masters thesis, Kathleen Rose Creagh Sutton's *The Study of The Mater Children's Hospital Tile Project* awarded in 2005. Sutton's thesis explored patient responses to her tile project. This thesis study also examined the areas of art and audience, informed by Paul Costantoura's project *Australians and the Arts* that is widely known as the *Myer Report*, conducted in 1999. Art critic John Carey claims that, "the history of audiences and readership is almost blank, and arts research needs to expand its direction towards crossing the bridges of academic disciplines, to explore the audience not necessarily the text."²⁸⁰ These contemporary debates of expanding the boundaries of art in health have been discussed feverishly in many conferences held in Australia; notably, The 2003 Synergy: Art and Health Symposium at the University of NSW, to the most recent, The Arts Health Symposium at the University of Newcastle in 2008. International conferences that cover cross-disciplinary and interdisciplinary research have influence the emergence of entities such as Arts in Society, Medical Humanities, and Arts for Health in the past twenty years. An accumulation of these influences has informed this thesis at some level.

7.1.2 The Rationale for a Qualitative and Quantitative Method

The rationale for a qualitative and quantitative method stems from the division that has defined the dichotomies between the subjective and objective nature of research, and how researchers, who explore the lived experience through qualitative methods of interviewing individuals and small groups, systematic observation of behaviour, and analysis of documentary data, have difficulty validating these experiences.²⁸¹ The

²⁸⁰ John Carey, *What Good Are the Arts?* (New York: Oxford University Press, 2006).167

²⁸¹ Yvonne Darlington, *Qualitative Research in Practice* (Crows Nest: Allen & Unwin, 2002).2

rationale of employing a mix of methods is similar to the approach applied in the social sciences, that is, to synthesize research findings that explore life worlds to measure the impact of these in relation to their aim. In the fields of nursing and hospital management, a considerable amount of research has been undertaken with hospital out-patients. Hsieh states that research focused primarily on patients' perception of waiting had been obtained through quantitative methods.²⁸² The methods applied may have been a system of ratings similar to a Likert Scale. However, how does one measure the intricacy of human behaviour and interaction? Yvonne Darlington and Dorothy Scott suggest that once measurement rules can be shown to have a rational and empirical correspondence to reality, then the voice of the subject can be heard.²⁸³ Tim Phillips notes "quantitative sociological data is a way of balancing out the potential problems arising from excessive theoretics...together, qualitative and quantitative approaches to a project can provide data for a more sensitive social analysis, giving the project a broader perspective."²⁸⁴ The rationale to employ both strategies is not without its critics; Darlington and Scott confirm there is "considerable debate within the social sciences and has been regarded as anathema, as the outcome of everyday pragmatic research needs to be carefully justified."²⁸⁵ The representation of visual art in hospitals needs a pragmatic approach to justify the potential for art to be effective in a hospital environment.

Hsieh illuminates both sides of this debate stating that "John Richardson suggests that any study that includes the patients' perception is more appropriate than quantitative methods, however, [John] McIver indicates that self completed questionnaires are not always the best way to obtain information."²⁸⁶ As indicated, the employment of a mixed methodology is highly contested. Michele Foucault noted the separation of the arts and sciences. Carey suggests they need to fuse again; he states, "Art, sociology and psychology need to link so that areas [such as public health] are able to create a body of knowledge about what the arts actually do to people."²⁸⁷ The rationale to employ both

²⁸² Hsieh, "The Phenomenon of Waiting: An Exploration of the Meaning of Waiting to Be Seen as Experienced by out-Patients Attending an out-Patient Department of a Tertiary Admissions Hospital in Australia."4

²⁸³ Darlington, *Qualitative Research in Practice*.5

²⁸⁴ Tim Phillips, "Analysing Quantitative Data," in *Social Research Methods: An Australian Perspective*, ed. Maggie Walter (Oxford: Oxford University Press, 2006).302

²⁸⁵ Darlington, *Qualitative Research in Practice*.119

²⁸⁶ Hsieh, "The Phenomenon of Waiting: An Exploration of the Meaning of Waiting to Be Seen as Experienced by out-Patients Attending an out-Patient Department of a Tertiary Admissions Hospital in Australia."5

²⁸⁷ Carey, *What Good Are the Arts*.168

qualitative and quantitative methods in the form of interviews, and a two-part questionnaire, establishes the art preferences of patients and their family members, and evaluates the levels of pain, anxiety, and boredom felt by this cohort. The application of qualitative and quantitative methods gauges a deeper understanding for the potential of art and its reception in waiting rooms.

7.1.3 The Rationale for Balmain and Wyong Hospitals

The project was conducted at Balmain and Wyong hospitals in NSW, Australia. Balmain Hospital is a public suburban hospital situated approximately 6 km from the Central Business District of Sydney, with a focus on aged care. Wyong Hospital is a public regional hospital located 10 km north of Wyong on the Central Coast of NSW. The Central Coast is a retirement destination with a large elderly population. These hospitals have supported local artists by displaying their artworks in the wards and waiting areas. This study explores elderly patients' experiences of a suburban versus a regional hospital setting, and their attitudes to and preferences for visual art, signage, ambience, and design of waiting rooms. The comparative element will outline any significant differences between the preferences and choices of the study participants within these two hospitals.

7.1.4 The Limitations of the Study

This study emerged through an inquiry into how visual arts are received in hospitals, and acknowledges the methods employed are initially compromised due to the nature of researching in a temporal environment, and the subjective nature of art in general. The evidence from this study as to how patients and their family members view art and value art in hospital waiting rooms has emerged from questionnaires and interviews. The limitations of this study also include the number of participants that participated in the questionnaires and interviews. A total of 120 participants gave this study a snapshot into the art preferences of elderly people in hospitals. The study is limited in the sense that I was the only researcher, and therefore selected patients, family members, and carers who fitted the selection criteria. I was concerned with the gender ratio, and made a conscious effort to create a balance between the amount of men and women approached.

The concept of establishing and rating the subjective responses of elderly patients in relation to how much pain, anxiety, and boredom they experience when they first arrive in waiting rooms was problematic. Each patient has a different threshold for these feelings and experience of illness. For elderly patients to distinguish one feeling from another and rate those feeling may also result in ambiguity. However, what was determined was the level of discomfort experienced by patients and their family members in allied health waiting rooms.

7.1.5 The Significance of the Study

The significance of this study was to illuminate the reception of visual arts in hospital waiting rooms, from the perspective of aged patients. This study could be a guide to understand how the reception and aesthetics of art may be used in hospitals for hospital administrators, artists working in the field of arts health, and architects designing health care facilities to understand how aged patient's value and respond to art in hospital. The hospital administrators, artists, architects could benefit from knowing the history of art in hospitals, and how art is produced for hospitals, to inform their views of aesthetics in a hospital environment. The qualitative and quantitative results extracted from the study could add to a body of research already conducted in Australia as to how works of art may affect patients and their family members.

7.2. Research Strategy

7.2.1 Research Theory

This thesis study sought to elicit the views of aged public hospital patients and their family members to understand their waiting experiences and how they relate to art in hospitals. A qualitative and quantitative approach was designed for the research question “How can visual arts be received in hospitals?” This project explored an emergent and transformative process in research. John Creswell suggests Green and Caracelli investigated the transformative element of mixed method design, which in turn, “gave primacy to value based, action orientation research such as participatory action research and empowerment approaches.”²⁸⁸ This study did not seek to test an existing theory, but rather to actively investigate the concept of how elderly people view art in hospitals. Bourdieu describes this approach in relation to structures and the habitus, whereby the structures focus upon a particular type of environment to objectively generate or produce a directive towards social conditions.²⁸⁹ He was motivated by boundaries and space that incorporate cultural production, and how people behave and react to the arts. His seminal work, *Distinction: A Social Critique of the Judgement of Taste* included the relationships between the public and the arts in France in the 1960s. His method of using questionnaires to explore the aesthetic choices of the masses has informed this study’s line of inquiry, and referenced specific research that applied Bourdieu’s methods in a hospital context. One such study was Peter Scher and Peter Senior’s *Exeter Evaluation* in 1999. The *Exeter Evaluation* surveyed its participants by telephone, mail questionnaires and interviews in hospitals, and explored patients’ responses regarding paintings hung in the corridors of Exeter Hospital in the United Kingdom. Scher and Senior highlighted the health sciences research culture, which is firmly entrenched in quantitative research methods. Arts for health projects

²⁸⁸ John Creswell, *Research Design: Qualitative, Quantitative and Mixed Method Approaches* (London: Sage, 2003).136

²⁸⁹ P. Bourdieu, *Outline of a Theory of Practice* (Cambridge: Cambridge University Press, 2004).78

needed to take on these methods to persuade health administrators as to how the arts may aid patients.²⁹⁰ There were aspects of Cintra's Australian evaluation of *Liverpool Hospital's Redevelopment Arts Program* in NSW that explored how artists and hospitals can work together in producing art at a community level for patients.²⁹¹ Her series of methods included questionnaires and interviews conducted through three stages of the project. Both the *Exeter* and *Liverpool Hospital Evaluations* demonstrated the potential of art in health by creating large funded art projects. While researching both studies, I was concerned with the processes they applied when they chose works of art for patients to respond to. I was interested in the subject matter of the art they selected, and wondered who chose these images and why. My response to this was to design a questionnaire that explored patients' experience waiting in hospital waiting rooms, and try and understand their experience of art, and what genre of art could best assist in making their waiting time easier. Bourdieu's overall *Theories of Practice*, Scher and Senior's *Exeter Evaluation* and Cintra's *Liverpool Hospital Evaluation* have informed the concept that mixed methods gives a deeper analysis for the role of art in hospitals.

7.2.2 Research Design

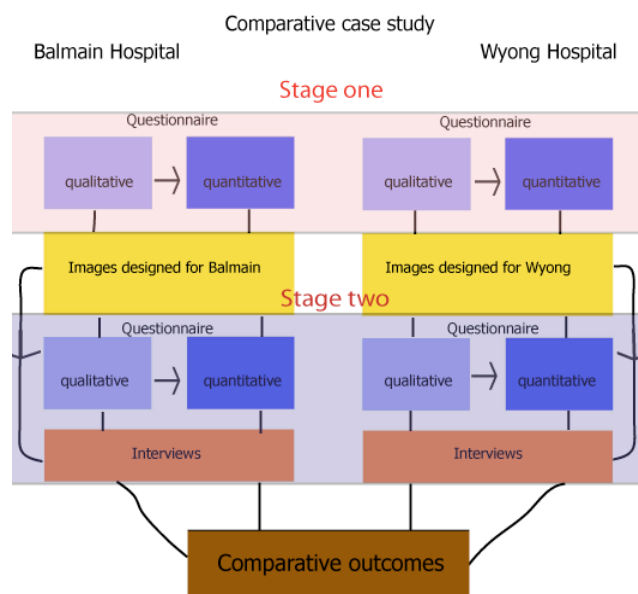


Table 7.2.1. Research Design Model

²⁹⁰ P. Senior Scher, P, "Research and Evaluation of the Exeter Health Care Arts Project," *Medical Humanities* 26 (2000).

²⁹¹ Cintra, "Liverpool Hospital Redevelopment Arts Program Post Occupancy Evaluation."5

The design of this project employed a mixed method with a mixed model mode of research, whereby this study used qualitative and quantitative methods during both stages of the research. The analysis of the data also utilized the mixed model approach by transforming qualitative data to quantitative tables to assist with analysis, and to merge the outcomes. David Driscoll suggests the term *quantilizing* has emerged to describe the process of transforming coded qualitative data into quantitative language. He also warns that this process needs further systematic information to carry out the process.²⁹² The two-stage questionnaire designed for the survey had two sections, asking a total of sixteen questions. The first eight questions were open-ended and were aimed at: capturing how the patients arrived at the hospital; what they noticed when entering waiting rooms; how they found the reception from the nurses; what they thought about the art already installed in the waiting room; whether they were interested in contemporary art; and what would they add to waiting rooms to improve the surroundings.

These questions made up the qualitative aspect of the questionnaire. The second part of the questionnaire tried to establish and measure any feelings of pain, anxiety, and boredom. It then proceeded to establish and measure the patients' level of interest in contemporary arts and what value, if any, they placed on the importance of art in hospitals. A major aim in designing the questionnaire was simplicity; elderly patients and their family members had to be able to read and comprehend the questions as well as complete it on their own in 15 minutes. To establish whether they experienced feelings of pain, anxiety, or boredom, the patients were required to answer *yes* or *no*, and if they answered *yes*, they were asked to rate those feelings on a 10-point Likert scale, with 1 suggesting *least discomfort* and 10 *most discomfort*. When measuring their interest in contemporary art, patients were asked to rate their interest on a 10-point Likert scale, with 1 suggesting *least interested* and 10 *most interested*.

Presenting the questionnaires to twenty-five patients from Wyong Hospital and twenty-five patients from Balmain Hospital comprised Stage One of this research. The questionnaire was presented to patients 55 years and older (similar to the age of respondents discussed in the *Australians and the Arts* report), waiting in allied health at

²⁹² David Driscoll, "Merging Qualitative and Quantitative Data in Mixed Methods Research: How to and Why Not," *Ecological and Environment Anthropology* 3, no.1 (2007), <http://eea.anthro.uga.edu/index.php/eea/article/viewFile/26/36.20>

Wyong Hospital. The average age of the participants at Wyong Hospital was 73 years. As outlined in the ethic agreements from the South Sydney West Area Health Services, Northern Sydney Central Coast Area Health and the University of Sydney, if the patients were unable to fill out the questionnaire, family members and carers were included. This raises an interesting point, namely, that hospital waiting rooms are not only attended by patients alone since in many cases family members and carers share the same waiting times, and feelings of anxiety. At Balmain Hospital, the questionnaire was presented to general practice out-patients, in the main waiting area. These out-patients were having daily dressings reapplied, or having minor ailments attended to. In Wyong Hospital, the questionnaire was presented to patients and family members in the allied health waiting room. The population of this waiting room comprised dementia patients with family members, and patients waiting to be processed for elective surgery to be performed at a later date.

In Stage Two of the study the data collected at the two hospitals were collated and assessed for similarities and differences to capture photographs of the preferences of the two groups surveyed, and to assess the levels of pain, anxiety, and boredom experienced in each hospital. After capturing the photographs from the preferences of the two groups surveyed in Stage One, the questionnaire was presented to another twenty-five patients or family members at Wyong and Balmain Hospitals. Once the data from Stage Two were collated, it was possible to gauge whether the patients or their family members surveyed in Stage Two felt lower levels of pain, anxiety, or boredom than the participants in Stage One. In addition to the questionnaire, a series of ten interviews was conducted in each hospital to gather additional information of the participants' art experience.

The interviews were conducted in the waiting rooms of Balmain and Wyong Hospitals, and the participants were asked eight questions that corresponded with the qualitative section of the questionnaire. As mentioned earlier, Richardson suggested that self completed questionnaires are not always the best way to collect information. This proved to be correct in the sense that when the participants wrote down their responses they tended to be one sentence, or a group of associated words clustered together. The interviews allowed participants to indulge their opinions, and convey experience in a way a questionnaire could not. The questionnaires were reliant upon the participants' ability to write and interest to do so.

7.2.3 Participation Selection: Rationale for Aged Patients

The participants in this study were aged patients, their family members, and carers over the age of 55 years. Older persons constitute a growing proportion of Australia's population. Paul Costantoura stated, "The current generation of Australians over sixty years is much less accepting of being seen and described as 'older' than previous generations."²⁹³ The 'baby boomer' or postwar generation of 1945 – 1961 will have a large impact on the economy as they head towards retirement and old age. The population of aged people (65 years and above) is predicted to rise from 2.2 million in 1997 to 4 million in 2021 and 6.3 million in 2051.²⁹⁴ With fewer births and an increasing life expectancy, research into the aged and their well-being has led to significant studies in the arts.

A comprehensive study of Australians' attitudes to art by Costantoura, supported by the Australian Arts Council and Saatchi & Saatchi, resulted in a report entitled *Australians and the Arts*, published in 1999.²⁹⁵ The report is a guide to how Australians from divergent socio-economic, cultural, gendered, and educational backgrounds view, value, and interact with the varying disciplines in the arts.²⁹⁶ The attitudes of elderly Australians and their perspective on the arts is described by Costantoura, "In general, older people tend to feel more positive about the arts than the rest of the population and do not want to see a great deal of change. However, they also reflect a broad range of attitudes towards the arts. For example, we can find people who feel that the arts attract elitist and pretentious people as well as those who are relatively unaffected by perceived elitist attitudes in the arts."²⁹⁷

Costantoura suggested that older people are more inclined to place a high value upon the arts in the last paragraph. In a telephone survey of 1,200 people, 35% of respondents

²⁹³ Costantoura, *Australian's and the Arts*.1

²⁹⁴ B. Bishop, "The National Strategy for an Ageing Australia" (Commonwealth of Australia, 1999).26

²⁹⁵ Costantoura, *Australian's and the Arts*.1

²⁹⁶ Ibid.

²⁹⁷ Ibid.

aged 55 years and over valued art highly, while 28% placed a low value on the arts. However, only 7% of respondents below 55 years valued art highly, while 2% placed a low value on the arts.²⁹⁸ These findings, as Costantoura states, “correspond to those of the *International Social Science Surveys Australia* which suggests that people over 65 are five times more likely to attend musical concerts, theatre and art galleries than younger people.”²⁹⁹ These findings reinforce the position of this study that highlights the need for elderly participation to gain a clearer insight into areas of art and health.

7.2.4 Consent and Ethical Considerations

Informed consent is one of the core principles of ethical research. The researcher has a clear obligation to inform research participants of the nature of the research, what is required from the participant, and how this will affect them. Their right to privacy and ability to withdraw from the study at anytime is upheld. Consent forms and information sheets for this study were worded from the guidelines informed by the South West Sydney Area Health Service, Northern Sydney Central Coast Area Health and the University of Sydney research ethics committees. I conducted the recruitment of participants, in conjunction with the staff in triage at Balmain Hospital, and staff at the allied health desk at Wyong Hospital. I confirmed with the staff that the participants were age appropriate after they were admitted. I would wait approximately ten minutes before approaching each participant, so they had the opportunity to settle in the waiting room. I found the participants to be very friendly, and willing to spend fifteen minutes to fill in the questionnaires. There were times when they were called away in the middle of the questionnaire, and I was pleasantly surprised that they wanted to finish it after they returned to the waiting room. There were occasions when I approached participants who spoke English as a second language, and they felt unsure about completing the consent forms, then politely decline the offer to participant in the study. The series of interviews were conducted after the Stage One and Two questionnaires had been completed. Ten interviews were conducted in each hospital and written consent was received before the interviews commenced. A digital voice recorder recorded the interviews. The duration approved by the ethics committee was for thirty minutes per participant; however, on average the interviews lasted for ten minutes each, depending

²⁹⁸ Ibid.

²⁹⁹ Bishop, "The National Strategy for an Ageing Australia."26

on whether a doctor or nurse called the participants. All the interviews were conducted in the waiting room. If participants felt uncomfortable with this, rooms were available for me to take them to a quieter spot. This option was not requested in either hospital. Overall, the participation was extremely encouraging, and it proved to be a distraction and time filler while the participants were waiting. It also generated conversations in the waiting room. The ethics agreement for this study was approved in September 2006 and granted until 2010. The questionnaires and interviews were completed in November 2008.

7.2.5 Information Gathering

The data collected from the questionnaires and interviews highlighted the art experiences of patients and their family members in general practice and allied health waiting rooms. After I collected the first twenty-five questionnaire responses from both Balmain and Wyong Hospitals, I entered each of the participants' responses under the heading of each specific question exactly as provided in the Statistical Package for the Social Sciences software, known as SPSS. I then explored the themes emerging from the responses and the frequency of similar answers to the same question. The data that emerged from the first fifty participants was the preference for landscape imagery with references to the local area of each hospital. Other responses included how hospital staff received participants when they arrived in each hospital, and what they noticed in each of the waiting rooms. Table 7.2.5.1 and Table 7.2.5.2 following, illustrate how the qualitative data from the questionnaires were processed for each hospital. The process of transferring qualitative outcomes into quantitative data was the best way to handle the short responses written by the participants, and a clear way to establish their preferences.

Table 7.2.5.1. Stage One. Balmain Hospital: Participants' Preferred Art Preference

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4	16.0	16.0	16.0
all types, oils	1	4.0	4.0	20.0
animals, country scenes	1	4.0	4.0	24.0
anything	1	4.0	4.0	28.0
Australian landscapes	1	4.0	4.0	32.0
children's paintings	1	4.0	4.0	36.0
classical/ contemporary painting/ironic amusing works	1	4.0	4.0	40.0
classics pastels	1	4.0	4.0	44.0
flowers	1	4.0	4.0	48.0
flowers nature birds	1	4.0	4.0	52.0
French Impressionists Dutch Masters Ancient Chinese Japanese	1	4.0	4.0	56.0
landscapes	2	8.0	8.0	64.0
Monet some Modern art	1	4.0	4.0	68.0
most forms	1	4.0	4.0	72.0
Most forms	1	4.0	4.0	76.0
no interest in art	1	4.0	4.0	80.0
none	3	12.0	12.0	92.0
scenery, Balmain, info underneath	1	4.0	4.0	96.0
seascapes	1	4.0	4.0	100.0
Total	25	100.0	100.0	

Table 7.2.5.2. Stage One. Wyong Hospital: Participants' Preferred Art Preference

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	6	24.0	24.0	24.0
any	1	4.0	4.0	28.0
bush scenes	1	4.0	4.0	32.0
contemporary	1	4.0	4.0	36.0
don't know	1	4.0	4.0	40.0
famous people, country	1	4.0	4.0	44.0
Florals	1	4.0	4.0	48.0
landscapes	4	16.0	16.0	64.0
landscapes florals	1	4.0	4.0	68.0
modern classical	1	4.0	4.0	72.0
nature	1	4.0	4.0	76.0
peaceful scenery, watery	1	4.0	4.0	80.0
photography	1	4.0	4.0	84.0
refer add visual	1	4.0	4.0	88.0
scenery	1	4.0	4.0	92.0
water colours	1	4.0	4.0	96.0
water, farms, country scenes	1	4.0	4.0	100.0
Total	25	100.0	100.0	

Tables 7.2.5.3a and 7.2.5.3b as well as Tables 7.2.5.4a and 7.2.5.4b as shown, illustrate how the study determined whether patients were in pain, and how they rated their levels of pain on a 10-point Likert scale. The questionnaire followed this process when establishing whether the participants were feeling anxious, bored, enjoyed contemporary art, and whether they thought art should be in hospitals.

Table 7.2.5.3a. Balmain Hospital: Participants in Pain

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	4.0	4.0	4.0
no	12	48.0	48.0	52.0
yes	12	48.0	48.0	100.0
Total	25	100.0	100.0	

Table 7.2.5.3b. Balmain Hospital: Participants' Levels of Pain

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	9	36.0	37.5	37.5
	1	3	12.0	12.5	50.0
	3	1	4.0	4.2	54.2
	4	2	8.0	8.3	62.5
	5	3	12.0	12.5	75.0
	6	3	12.0	12.5	87.5
	9	1	4.0	4.2	91.7
	10	2	8.0	8.3	100.0
	Total	24	96.0	100.0	
Missing	System	1	4.0		
Total		25	100.0		

Table 7.2.5.4a. Wyong Hospital: Participants in Pain

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		2	8.0	8.0	8.0
	no	21	84.0	84.0	92.0
	yes	2	8.0	8.0	100.0
	Total	25	100.0	100.0	

Table 7.2.5.4b. Wyong Hospital: Participants' Levels of Pain

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	21	84.0	91.3	91.3
	5	1	4.0	4.3	95.7
	6	1	4.0	4.3	100.0
	Total	23	92.0	100.0	
Missing	System	2	8.0		
Total		25	100.0		

After the analysis of the data from Stage One, I began to take photographs that responded to the art preferences of the participants, and keeping in mind the levels of discomfort being experienced in the waiting rooms. My experience as a photographer and digital artist informed the series of landscape images titled *Experiments* that would be displayed in the waiting rooms of each respective hospital. The dimensions of the space were taken into consideration to inform the design and format of these images.

7.2.6 Installation of Images

I spent the month of May 2007 waking up early to capture images of sunrises, on the coast and hinterland in Wyong Shire. I was aware of keeping the landscape images as authentic as possible and relied on natural light, as I did not want to digitally enhance the images captured. This approach was informed by Ralph Emerson's views on nature and examining the landscape photographs of Peter Henry Emerson. I wanted the landscape photographs to be as natural as possible, and focused on a cross section of what defines the Wyong Shire.

I followed a similar process that informed the series of landscapes photographs for Balmain Hospital, in March 2008. Instead of sunrises, I explored sunsets and twilight imagery. Once again, I focused on natural light. Figure 7.2.6.1, and Figure 7.2.6.2 as shown, depict one of the images capture for Balmain Hospital, and one for Wyong Hospital



Figure 7.2.6.1. Jillian Gates, *Parramatta River, Drummoyne*, 2008. Balmain Hospital, Balmain



Figure 7.2.6.2. Jillian Gates, *Jilliby Sunrise Wyong Shire*, 2007. Wyong Hospital, Wyong

Figure 7.2.6.3 and Figure 7.2.6.4 as shown, illustrate how Figures 7.2.6.1, and 7.2.6.2 were formatted to appear in Balmain and Wyong Hospital waiting rooms. The placement of these images are discussed in more detail in chapter eight.



Figure 7.2.6.3. Jillian Gates, *The Experiments*, 2008. Balmain Hospital



Figure 7.2.6.4. Jillian Gates, *The Experiments*, 2008. Wyong Hospital

After I selected ten images for Balmain Hospital, I emailed small copies of them to Dr Ann Marie Crozier, Director of General Practice Casualty, Balmain Hospital, who then asked the staff to vote on the images they would like to see in the waiting room. The selection process by the staff, and the art preference of patients turned this study into a collaborative process. Due to the limited wall space in the general practice waiting room, only four images were selected, and these had to be formatted to fit the space.

A similar process occurred in Wyong Hospital whereby I emailed eighteen images to Jan Tweedie, Director of Nursing, and Site Manager in Wyong Hospital, so she could see what was going to be installed. I arrived with the eighteen images formatted to fit the site of the waiting room. With the assistance of the staff, we chose 12 images to be hung. The collaborative process allowed the art preference of patients to be acknowledged. The staff then assisted in the selection and curatorial process, therefore everyone involved experienced a sense of inclusion.

After the installation of the images, Stage Two of the research commenced. I used the same questionnaire as Stage One to evaluate whether there were any variations to the participants' waiting experience after the images were installed. These comparisons showed variations in levels of pain, anxiety, and boredom experienced, as well different responses to the new artwork presented in the hospital waiting rooms. The Stage Two participants were unaware the images had been installed specifically for the study.

7.2.7 The Interviews

The results gathered from Stage One and Stage Two of the questionnaire illuminated a lack of depth from the participants' written responses. It became apparent that the qualitative section was not providing the depth of responses required to fully understand the experiences of the participants in the waiting rooms. A series of ten interviews was planned for both hospitals. Eight questions were designed to relate specifically to the art experience and preference of patients and their family members. The question router was structured as the study needed to focus on specific themes to further reinforce the findings from the original questionnaire.

The questions were as follows:

- 1) What was your first impression as you arrived into the waiting room?
- 2) What images caught your attention and why?
- 3) What type of artwork do you enjoy?
- 4) How much interest have you shown the artworks?
- 5) How would you rate the quality of the artwork?
- 6) Do you think there is a need for art in hospitals, and why?
- 7) Are you interested in contemporary art?
- 8) If you could add something to make your wait more visually stimulating, what would you add?

The interviews were conducted in the waiting rooms where the participants were seated. I used a digital voice recorder to record the interviews, and consent from the participants was gained before the interview began. I broke the tension or awkwardness at the beginning of the interviews with questions such as *how are you feeling today?* Or *what brings you to the hospital this morning?* This approach gave the participants the opportunity to relax and be more forthcoming about the questions regarding art and the waiting room.

7.2.8 Thematic Coding of the Interviews

The thematic coding and analysis began after the company Smartdocs, located in Melbourne, transcribed each of the twenty interviews. Karen Willis suggests thematic analysis is commonly used in qualitative research, particularly with interviews. Willis

suggests, “A theme is a central idea that emerges from the data.”³⁰⁰ This study examined several themes that emerged through the structured question router. As a guide the questions, as outlined in the subheading *The Interviews* initiated the early process of coding. Creswell suggests the coding process generates a description of settings and people, which in turn inform categories and themes.³⁰¹

The themes that emerged unveiled similar responses from the qualitative section of the questionnaire. This was not surprising considering the interview questions were duplicated from the questionnaire to find depth with particular issues that had not emerged previously. These issues or themes were as follows: preferences and attitudes towards the arts, the impressions of the waiting room, and how could waiting room space be improved. There was some confusion as to how participants acknowledged what was *art* in hospitals; participants preferred subject matter for art in hospitals was reinforced; and a clearer indication of what participants notice in waiting rooms were all separate lines of inquiry. This gave the study a holistic view of the reality of hospital allied health waiting rooms.

These themes or sub headings were colour-coded on the transcripts, so they could be easily identified when cross referencing with the qualitative section of the questionnaire, and compiling the findings which are located in chapter eight.

³⁰⁰ Karen Willis, "Analysing Qualitative Data," in *Social Research Methods*, ed. Maggie Walter (Oxford: Oxford University Press, 2006).271

³⁰¹ Creswell, *Research Design: Qualitative, Quantitative and Mixed Method Approaches*.193

Chapter Eight

Research Findings: How can visual arts be received in hospitals?

The information gathered from the questionnaires and interviews meld together to answer the research question, how can visual arts be received in hospitals? To answer this question, a series of categories or subheadings signify the themes that emerged during the research. The term aged patients used in the subheadings refers to the participants i.e. aged patients, their family members, and carers. The subheadings are as follows:

- How do aged patients define what is art in hospitals?
- What is the preferred subject matter for imagery in art for aged patients in waiting rooms?
- Do aged patients think there is a need for art in hospitals?
- What do aged patients notice when they enter a waiting room?
- Is there a gendered bias regarding art in hospitals?
- How do we know the body is under stress in a hospital environment?
- Do aged patients enjoy contemporary art?
- How can waiting rooms' spaces be improved?

To answer these questions the findings are divided into two sections: Section One provides the quantitative evidence mixed with the qualitative responses from the questionnaires and the interviews. These findings are supported by bar graphs that highlight the comparative responses between Balmain and Wyong Hospitals. Section Two explores the descriptive outcomes from the interviews conducted after Stage Two and explores the dialogue of the participants. Together these two sections provide a holistic view of the outcomes of this study and fully encompass the strategies undertaken.

Section One

8.1 Questionnaire: Mixed Model Responses

8.1.1 How do aged patients define what is art in hospitals?

This question emerged after the first stage of the research was completed. I installed the participants' preferred imagery in the allied health waiting room of both Balmain and Wyong Hospitals. While I was conducting the interviews at Balmain Hospital, participants indicated that they perceive art as paintings, or as one participant commented, "Real art by real people". The photographic images displayed in both hospitals were often confused with posters. Other participants suggested art could be photographs or paintings; however, the outcome should be striking, with an emphasis on colour.

Three participants suggested the photographs displayed were not art because they were not framed. Several patients from both hospitals thought the photographic images were suitable for the hospital environment, but would not be considered art in the Museum of Contemporary Art. If we explore *The Story of Art* written by E.H. Gombrich, he explains there is no such thing as art, only artists.³⁰² He also suggests that most people like to view what they see in real life. If the patients see reality in a photograph, they do not view it as art until the tradition of framing pictures signifies art. Each patient had their own views and experience of art depending on their education and interest. Photographic imagery placed in both hospitals was viewed as posters.

8.1.2 What is the preferred subject matter for imagery in art for aged patients in waiting rooms?

Stage One of this study indicated that 76% of participants preferred landscape imagery and preferably from their local area. Once the preference for landscape imagery was revealed it became the subject matter of the photographic images produced for Balmain

³⁰² E.H Gombrich, *The Story of Art* (London: Phaidon, 1950).21

and Wyong Hospitals. The term *landscapes* was used as code to sort the various ways participants described their preferences. In Wyong Hospital these included references to historical Wyong, landscapes, seascapes, cottages, flowers and plants, scenery, watery scenery, nature, bush scenes, farms, country scenes, and so on. In Balmain the same pattern emerged, scenery from Balmain, seascapes, flowers, Australian landscapes, and references to the work of Impressionist painters. In Balmain there was a broader awareness and acceptance of various canonised art movements and their relevance in a hospital environment. From the interviews, sculptures were mentioned; large-scale environmental graphics were discussed. Mostly, participants wanted calming landscape images they could identify with.

Stage Two of this study evaluated the patients' preferences once again by giving them the same questionnaire used in Stage One, and reinforcing the inquiry by interviewing ten patients from each hospital. When all the data was coded and analysed, 52% of all participants preferred landscape imagery, 27% discussed landscapes with other genres including sculpture and portraiture. No art preferences were expressed by 21%, or they had no interest in the visual arts. The breakdown as to the preferences shown in each hospital is indicated in Table 8.1.2.1

Table 8.1.2.1. Balmain Hospital and Wyong Hospital: Art Preferences

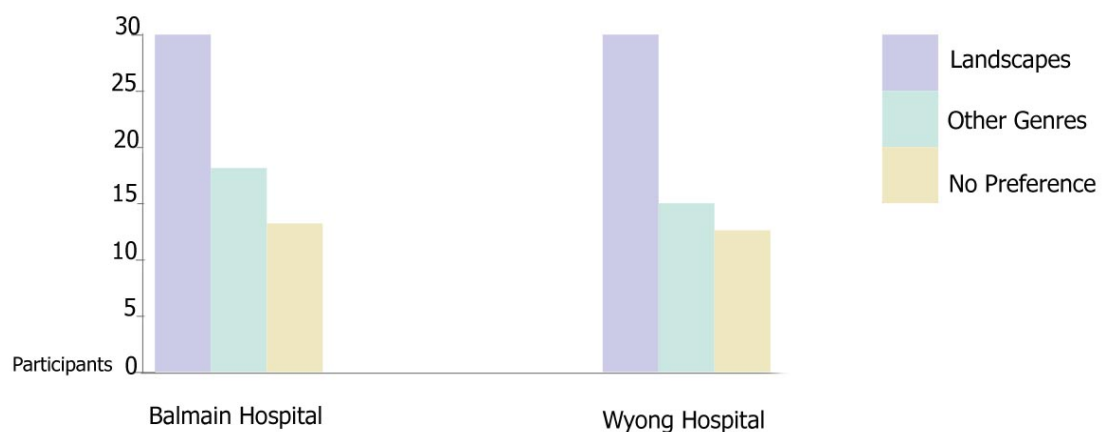


Table 8.1.2.1 as shown, indicates similar responses to what subject matter appeals to participants in both hospitals. The mauve represents the preference for landscapes, the

pastel green indicates other choices, and the beige represents no interest in the subject matter. There were instances where the preference of landscapes was included with comments relating to other genres, therefore the preference towards landscapes is slightly higher than indicated. Nevertheless, the preference for landscape imagery in both hospitals is distinct. These results indicate that landscapes are the preferred subject matter in a hospital environment for elderly patients.

8.1.3 Do aged patients think there is a need for art in hospitals?

There was overwhelming support for art in hospitals; 87% of participants from Balmain Hospital thought there was a need for art in hospitals, and 88% of participants from Wyong Hospital supported this view. These findings were established by the question, “Do you think there is a need for art in hospitals?” with a yes or no answer, then the participant rated the importance of art in hospitals on a 10-point Likert scale (1 indicating the least interest and 10 the most). The percentages were determined by those participants who rated 5 and over, as well as including the series of twenty interviews. The participants stated a need for art in hospitals and why. In Balmain Hospital, it was felt that art could provide a diversion from illness and anxiety, by creating a relaxing environment in the waiting room. Further, their comments included, “having something to view to fill in long periods of waiting;” others suggested it minimises “the fear of not knowing what is going to happen.” One participant commented that art in hospitals should soothe patients, while others thought art could take their minds off things to drift into another landscape.

Table 8.1.3.1. Balmain Hospital and Wyong Hospital: Need for Art in Hospitals

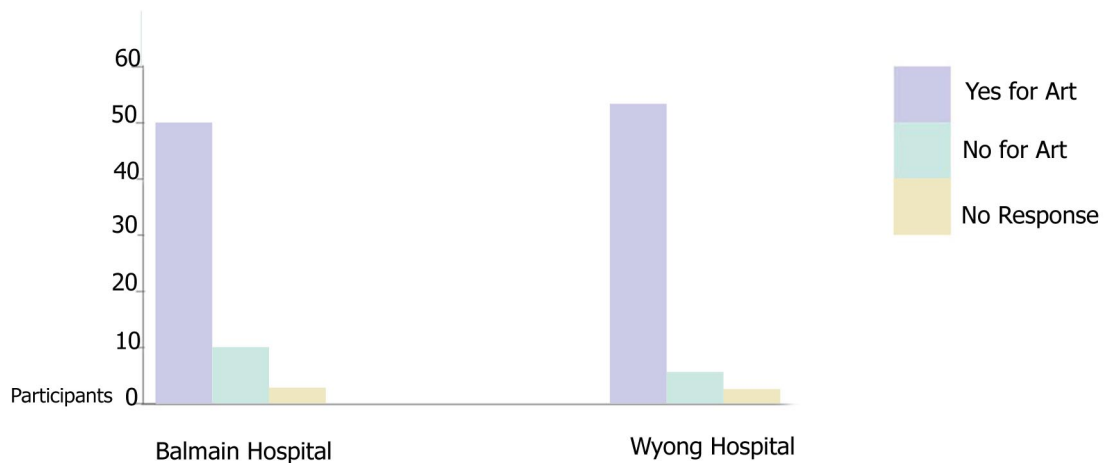


Table 8.1.3.1 as shown, indicates how many participants demonstrated a need for art in hospitals. Of the 120 participants in the study, 48 out of 60 participants in Balmain Hospital, and 50 out of 60 participants from Wyong Hospital thought there was a need for art in hospitals. Fifteen participants said no to art in hospitals, and 7 did not respond to the question. It is interesting to note the similarities with the subject matter preference of participants indicated in Table 8.1.2.1 and the similarities with the need for art in hospital in Table 8.1.3.2. Both Wyong and Balmain share similar attitudes, regardless of their divergent demographics.

8.1.4 What do aged patients notice when they enter a waiting room?

Whilst surveying participants for this project, I was constantly surprised as to what they noticed while entering a waiting room. In Stage One of this project, there was little imagery to speak of in both Balmain and Wyong Hospitals' general practice and allied health waiting rooms. Following are some observations noted by participants of Stage One. In Balmain Hospital, they noticed one painting in the room, noticeboards, how clean the room was, how many people were present in the waiting room, and the chairs. After a closer inspection, they included the television, and the drink machine. It was generally assumed that once they had visited this hospital waiting room, there wasn't anything new to see, and they therefore assumed the waiting room had not changed. In Wyong Hospital, participants were impressed with the clean bright space, and the chairs. They noticed an image of dogs, and the children's playpen.

Stage Two of the survey featured the installation of landscape photography for both Balmain and Wyong Hospitals. The preference of participants' for landscapes of their local area was the inspiration for me to take photographs of Balmain and Wyong and their surrounding areas. Four photographic images were displayed in Balmain Hospital, and twelve photographic images were placed in Wyong Hospital. The size of these images ranged from 40 cm x 70 cm to 120 cm x 100 cm. These images were laminated to withstand the curiosity of young children and to protect the images from dust, and wear and tear. The nursing staff from each hospital determined the final selection of images.

Table 8.1.4.1. Images installed in Balmain Hospital



Jillian Gates, *The Experiments*, 2008. General Practice Waiting Room, Balmain Hospital, Balmain

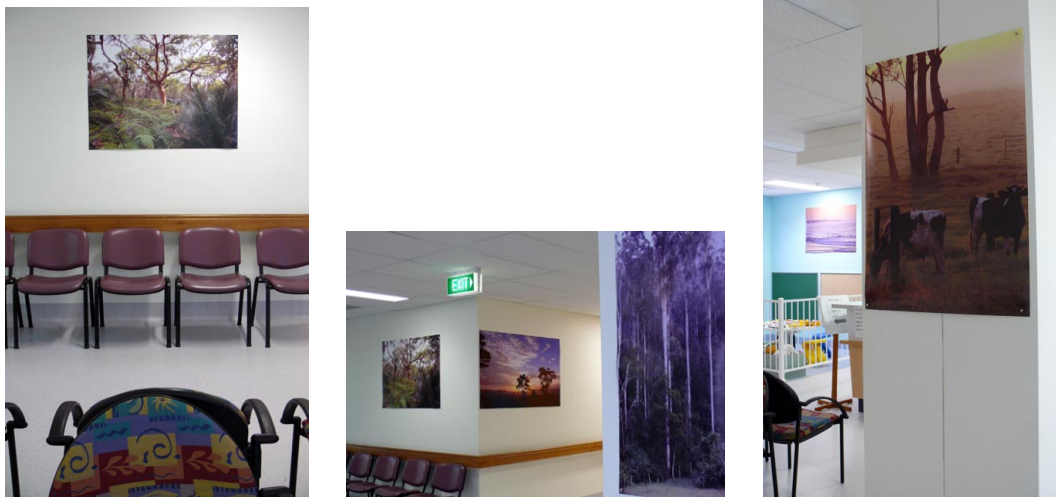
Table 8.1.4.2. Balmain Hospital, the General Practice Waiting Room, after the Installation of a Playhouse



Jillian Gates, (mobile phone images), 2008. General Practice Waiting Room, Balmain Hospital

After images were displayed in the Balmain site, only 24% of participants surveyed noticed the images. From interviews conducted the participants made comments about the small television, and the large drink vending machine that overwhelmed the space, shown in Table 8.1.4.2, as well as the cluttered noticeboards. Visually the waiting room in Balmain Hospital was overwhelming. Participants stated, “The noticeboards are overloaded.” Another participant commented, “Throw out the drink machine, clean the walls, and maybe have one noticeboard and one large picture.” There were comments relating to the chairs being an off-putting colour, and the design of chairs being linked together being undesirable for patients who were unwell. Overall, the placement of imagery in Balmain Hospital made no impact to improve the space or wellbeing of patients occupying that space.

Table 8.1.4.3. Wyong Hospital: Images Installed in the Allied Health Waiting Room

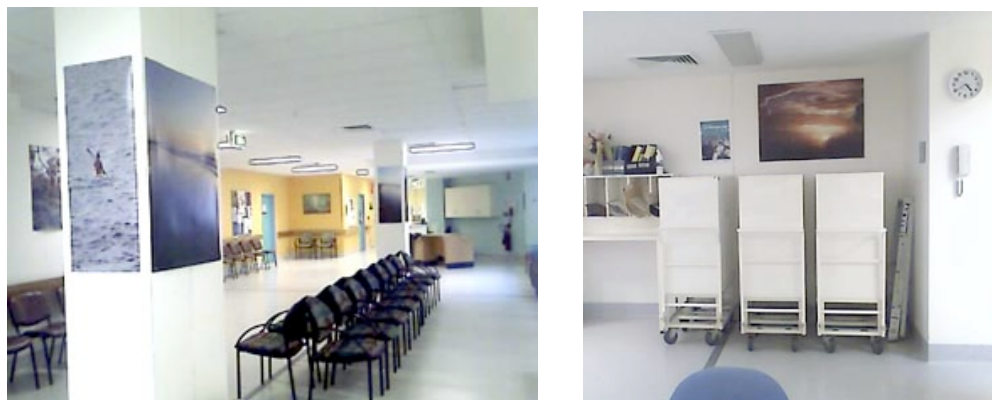


Jillian Gates, *The Experiments*, 2008. Allied Health Waiting Room, Wyong Hospital, Wyong

In Wyong Hospital 30% of participants noticed the landscape imagery, while 40% noticed the bright clean spaces, the comfort of the chairs, and how many people were waiting. From the interviews conducted, 60% of the participants did not notice the imagery until it was pointed out to them. In three instances, participants did not view these images as art but rather as posters. For example, I asked, “What are your feelings about the art in the waiting room?” and then they would look for a painting. The next response was, “Ooooh, you mean the posters?” The configuration of the chairs in waiting rooms also plays a part as to how patients can view visual imagery or notice

noticeboards; their backs are often facing away from the walls, or chairs are placed directly beneath the noticeboards, restricting access.

Table 8.1.4.4. Wyong Hospital: Allied Health Waiting Room



Jillian Gates, (mobile phone images), 2008. Allied Health Waiting Room, Wyong Hospital

The mobile phone images depicted in Table 8.1.4.2 and Table 8.1.4.4 are not evidence of surveillance, but rather an oversight regarding taking photographs in waiting rooms. Table 8.1.4.1 and Table 8.1.4.3 were deliberate ways of best showing the images in the waiting room. It became clear when I examined the data that I had missed the more distressing areas of the waiting rooms, and remembered capturing some images with my mobile phone, as I had forgotten to bring my digital SLR with me after I installed the images. These images are blurry but highlight the areas in these spaces the participants were referencing. It could also illustrate how the participants actually view these spaces; I noticed the blurry imagery was hard to see clearly and considered how these images could represent the condition of elderly people's vision, and how it is often impaired.

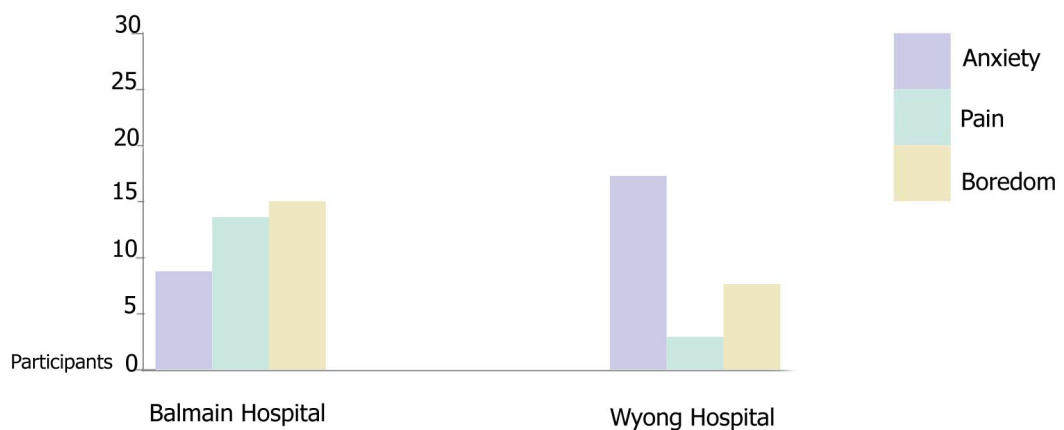
8.1.5 How do we know the body is under stress in a hospital environment?

The question of whether the works of art could alleviate the pain, anxiety, and boredom of patients emerged during the conception of this project; however, due to the range of feelings expressed, and how people interpret their own levels of discomfort, and the subjective nature of art, this avenue of inquiry was limited. What did emerge was the

level of discomfort recorded by patients and the impact of their feelings of pain, anxiety, and boredom in a hospital waiting room.

Stage One of the research recorded levels of pain, anxiety, and boredom originally experienced by the participants in the waiting room without imagery. Table 8.1.5.1 as shown, indicates the number of participants from each hospital experiencing pain, anxiety, and boredom. The levels of pain recorded indicate that 48% of participants in Balmain Hospital were in pain, and 36% of those rated their pain at 5 and over. In Wyong only 8% of participants were in pain, and the same 8% rated their pain to be greater than 5 on the Likert Scale. Of those participants from Balmain Hospital who felt anxious, 30% of them rated their anxiety as greater than 5 on the 10-point Likert Scale. In Wyong Hospital, 26% of the anxious participants rated at 5 and over. One of the differences between Balmain’s general practice waiting room and Wyong’s allied health waiting room is that the former is often used as an emergency casualty department. Therefore, more participants from Balmain Hospital are likely to be in pain compared to Wyong Hospital.

Table 8.1.5.1. Stage One. Balmain and Wyong Hospitals: Participants Experiencing Pain, Anxiety, and Boredom



In Stage Two, the same questionnaire was used as in Stage One. After installing four images in Balmain Hospital and twelve images in Wyong Hospital, I evaluated the levels of pain, anxiety, and boredom experienced by the participants. During this

process, I began to examine the definitions of how this study interprets the terms: pain, anxiety, and boredom.

8.1.6 Definition of Pain

Rene Descartes refers to pain as a sensory process, or a pathway that moves from skin to the brain. He suggests that this system acts as a bell-ringing device activated to a point within the brain.³⁰³ He uses the example of a flame from a fire; this emits hot embers, which connect to a pore of skin on a foot, the body responds by pulling the end of a (metaphorical) rope to strike a bell, or a warning system in the brain.³⁰⁴ Descartes's interpretation of pain can be visually imagined as he uses the metaphor of fire and skin. His initial example has taken the abstract notion of pain, and defined it in a way that can be visualized and understood.³⁰⁵

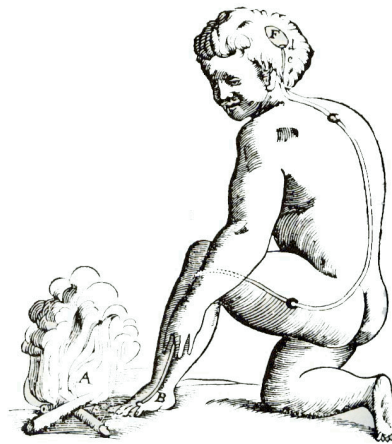


Figure 8.1.7.1. Rene Descartes (1596 – 1650). Illustration from *The Culture of Pain*

The theories of pain evolved from Specificity Theory, which was taught as fact in studies of neurology in the seventeenth century. This theory suggests, as illustrated in Figure 8.1.7.1, that a specific pain system carries messages from pain receptors in the skin to a pain receptor in the brain.³⁰⁶ Wilbert Fordyce reinforces John Liebeskind's

³⁰³ Ronald Melzack and Patrick D. Wall, *The Challenge of Pain* (Middlesex: Penguin, 1996).150

³⁰⁴ Ibid.

³⁰⁵ Ibid.151

³⁰⁶ Ibid.150

theory whereby, "Pain means many different things; and the variables which correlate with, inhibit or enhance one kind of pain, and the neural mechanism which underline it, may not be associated with or influence other kinds."³⁰⁷ Liebeskind is critical of the pain experience with regard to the Cartesian model, which supports a series of binaries that include the physiological versus the psychological – organic versus functional. However, Fordyce notes that pain is a sensory experience, and suggests the clinical Disease Model falls short, notably when dealing with chronic pain. H. Merskey suggests pain is "...an unpleasant experience, which we primarily associate with tissue damage," however, he extends his concept to include suffering which he defined as "a negative affective response generated in higher nervous centres by pain and other situations; loss of loved objects, stress, anxiety etc."³⁰⁸ The debate as to how to define pain and all the other variables that contribute to the experience has puzzled medical clinicians for centuries. Therefore, it is problematic in the realm of art research to propose a definition. The position of this study in regards to pain is to summarise and note the discomfort of patients who expressed (from a set of interviews and a questionnaire) as to how they perceive their own discomfort and pain threshold.

8.1.7 Definition of Anxiety

Anxiety experienced while waiting in hospitals is something hospital administrators take for granted. It would seem obvious patients who are not well would be anxious about how to relieve their ailment, and for family members to be anxious while waiting for loved ones. The definition of anxiety differs depending on the context and in which academic field it may be interpreted. The foundation of current definitions of anxiety finds a common base in Søren Kierkegaard's *Concept of Anxiety*, which referenced Reinhold Niebuhr's doctrine of man; this concept is as Reidar Thomte writes, "Man stands at the juncture of nature and spirit; he is involved both in freedom and necessity; he is both limited and limitless."³⁰⁹ Anxiety is the inevitable concomitant of freedom and finiteness." Paul Tillich suggests, "Anxiety is the self-awareness of the finite self as finite."³¹⁰ Further, Tillich notes that like finitude, anxiety is ontological. Martin Heidegger defines anxiety as a "realization in the sense of coming to terms with, the

³⁰⁷ Wilbert E. Fordyce, "Learning Processes in Pain," in *The Psychology of Pain*, ed. Richard A. Sternbach (New York: Raven Press, 1978).51-2

³⁰⁸ Ibid.53

³⁰⁹ Reidar Thomte, ed. *The Concept of Anxiety - Søren Kierkegaard* (Princeton: Princeton University Press,1980).xvii

³¹⁰ Ibid.

necessity of being self. The sense of making real, in opposition to they.”³¹¹ In other words, a person coming to terms with their surroundings hence the "opposition to they". “Anxiety is a mood, and it brings one face to face with ones past and therefore with the possibility of resolve, projection of oneself in the future on the basis of the past.”³¹² Heidegger’s definition of anxiety is a holistic view, as opposed to Kierkegaard’s definition that positions God as self, and the limitless possibilities, or temptations. Both Heidegger and Existentialist Jean Paul Sartre did not accept the God relation to the self concept. Therefore, Heidegger’s definition best sums up anxiety as the tension in the body in relation to immediate surroundings, and this study bases its reference to anxiety in those terms. Mitchell Feldman suggests anxiety disorders are common in primary care; however, the term anxiety is often associated with disorders. Feldman lists panic disorder, anxiety disorder, adjustment disorder, post traumatic stress, and obsessive compulsive disorder as strands in what we deem as anxiety.³¹³ This study does not specify which strand of anxiety patients were experiencing; it just notes their tension in two hospital waiting rooms. If we have acknowledged the presence of anxiety and pain in the hospital waiting experience, where does boredom fit, and why is it something we would reveal?

8.1.8 Definition of Boredom

Boredom in contemporary society, as Orrin Klapp suggests, is a symptom in the realm of a dysfunctional overload of information, specifically in the areas of redundancy and noise.³¹⁴ Boredom signals a fading interest and a loss of meaning. Paradoxically, in both art galleries and hospitals their interiors are void of meaning, a blank canvas in a sense. It is from this base that temporal environments can exist to recreate a sense of meaning and interest. Klapp notes that, because boredom signals fading interest, it also means a loss of human potential, or entropy.³¹⁵ If boredom in hospitals is experienced, art has the potential to add meaning in that environment. Following is how participants rated their own feelings of pain, anxiety, and boredom.

³¹¹ Beiser, ed. *The Cambridge Companion to Hegel*.97

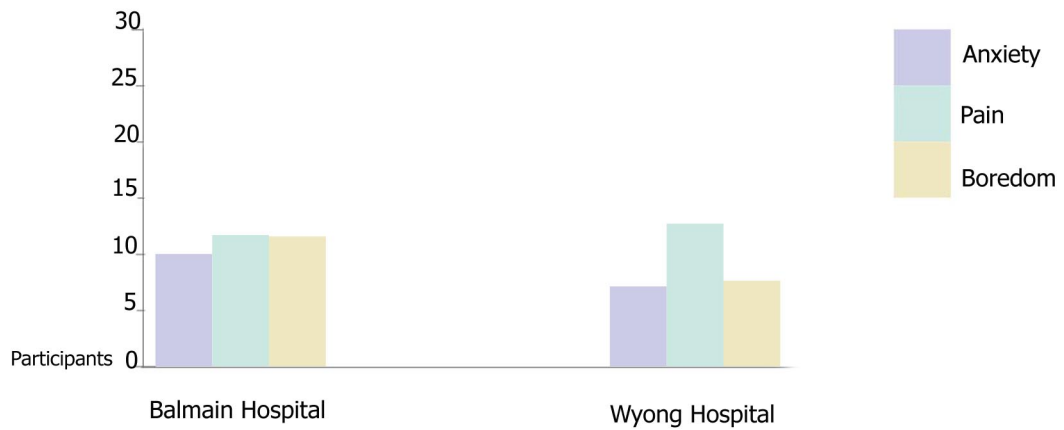
³¹² Ibid.

³¹³ Mitchell. D. Feldman, "Managing Psychiatric Disorders in Primary Care: 2. Anxiety," *Hospital Practice* 35, no. 7 (2000).77

³¹⁴ Orrin Klapp, *Overload & Boredom* (New York: Greenwood Press, 1986).1

³¹⁵ Ibid.3

Table 8.1.8.1. Stage Two. Balmain and Wyong Hospitals, Participants Experiencing Pain, Anxiety and Boredom



To make comparisons between Stage One and Stage Two of the different levels of pain, anxiety, and boredom experienced, is quite significant because it illustrates how deeply uncomfortable participants were in a bodily sense. If we compound the expressed feelings of pain, anxiety, and boredom experienced in each participant, we can assume that waiting rooms would be suitable venues to place art that is soothing and addresses the feelings of boredom noted by patients. The most significant change identified between Balmain and Wyong Hospitals was the decline in the amount of participants experiencing anxiety in Wyong Hospital; however, the levels of pain had risen. The results remained static in Balmain Hospital as the space was still overcrowded, and the installation of images had little or no effect on how participants experienced that space. Wyong Hospital on the other hand, was significantly improved by the installation of images. There were no controls as to how one can gauge the levels of pain in relation to artwork. Therefore, the levels of pain recorded in that sense, are compromised.

8.1.9 Is there a gendered bias regarding art in hospitals?

This study did not intentionally seek to break down the preferences of males and females, as it is hard to predict how many men and women will present at allied health on any particular day. The fusion of data indicated the commonalities of the questions asked. After reviewing the consent forms from Balmain and Wyong Hospitals, 44% of

the participants from Balmain Hospital were male. In Wyong Hospital, it was difficult to decipher the gender of participants from the consent forms, as each hospital's consent forms differed slightly. For example, the consent form in Balmain asked the participants to print their full name, address and sign it, whereas in Wyong Hospital a signature was required, however, it included the participant's age. There are differences in gender appreciation of art. Paul Costantoura noted that in all sections of his research of the Australian and the Arts survey, males were generally more negative about the arts than females on the core issues, including the value of the arts. It was noted that males have a lack of interest in the idea of attending arts-related events.³¹⁶ They also showed a lack of interest in some of the broader positive perceptions of the arts such as the arts being good for the inner self.³¹⁷ Women on the other hand, were positive in their responses towards the arts. Specifically, women felt the arts were an important part of their lifestyle. They considered the arts important to their inner wellbeing, and looked forward to purchasing a good piece of art. They enjoyed reading about the arts in magazines and newspapers.³¹⁸

In the context of Balmain Hospital, 42% of the men surveyed indicated an interest in art, and were specific about the art they enjoyed, and in many case it was a reference to landscape imagery, whether it be painting or photography. To interpret Costantoura's consensus of Australian men's attitude towards the arts, it maybe necessary to define this more clearly in a specific context. From evaluating the preferences of the male participants surveyed in Balmain Hospital, their interest and preference for art was similar to the female participants. When we view how closely aligned the datasets are in each hospital, we could assume the male preferences indicated in Balmain would be similar to the men in Wyong. The gendered preference for landscapes is suggested. Kate Mellor noted there were specific elements of natural landscapes that are gender specific. As discussed in chapter three she argued that women preferred landscapes that included softness and shelter. Men preferred space and graphic clarity. Overall, it would be fair to say that there was little gendered difference between the preferred subject matter of landscapes for art in hospitals.

³¹⁶ Costantoura, *Australian's and the Arts*.140

³¹⁷ Ibid.

³¹⁸ Ibid.

8.1.10 Do aged patients enjoy contemporary art?

If patients are experiencing levels of pain, anxiety, and boredom, and have recorded a preference for landscape imagery, would they enjoy the subject matter of landscapes depicted by a mimetic aesthetic or through a conceptual lens? Of the interviews conducted at Wyong Hospital, a third of the participants did not know how to define contemporary art. *The Thames and Hudson Dictionary of Art Terms* suggests contemporary art is the art of the present day; it is art regarded as avant-garde or in some way experimental.³¹⁹ Participants were specific in relaying their dislike for abstraction in imagery. Those participants who knew a little about art discussed their dislike of Surrealism and Abstract Expressionism for art in hospitals.

Table 8.1.10.1. Balmain and Wyong Hospitals: Interest in Contemporary Art:

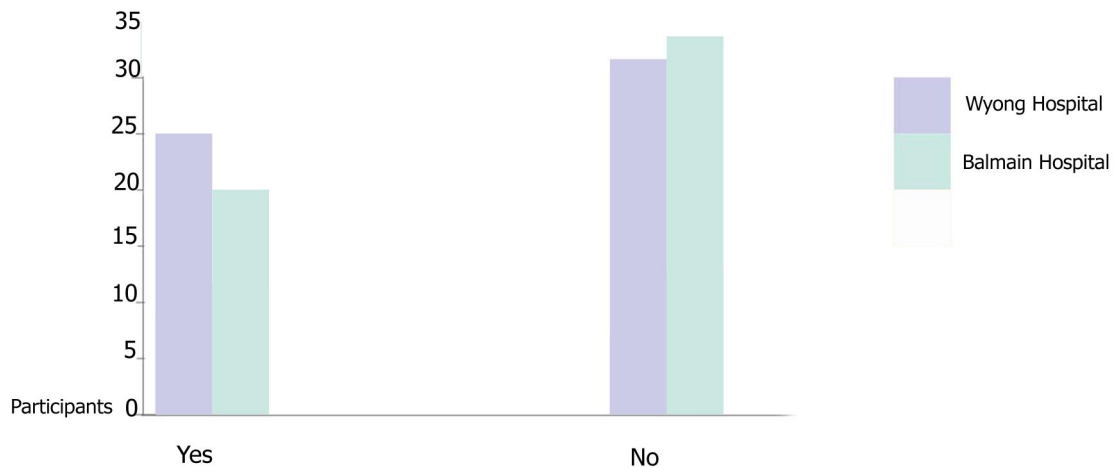


Table 8.1.10.1 as shown, indicates whether participants were interested in contemporary art. Fifty-two percent of participants in Balmain were not interested in contemporary art, and a similar response of 55% emerged from Wyong Hospital. Forty-three percent of the participants from Balmain Hospital understood the term contemporary art, and had an interest in it. Thirty-six percent of the participants from Wyong were not interested in contemporary art. The differences between the participants engaging and knowing about contemporary art at Wyong and Balmain Hospitals could indicate the

³¹⁹ Edward Lucie-Smith, *Dictionary of Art Terms* (London: Thames & Hudson, 2003). 63

level of access to Art Galleries and Museums. In a regional area such as Wyong, this exposure may be limited by distance and interest. Overall, the inclusion of abstract contemporary art in hospitals would have a negative effect on elderly patients.

8.1.11 Summary: How can waiting room spaces be improved?

The method of quantilizing data collected from the questionnaires in each hospital allowed the data to be easily managed and understood. The questions presented at the beginning of this chapter have been discussed. Following is a brief summary to those questions informed by the data presented, and an overview of how waiting room spaces could be improved if we take into consideration an aged perspective.

- 1) How do aged patients define what is art in hospitals? From the participants experience of art, art is defined by painting or sculpture. If photography is presented in hospitals it needs to be framed with a non-reflective surface to appear as art.
- 2) What is the preferred subject matter for imagery in art for aged patients in waiting rooms? Landscape imagery that has a mimetic aesthetic and reflects their local area. Images of landscapes trigger memories, passages of time, as well as creating soothing settings.
- 3) Do aged patients think there is a need for art in hospitals? Yes, the participants could see the benefit of art in hospitals to create a soothing environment if the right aesthetic is applied. A hospital environment warrants meaning, value, and the knowledge that patients will be safe. The frescoes from the Santa Maria della Scala illustrate and reinforce that reasoning.
- 4) What do aged patients notice when they enter a waiting room? The participants notice other people waiting, how clean the waiting rooms are, and the placement and comfort of chairs. They notice anything obtrusive such as drink machines, cluttered noticeboards, and after that, the art displayed.
- 5) Is there a gendered bias regarding art in hospitals? From the data collected, there is not a strong case for gendered preferences of art in hospitals. The data indicates

both men and women feel strongly positive about landscapes in a waiting room environment, however, more research needs to be conducted to explore how the different elements within landscape resonate with men and women.

6) How do we know the body is under stress in a hospital environment? The questionnaire captured the self-analysis of how the participants rated their own feelings of discomfort by stating whether they were in pain, anxious, or bored. They rated their levels of pain, anxiety, and boredom on a Likert Scale. The tension experienced in hospitals is not something that can be observed easily however, we have a clearer indication of how uncomfortable waiting is from the perspective of aged patients.

7) Do aged patients enjoy contemporary art? The questionnaire responses indicate the participants knew little about contemporary art from that perspective, the general response was no. However, it depends on how much experience and exposure aged patients have of contemporary art to provide an informed opinion. The overall response was that contemporary art is not suitable for a hospital environment.

8) How can waiting room spaces be improved? Waiting rooms could be improved by acknowledging the seven previous points, as well as hospitals paying attention to maintaining clean, bright areas, with comfortable chairs. The patients and their family members noted that chairs need space between them so people are not sitting too close to each other. If waiting rooms are to have noticeboards then the text on the information posters should be large enough to be read from a distance and not cluttered. Televisions were not a popular request however, it was discussed that they should be of a size that is suitable in relation to the size of the waiting room and the position of the chairs. Large artworks depicting landscapes of their local area where people can view them when they arrive into the waiting room would work well. Other suggestions included having flowers and plants in the waiting room.

Section Two

8.2 The Interviews: The Voice of the Participants

Interviews were necessary to get behind the story, to better understand the participants' waiting experience. Carter McNamara suggests interviews are useful for obtaining the narrative behind the participants' experiences, and to be used as a follow-up to certain responses from questionnaires.³²⁰ This strategy was employed in this project. Some of the responses from the interviews have been discussed briefly in the mixed model results presented in section one. Section two explores the dialogue of the participants to hear their voices in relation to the following themes: their preferences and attitudes towards art in hospital; a clearer indication of what participants notice in waiting rooms and how waiting rooms can be improved. The interviews were conducted in the general practice waiting room in Balmain Hospital, and the allied health waiting room in Wyong Hospital. The names of the participants have been changed to protect their identity, and the quotes are referenced from the coded interviews from Balmain and Wyong Hospitals.

8.2.1 Preferences and attitudes towards art

The participants from Balmain and Wyong all had opinions regarding art: what is it, and could it make a difference in the waiting room. The following dialogue represents the common themes expressed in the interviews. When asked what type of artwork the participant enjoyed, Jan from Wyong explained she enjoyed, "Scenery – scenery and water."³²¹ Robert wasn't sure about what type of art he enjoyed "Well, I don't know really. It's just, I just look, either I like it or I don't. Nothing in particular. But I don't really like that Picasso type of thing, you know."³²² Eve and Maureen both mentioned nature and ocean scenes, Maureen explained, "art in that way is a way of bringing nature to your thoughts, and I think its calming and soothing, and relaxing."³²³

³²⁰ Carter McNamara, "General Guidelines for Conducting Interviews."
(1999), <http://www.mapnp.org/library/evaluation/interview.htm>.1

³²¹ Smart Docs, "Transcription of Wyong Hospital Interviews," (Melbourne2008).WS110016

³²² Ibid.WS110017

³²³ Ibid.WS110021

Beryl from Wyong Hospital explained if she could improve anything in the images in the waiting room, it would be, “The borders around those pictures. Like if you put a nice picture there and two nice pictures there and borders around them, you’d say, “Oh that’s beautiful.”³²⁴ Gwen from Wyong also commented on the images and explained, “I would like to see it framed...because it brings it out a bit.”³²⁵ Maisy was more interested in her paintings she had collected when her husband was alive, and described, “They are ships, I think they are valuable but I can’t pin down the artist.” She also stated that she could not help but look at the images in the waiting room because, “You have to look to somewhere haven’t you?”³²⁶ Maisy did not see the *art* but she enjoyed the posters (photographs installed) because they were nice and tranquil. “There’s a tranquil scene with the cows grazing in the paddocks.”³²⁷

David was waiting for his wife in Wyong hospital, who was obtaining a pre admission. He didn’t notice anything when he walked into the waiting room expect for the chairs. When asked about what type of artwork he enjoys he explained “Artwork? Pictures like that [pointing to the images], yeah particularly landscapes because they are very, very, soothing and they are a lot better than some of these so-called modern art.”³²⁸ He also suggested that he thought TV in waiting rooms was a waste of time, and thought contemporary art was self-indulgent; “Most of it is absolute garbage...like I did art, and I actually paint a bit myself. I like to see a painting that’s balanced, and that’s had a bit of thought brought into it you know...a painting is a form of communication and if you have got to put it in a hospital, it should be soothing, and contemporary art doesn’t. It’s rubbish. Confrontationist.”³²⁹ David’s attitude was shared by a majority of the participants in both hospitals. Jan from Wyong made the comment that, “art takes people’s minds off other things. It’s like having a fish aquarium. You can watch the fish go around and around. You actually start putting yourself into that picture yourself, walking through the forest, sitting there having a nice cup of coffee watching the sunset or sunrise.”³³⁰ Robert from Wyong remarked that he didn’t notice the images placed in

³²⁴ Ibid.WS110016

³²⁵ Ibid.WS110019

³²⁶ Ibid.WS110014

³²⁷ Ibid.WS110014

³²⁸ Ibid.WS110015

³²⁹ Ibid.WS110015

³³⁰ Ibid.WS110016

the waiting room, because they were pacifying.³³¹ These comments reflect the voices behind the data tallied for Wyong Hospital in the first section of the findings.

In Balmain Hospital, Mary said she enjoyed, “nice quite scenes, especially flowers, I love flowers, so anything along those lines.”³³² Zivah spoke English as a second language, and she was excited to see the television. Her reaction to art was similar to Robert from Wyong Hospital, whereby they use an intuitive reaction when it came to defining what type of art they enjoy. Zivah remarked, “I like just hand painted picture, and when I like something I will buy.”³³³ Sue, an architect, looked at the imagery displayed and stated, “I’d actually do much larger images rather than the tiny...and create environmental graphics rather than little pictures.” She also stated, “Art makes people think.”³³⁴ This comment was interesting because it taps into what Jan from Wyong Hospital said in the last paragraph about thinking of being somewhere else. Art invites us to think and feel. Joseph Hodges Choate suggested, “knowledge of art in its higher forms of beauty would tend to humanise, to educate, and to refine a practical and laborious people.”³³⁵ Although this comment sounds condescending the keys words for me were beauty and humanise, not only for people, but also their surroundings.

Helen from Balmain Hospital arrived with three friends; one of her friends suggested she would like to see some pictures of the local area.³³⁶ The other friend saw a painting by Frank Marjason that was discussed in chapter two, and declared, "It is the only piece of art in the waiting room." She thought the other images were posters. Jean also commented on the ‘posters’ and remarked, “They’re quite good posters, especially the one of the harbour.”³³⁷ The confusion as to whether photographic images were posters or art depended on whether they were framed or not. This theme emerged in Wyong Hospital as well.

Dorothy from Balmain enjoys paintings and like Maisy from Wyong, she told me about her paintings at home. “One painting I have is a beautiful Russian painting of a flute lesson. I think it’s gorgeous but it’s got very dominant colours in it. On the other hand, I

³³¹ Ibid.WS110017

³³² Ibid.WS110011

³³³ Ibid.WS110012

³³⁴ Docs, "Transcription of Wyong Hospital Interviews."WS110008

³³⁵ Carey, *What Good Are the Arts?*101

³³⁶ Docs, "Transcription of Wyong Hospital Interviews."WS110009

³³⁷ Ibid.WS110007

have quite a few Australian landscapes which I like.....there's one (of people) chatting over the back fence in Paddington, but it's muted colour.”³³⁸ The comments made by some of the participants suggest the genre of art they have at home, but it also describes how they respond and connect to imagery through a non-professional experience of art. The way these participants respond reflects their experience and comfort levels for imagery. From an artist's perspective, their preferences may not be sophisticated; however, we are dealing with patients and family members with a limited knowledge about aesthetics associated with visual arts. These results highlight what they value, and what imagery comforts them at home, and in a hospital waiting room. If we apply the subject matter and medium to create a sophisticated product then the pleasure of art could be experienced in hospital waiting rooms.

8.2.2 The participants' first impressions of the waiting rooms

When the participants arrived into Wyong Hospital's allied health waiting room, the majority of responses were positive. Maisy remarked when she arrived, “Light, bright, I love the colour of the walls. My favourite colour. It's nice how they have mixed them [the colours] up.”³³⁹ David thought the space was, “Clean, modern, and really good.”³⁴⁰ Robert just noticed it was, “Chocka block full of people.”³⁴¹ Patricia thought the space was, “Nice, bright, and clean.”³⁴² The allied health waiting room in Wyong Hospital is part of a new building constructed in 2003. The space is bright and open. Although I installed the images I created in 2008, the wall space prior to that was not utilized, with the exception of a noticeboard and two prints. The installation of the images significantly transformed the space. However, a different response was experienced in Balmain Hospital.

Dorothy was asked if she noticed any artwork when she first arrived in Balmain Hospital's waiting room. “I don't recall seeing any imagery. What I noticed was the starkness or perhaps the sterility of the area.”³⁴³ Margaret commented that the waiting room was the same as usual and did not find it intimidating. She remarked, “ I find it

³³⁸ Ibid.WS110006

³³⁹ Ibid.WS110014

³⁴⁰ Ibid.WS110015

³⁴¹ Ibid.WS110017

³⁴² Ibid.WS110018

³⁴³ Ibid.WS110018

bright, airy and light. It's not an intimidating environment like a lot of hospitals."³⁴⁴ Margaret mentioned the first thing she saw was the Nescafe drink dispenser machine. Sue remarked, "The drink machine is quite intrusive – I actually think it's an odd thing for a hospital to be selling junk food."³⁴⁵ And Helen explained, "That machine, it's alright but it's pretty dreary there."³⁴⁶ Mary also noticed the drink machine and stated, "The vending machine takes up quite a large area, but I guess it's a necessity if people are going to be waiting here for a while, at least it gives them something they can access easily."³⁴⁷ Ed thought the hospital should throw out the drink machine and clean the walls.³⁴⁸ All the participants at some level discussed the drink machine, whether it be the first thing they noticed in the waiting room, or a strategy to move it to improve the space. Marily Cintra noted the abundance of vending machines in her Liverpool Hospital Evaluation in 2000.³⁴⁹ She stated, "Coca Cola vending machines are a major visual distraction for thousands of out-patients who wait for their appointments."³⁵⁰ However, Dorothy made the point that it would be nice to replace the dispenser with a water cooler. "People often don't bring money when they come to a hospital – they've been stressed to arrive in a hospital. I think it would be more user friendly."³⁵¹

Jim noticed the children's plastic cubby-house positioned between the chairs and the wall at the rear of the waiting room. Helen also mentioned the cubby-house saying, "I know its there for the children, but they can't really get to it, it's behind the seats."³⁵² Dorothy noticed the chairs when she arrived, and remarked, "I know everything is functional and practical but I find the colour of those seats, for example, very off-putting. I don't like the design, the way they are linked together. It is not very appealing for someone who is not feeling well."³⁵³ Noticing chairs was a common theme that emerged in Wyong Hospital from the qualitative data derived from the questionnaire, and noticing how many people were waiting. Helen arrived at the hospital with two friends. I asked them what did they first notice when they came into the space; they replied by saying they noticed how many people were in the waiting room, and then looked at the waiting time clock placed near the reception desk. They

³⁴⁴ Ibid.WS110003

³⁴⁵ Ibid.WS110017

³⁴⁶ Ibid.WS110009

³⁴⁷ Ibid.WS110011

³⁴⁸ Ibid.WS110005

³⁴⁹ Cintra, "Liverpool Hospital Redevelopment Arts Program Post Occupancy Evaluation."48

³⁵⁰ Ibid.48

³⁵¹ Docs, "Transcription of Wyong Hospital Interviews."WS110006

³⁵² Ibid.WS110009

³⁵³ Ibid.WS110006

were all expecting a wait of 90 minutes. The placement of the waiting time clock is an excellent idea because people find a way to cope with the duration of time, which is a personal challenge – as discussed in chapter five. Robert from Wyong Hospital could have benefited from that strategy, as he was convinced that the allied health waiting room did not have a clock. He stated, “One thing I noticed they haven’t got a clock.”³⁵⁴ I later checked and they did have a clock, however, it was outside of his line of vision. The waiting time clock in Balmain Hospital allowed Helen and her friends to accept the 90-minute wait, while Robert felt uncomfortable because he had no indication of how long he was required to wait.

In Wyong Hospital, the first impressions of the waiting room were positive: they noticed the clean, bright space, liked the chairs, and noticed the other people waiting. In Balmain Hospital, the participants noticed how many people were waiting, and things that were out of place, like the drink machine, hard chairs, and the position of the children’s cubby-house. We must take into consideration the age of the hospitals, and the design of each space.

8.2.3 Improving waiting room space

The patients’ suggestions as to how they could improve the waiting room were many and varied. In Balmain Hospital, there were issues that could not be resolved in either stage of the project. These include a lack of space, and competing with whatever was placed in the waiting room. The waiting room in Wyong Hospital on the other hand, was a blank canvas during Stage One of the project, and comments after Stage Two highlighted other requests once the visual element had been resolved.

Sue from Balmain suggested the addition of larger images with a matt finish in appropriate places could help the ambience of the waiting room. She remarked, “I’ve noticed there’s a photograph over there which is presumably a dock in Balmain which is actually, rather a nice photograph, but it is in a completely inappropriate place, because it’s above your eye line.”³⁵⁵ She also suggested she would position the imagery where patients could see it as they enter the waiting room. Overall, she thought the room could

³⁵⁴ Ibid.WS110016

³⁵⁵ Ibid.WS110008

be redesigned to create a coherent space rather than just adding things to it.³⁵⁶ The intriguing thing about Sue's observations is that she is an architect, and this was an informative interview for me as an artist, to view the waiting room from another perspective. Her comments regarding oppressive ceilings and adding matt finishes to laminated photographs, illuminated possibilities for me. Helen thought the television should be in another position, "The TV really is too small, for a waiting room this size, people over there can't see it."³⁵⁷ Mary noted it would be great to have ambient spaces as waiting rooms, but also suggested if there was any spare money around it should go into hospital services and equipment first.³⁵⁸ Zivah suggested the waiting room could be freshened up with new paint; she stated, "Sometimes if not new, I would change to new, the old must be gone."³⁵⁹ These comments from Balmain Hospital sum up how the participants would improve the waiting room space and why. The range of comments corresponds to the experience participants have, depending on their occupations and circumstances.

Research studies that explore how people respond to the arts in Australia are many. Annette Van den Bosch explains the relationship of Australian audiences to art has been surveyed many times; however, she feels these surveys fail because they ask generic questions without distinguishing between art disciplines, art education, community participation, and the roles of professional artists.³⁶⁰ Van den Bosch cites the Australians and the Arts 1999 report as being specific; however, it is a broad study of general interests, from a cross-section of the community. Cintra's Liverpool Hospital Evaluation of gauging the responses of community groups to create art, and discuss their responses is a step forward in a specific area, i.e. a hospital, to better understand how that space is designed and utilised. After listening to the voices of patients and their family members relating how they experience hospital waiting rooms, and what they would like to see in hospitals, we can understand the relevance of the relationships between architecture, health, professional artists, and community groups, to create environments that seek to encourage wellbeing and meaning. These interviews were the best means to understand the experiences of participants at that moment in time; furthermore, they give researchers a snapshot of experiences and preferences that need

³⁵⁶ Ibid.WS110008

³⁵⁷ Ibid.WS110009

³⁵⁸ Ibid.WS110011

³⁵⁹ Ibid.WS110012

³⁶⁰ Annette Van den Bosch, *The Australian Art World: Aesthetics in a Global Market* (Crows Nest: Allen & Unwin, 2005).200

to be considered when designing these spaces. People from all walks of life occupy waiting room spaces, and more so as they age.

Chapter Nine

Conclusion

The comparative case study between Balmain and Wyong Hospitals in NSW, Australia was conducted to answer the research questions, how can visual arts be received in hospitals, and how does western society represent illness and death? The rationale for both questions was to include the visual presence of what it feels like to be in hospital, to understand the stress upon the body, and to highlight the need for humane environments. These environments could be enhanced by visual arts.

The study focused on the art preferences of aged patients, their family members, and carers waiting in general practice, and allied health waiting rooms of Balmain and Wyong Hospitals. Aged people in Australian communities are a growing demographic, as they contribute to the ever-increasing demand on health care services. Attitudes towards the aged, and their contribution to research are a significant factor that will inform the infrastructure of how Australians negotiate public space as they age.

When I commenced this study in 2006, I was aware of the research in art and health conducted in the United Kingdom, Canada, and the United States, and how it influenced projects conducted in Australia. The adaptation of art in hospital strategies informed by Roger Ulrich, Peter Scher, Peter Senior, and John Feight, have provided helpful models and theories associated with how art is produced for hospitals and why. Their contributions are great starting points for finding our own unique process of how Australian patients view and experience art in hospital settings. It also became apparent that this study was not just about art in hospitals; it was about art and the audience; the history of aesthetics; and understanding the significance of time experience when waiting. It was learning about the psychological responses that contribute to how it feels to wait.

To answer the question how can visual arts be received in hospitals, there is no definitive answer, only clues. We can determine not all elderly patients notice the visual arts as they enter a waiting room; elderly patients are concerned about clean spaces, comfortable chairs, and the distance between them. Elderly patients are not interested in reading noticeboards if they are cluttered, or if other patients are sitting

directly beneath the noticeboards. They do engage with art or images once they have sat down, and familiarise themselves with the waiting room. The elderly and their family members appreciate good quality imagery in photography that is framed with a non-reflective surface. The elderly prefer not to respond to abstract forms and prefer a mimetic depiction of form. As discussed in chapter two, hospital space is not a substitute for gallery space; it is not the environment in which to challenge the beliefs and values of the patients and their families.

This study found little difference between Balmain and Wyong Hospitals with regards to the art preference of male and female elderly patients. The preference for landscape imagery of a mimetic form transcends cultures and religion; however, how artists choose to create representations of landscapes should be discussed in each community associated with the hospital. Photography in this instance worked very well in Wyong Hospital, although the participants didn't view the work as art. There is scope for a variety of ways landscapes can be depicted. From the questionnaires and interviews conducted, elderly people believe soothing art has a place in hospitals, and rated the need highly.

Inconsistencies emerged in my findings compared to those of Marilyn Cintra's Liverpool Hospital Evaluation, and Kate Mellor's photographs for Leeds General Infirmary, as to how patients respond to photography in hospitals. Photographs placed in Liverpool Hospital rated poorly as artworks. These findings were in contrast to the responses to the landscape photographs placed in Balmain and Wyong Hospitals. The photographs displayed in Liverpool Hospital were of a subjective nature in terms of portraying black and white images of adults and children. The landscape images for Balmain and Wyong Hospital were in colour. The differences of how people respond to black and white, and colour photographs were discussed in chapter four. Mellor's observations of the gendered preference for specific elements in landscape photography, went a step closer than this thesis research to break down and identify the elements of nature that patients respond to. Overall, there is room for photographic imagery in hospitals if the subject matter, colour, and format are dealt with in a sensitive manner.

The concept that art for hospitals could be a homogenised product is limited in both its vision and application. Chapter two examined how poorly art for hospitals can be produced, compared to the sophisticated work of the professional artists in the Royal Aberdeen Children's Hospital in Scotland and in areas of Liverpool Hospital in NSW.

The second question this thesis explored was how does western society represent illness and death in hospitals. This line of inquiry was to represent the actuality of illness and death, to better understand the need for art in hospitals. The visual depiction of how patients cope in hospitals was shown through the lens of Annie Leibovitz's realistic photographs of Susan Sontag ill and dying from 1998 – 2004. Leibovitz's published photographs depicting Sontag's illness and death caused an outrage in the United States; however, it evidenced the stresses of the body and the sterility of the environment where we die. These images correspond with the levels of discomfort patients from Balmain and Wyong Hospitals were experiencing, with regards to pain, anxiety, and boredom. The exhibition of work, which accompanies this thesis, explores these feelings in the dungeons of Kirkbride, the site of the Sydney College of the Arts, to conceptualise the pain, anxiety, and boredom of waiting in hospitals.

Overall, the study investigated the specific experience of aged patients' preference for art in two Australian hospitals. The experience of witnessing and recording the participants' responses and opinions highlights the need to create humane hospital environments with visual arts that reflects our values, and where we live. This study has the potential to contribute to the body of research currently undertaken in the field of art and health in an Australian context.

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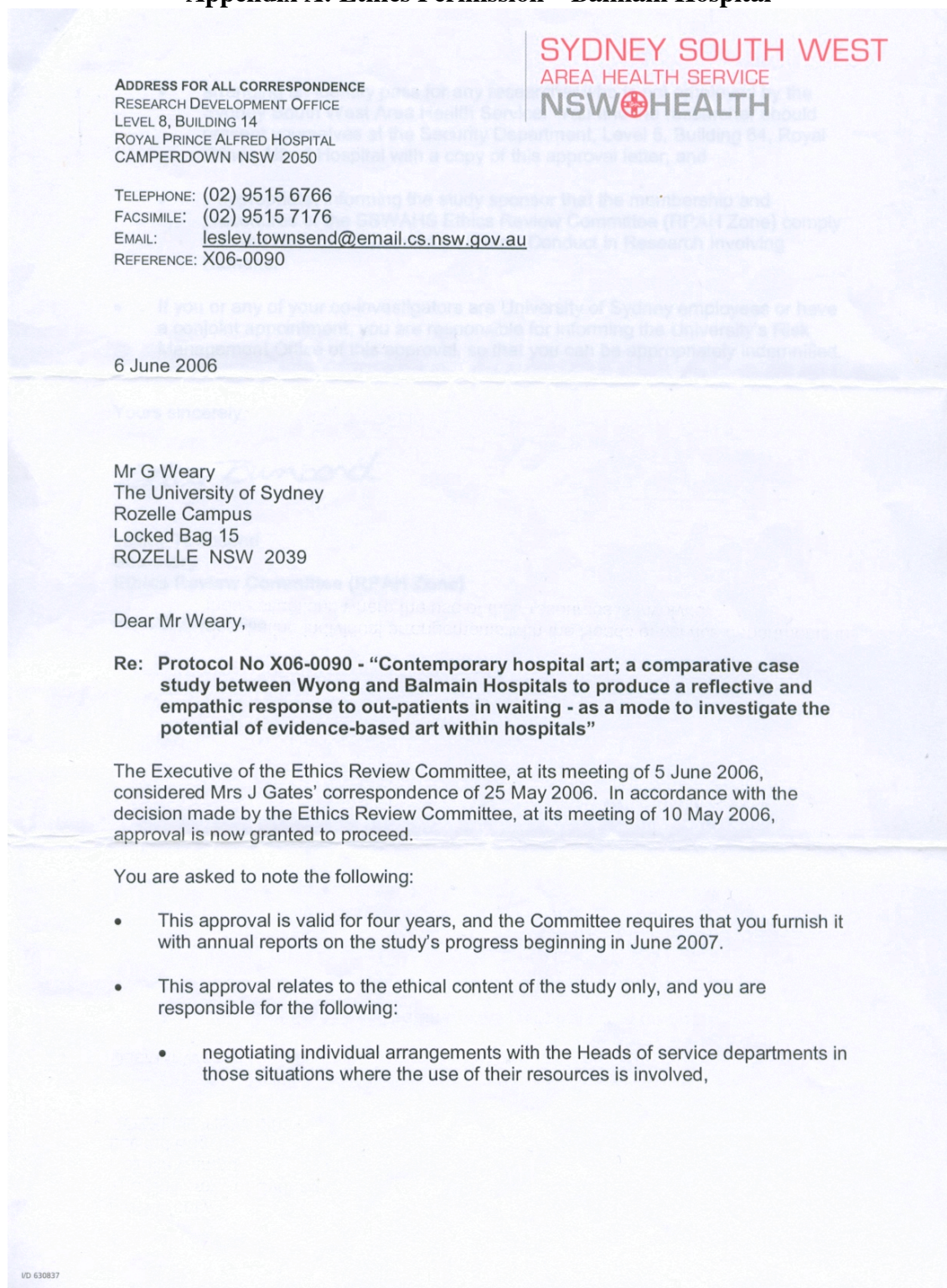
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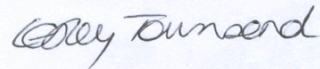
List of Appendices

Appendix A: Ethics Permission – Balmain Hospital



- arranging an identity pass for any researcher who is not employed by the Sydney South West Area Health Service. You and the researcher should present yourselves at the Security Department, Level 5, Building 64, Royal Prince Alfred Hospital with a copy of this approval letter, and
- if appropriate, informing the study sponsor that the membership and procedures of the SSWAHS Ethics Review Committee (RPAH Zone) comply with the National Statement on Ethical Conduct in Research Involving Humans.
- If you or any of your co-investigators are University of Sydney employees or have a conjoint appointment, you are responsible for informing the University's Risk Management Office of this approval, so that you can be appropriately indemnified.

Yours sincerely,



Lesley Townsend
Secretary
Ethics Review Committee (RPAH Zone)

HERC\EXCOR06-06a

Appendix B: Ethics Permission - Wyong Hospital

The HREC wishes you every success in your research.

Yours sincerely

Coast Human Research Ethics Committee
Ph: (02) 4320 3070
Fax: (02) 4320 2477
Email: larigho@nscchahs.health.nsw.gov.au

**NORTHERN SYDNEY
CENTRAL COAST
NSW HEALTH**

26 July 2006

Mr Geoff Weary
The University of Sydney
Rozelle Campus
Locked Bag 15
ROZELLE NSW 2039

Dear Mr Weary

06/29 Contemporary Hospital Art; A comparative case study between Wyong and Balmain hospitals to produce a reflective and empathic response to out-patients in waiting – as a mode to investigate the potential of evidence-based art within hospitals

Thank you for submitting the above project which was first considered by the Coast Human Research Ethics Committee (HREC) at its meeting held on 14 June 2006.

This HREC is constituted and operates in accordance with the National Health and Medical Research Council's *National Statement on Ethical Conduct in Research Involving Humans* and the *CPMP/ICH Note for Guidance on Good Clinical Practice*.

I am pleased to advise that the Committee has granted ethical approval of the above project.

The following documentation has been reviewed and approved by the HREC:

- Patient Information Sheet and Consent Form
- Questionnaire to Outpatients
- Information for Participants, version no:2, dated 25th May 2006

Please note the following conditions of approval:

- The Principal Investigator will provide an annual report to the HREC and at completion of the study in the specified format.
- The Principal Investigator must forward all variations or amendments to this protocol, including amendments to the Information Sheet and Consent Form, to the HREC for approval. The approval letter must be received before the amendment is implemented.
- The Principal Investigator will inform the HREC, giving reasons, if the project is discontinued before the expected date of completion.

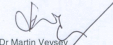
HREC approval is valid for four (4) years from the date of this letter. Any further extensions will require an amendment request to be submitted.

If you have any enquires please contact Lenore Arigho, Ethics & Research Officer for the Coast HREC, as per her contact details at the top of this page.

Northern Sydney Central Coast Area Health Service
Locked Bag 2915 Central Coast Business Centre NSW 2252
Tel (02) 4320 2333 Fax (02) 4320 2477
ABN 48344669728

The HREC wishes you every success in your research.

Yours sincerely


Dr Martin Veys
Deputy Chairperson
Coast Human Research Ethics Committee

Appendix C: Ethics Permission – University of Sydney



The University of Sydney

NSW 2006 Australia

Human Research Ethics Committee
www.usyd.edu.au/ethics/human

Senior Ethics Officer:

Gail Briody
Telephone: (02) 9351 4811
Facsimile: (02) 9351 6706
Email: gbriody@mail.usyd.edu.au
Rooms L4.14 & L4.13 Main Quadrangle A14

Human Secretariat

Telephone: (02) 9036 9309
(02) 9036 9308
(02) 9351 4474
Facsimile: (02) 9036 9310
Email: roslyn.todd@usyd.edu.au
bdeleon@usyd.edu.au

18 August 2006

Mr G Weary
Sydney College of the Arts
Rozelle Campus – N01
The University of Sydney

Dear Mr Weary

Title: *Contemporary Hospital Art: A comparative case study between Wyong and Balmain hospitals to produce a reflective and emphatic response to out-patients in waiting - as a mode to investigate the potential of evidence-based art within hospitals, (Ref. No. 9464)*
Master Student: Ms Jillian Gates

Your application was reviewed by the Executive Committee of the Human Research Ethics Committee (HREC), who have ratified your study to cover the Master student – Ms Jillian Gates.

The Executive Committee acknowledges your right to proceed under the authorities of SSWAHS Ethics Review Committee (RPAH Zone) and Northern Sydney Central Coast HREC.

Please note, this approval has been given only in respect of the ethical content of the study.

Copies of any modifications to the study must be forwarded to the University of Sydney Human Research Ethics Committee.

A copy of the Annual Report that you submit to SSWAHS Ethics Review Committee (RPAH Zone) and Northern Sydney Central Coast HREC must simultaneously be provided to the University of Sydney Human Research Ethics Committee every year for the duration of your study. Failure to do so will result in the suspension of your study by the University of Sydney Human Research Ethics Committee.

Yours sincerely

Gail Briody
Senior Ethics Officer
Ethics Administration

Cc: Ms Jillian Gates, 2 Vesta Close, Chittaway Point NSW 2261

Appendix D: Information Sheet – Balmain Hospital



The University of Sydney



Locked Bag 15,
Rozeffe NSW 2039
NO1 Rozeffe Campus
Telephone: +61 2 93511055
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Contemporary Hospital Art; A comparative case study between Wyong and Balmain Hospitals to produce a reflective and empathic response to out-patients in waiting - as a mode to investigate the potential of evidence-based art within hospitals.

INFORMATION FOR PARTICIPANTS

Introduction

You are invited to take part in a research study exploring the hospital waiting experience. The objective is to investigate patients' responses to contemporary art within a hospital environment. The results from this investigation will initiate a series of photographic images to reflect the waiting room experience.

Dr George Szonyi has approved the study within this institution. Dr Szonyi is the Director of Medical Services, Balmain Hospital. It is being conducted by Mr Geoff Weary, Senior Lecturer in Electronic and Temporal Arts from The Sydney College of the Arts, Sydney University. Mr Weary is supervising the researcher, Mrs Jillian Gates, a Master of Visual Arts student from The Sydney College of the Arts, University of Sydney. Jillian's associate supervisor is Dr Jill Gordon, Associate Professor, Medical Humanities, University of Sydney.

Study Procedures

If you agree to participate in this study, you will be asked to sign the Participant Consent Form. You will then be asked to complete a questionnaire of sixteen questions. This will seek information about your day and how you feel about waiting. These questions will take about 20 minutes to do.

Benefits

While we intend that this research study furthers medical knowledge and may improve the ambience of clinical spaces in the future, it may not be of direct benefit to you.

Costs

Participation in this study will not cost you anything, nor will you be paid.

Confidentiality

All the information collected from you for the study will be treated confidentially, and only the researchers named above will have access to it. The study results may be presented at a conference or in a scientific publication, but individual participants will not be identifiable in such a presentation.

Further Information

When you have read this information, Jillian will discuss it with you further and answer any questions you may have. If you would like to know more at any stage, please feel free to contact her on 02 43894391 or 0408 413 751.

This information sheet is for you to keep.

Ethics Approval

This study has been approved by the Ethics Review Committee (RPAH Zone) of the Sydney South West Area Health Service. Any person with concerns or complaints about the conduct of this study should contact the Secretary on 02 9515 6766 and quote protocol number X06-0090

Version No. : #2
Date: 6th June 2006

Appendix E: Information Sheet – Wyong Hospital



The University of Sydney



Patient Information Sheet

Title of research project: **Contemporary Hospital Art.**

Name of researcher's: Mr Geoff Weary; MFA, Sydney College of the Arts, University of Sydney and Dr Jill Gordon MBBS, Associate Professor, Medical Humanities, University of Sydney will supervise MVA candidate from Sydney College of the Arts, University of Sydney, Mrs Jillian Gates.

The purpose of this research study is to explore the hospital waiting experience.

- The objective is to investigate patients' responses to contemporary art within a hospital environment. The results from this investigation will initiate a series of photographic images to reflect the waiting room experience.
- While we intend that this research may improve the ambience of clinical spaces in the future, it may not be of direct benefit to you.

If you agree to participate in the study you will be asked to:

- If you agree to participate in this study, you will be asked to sign the Participant Consent Form. You will then be asked to complete a questionnaire of sixteen questions. This will seek information about your day and how you feel about waiting.

Risks, inconvenience, discomforts.

- The questionnaire will take about 20 minutes to do.

The purpose and method of the study.

- You will be asked to complete a questionnaire of sixteen questions. This will seek information about your day and how you feel about waiting. The data collected from these questions will evaluate and measure your responses to artwork within the hospital.

Contemporary Hospital Art.

In risks, inconveniences, discomfort etc:

- Your participation in this project is completely voluntary and you may withdraw from it at any time without disadvantaging your future treatment in any way.
- The records of this study, including your records, may be inspected by Chief Investigator, Mr Geoff Weary and researcher Jillian Gates during or after the study. To keep the records confidential they are identified by a code instead of your name.

The researcher who explains this information to you will answer any questions you have about the research project and will give you a copy of this information to take away with you. You are free to consult your own doctor before agreeing to participate in the study if you would like to.

If you would like to ask any questions that arise during the research study please contact Jillian Gates on 0408 413 751.

General information about the research study may be obtained from the Deputy Chair of the Northern Sydney Central Coast Health - Coast Human Research Ethics Committee), Telephone: 4320 3070 Fax: 4320 2477.

Version No. 2

Date 25th May 2006

Appendix F: Consent Form – Balmain Hospital



The University of Sydney



Locked Bag 15,
Rozelle NSW 2039
N01 Rozelle Campus
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Facsimile: +61 2 93511199

Contemporary Hospital Art; A comparative case study between Wyong and Balmain Hospitals to produce a reflective and empathic response to out-patients in waiting - as a mode to investigate the potential of evidence-based art within hospitals.

PARTICIPANT CONSENT FORM

I, [name]

of

..... [address]

have read and understood the Information for Participants on the above named research study and have discussed the study with

I have been made aware of the procedures involved in the study, including any known or expected inconvenience, risk, discomfort or potential side effect and of their implications as far as they are currently known by the researchers.

I freely choose to participate in this study and understand that I can withdraw at any time.

I also understand that the research study is strictly confidential.

I hereby agree to participate in this research study.

NAME:

SIGNATURE:

DATE:

NAME OF WITNESS:

SIGNATURE OF WITNESS:

Version No. : #2

Page 1 of 1

Appendix G: Consent Form – Wyong Hospital

NORTHERN SYDNEY CENTRAL COAST HEALTH COAST HUMAN RESEARCH ETHICS COMMITTEE

Consent Form

(Competent adult/mature minor)

- 1 I have read (or have had read to me) and understand all the information describing this study in the attached information sheet. I understand the nature, purpose and possible consequences and that I can leave the study at any time. All my questions have been answered to me satisfaction. I voluntarily consent to participate in this study and acknowledge that I have received a copy of this agreement and information sheet.
- 2 It has been explained to me that the research project will be carried out according to the principles in the National Statement on Ethical Conduct in Research Involving Humans (1999) and has been approved by the NSCCH Coast Human Research Ethics Committee.
- 3 I consent to participate in a interview described in the information sheet as necessary for participation in the research project.
- 4 I understand that the information that I provide will be processed and analysed as it is required by THIS study and according to the privacy laws of Australia.

I have been assured that the answers to the survey questions will remain confidential subject to any disclosure requirements established by law and departmental policy.

Contemporary Hospital Art; A comparative case study between Wyong and Balmain Hospitals to produce a reflective and empathic response to out-patients in waiting - as a mode to investigate the potential of evidence- based art within hospitals.

Participant signature: _____ Age: _____ Date: _____

I have fully explained the above study to the guardian/person responsible.

Researcher signature: _____ Date: _____

An explanation and accurate summary of the trial was made to the patient and the undersigned witnessed the signature:

Witness signature: _____ Date: _____

Witness name: _____ Contact Telephone No: _____

Relationship to study participant: _____

Appendix H: Out - Patient's Questionnaire



The University of Sydney



Locked Bag 15,
Rozelle NSW 2039
NO1 Rozelle Campus
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Facsimile: +61 2 93511199

Questionnaire to Out-Patients

Part one.

- 1) What form of transport did you take to arrive at this hospital?
- 2) Have you arrived with a family member or friend?
- 3) What images caught your attention and why?
- 4) How would you describe your reception from the staff?
- 5) What was your first impression as you arrived into the waiting room?
- 6) How long have you been waiting?
- 7) If you could add something to make your wait more visually stimulating, what would you add?
- 8) What type of artwork do you enjoy?

Part two.

**To answer questions 1- 4 please circle a number from 0-10.
No.0 being extreme comfort to No.10 extreme discomfort**

1) Are you feeling anxious? Y/N

What level of anxiety are you feeling?

0 1 2 3 4 5 6 7 8 9 10
none high level

2) Are you in pain? Y/N

How would you rate the level of pain you are in?

0 1 2 3 4 5 6 7 8 9 10
none high level

3) Are you bored? Y/N

What level of boredom are you experiencing?

0 1 2 3 4 5 6 7 8 9 10
none high level

4) How would you rate the general atmosphere in the waiting room? 0 1 2 3 4 5 6 7 8 9 10
no discomfort high discomfort

**To answer questions 5 - 8 please circle your level of appreciation from 0-10.
No.0 very low - No. 10 very high**

5) At what level do you rate the quality of the artwork?

0 1 2 3 4 5 6 7 8 9 10
very low very high

6) What level of interest have you given the artwork?

0 1 2 3 4 5 6 7 8 9 10
very low very high

7) How would you rate the need for art in hospitals ?

0 1 2 3 4 5 6 7 8 9 10
very low very high

8) Are you interested in contemporary art? Y/N

What level of interest do you have in contemporary art?

0 1 2 3 4 5 6 7 8 9 10
very low very high

Appendix I: Amendment and Ethics Permission to Interview Patients

**SYDNEY SOUTH WEST
AREA HEALTH SERVICE
NSW HEALTH**

ADDRESS FOR ALL CORRESPONDENCE
RESEARCH DEVELOPMENT OFFICE
LEVEL 8, BUILDING 14
ROYAL PRINCE ALFRED HOSPITAL
CAMPERDOWN NSW 2050

TELEPHONE: (02) 9515 6766
FACSIMILE: (02) 9515 7176
EMAIL: lesley.townsend@email.cs.nsw.gov.au
REFERENCE: X06-0090

6 June 2006

Yours sincerely,

Mr G Weary
The University of Sydney
Rozelle Campus
Locked Bag 15
ROZELLE NSW 2039

Dear Mr Weary,

Re: Protocol No X06-0090 - "Contemporary hospital art; a comparative case study between Wyong and Balmain Hospitals to produce a reflective and empathic response to out-patients in waiting - as a mode to investigate the potential of evidence-based art within hospitals"

The Executive of the Ethics Review Committee, at its meeting of 5 June 2006, considered Mrs J Gates' correspondence of 25 May 2006. In accordance with the decision made by the Ethics Review Committee, at its meeting of 10 May 2006, approval is now granted to proceed.

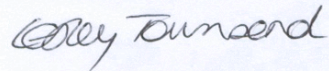
You are asked to note the following:

- This approval is valid for four years, and the Committee requires that you furnish it with annual reports on the study's progress beginning in June 2007.
- This approval relates to the ethical content of the study only, and you are responsible for the following:
 - negotiating individual arrangements with the Heads of service departments in those situations where the use of their resources is involved,

VD 630837

- arranging an identity pass for any researcher who is not employed by the Sydney South West Area Health Service. You and the researcher should present yourselves at the Security Department, Level 5, Building 64, Royal Prince Alfred Hospital with a copy of this approval letter, and
- if appropriate, informing the study sponsor that the membership and procedures of the SSWAHS Ethics Review Committee (RPAH Zone) comply with the National Statement on Ethical Conduct in Research Involving Humans.
- If you or any of your co-investigators are University of Sydney employees or have a conjoint appointment, you are responsible for informing the University's Risk Management Office of this approval, so that you can be appropriately indemnified.

Yours sincerely,



Lesley Townsend
Secretary
Ethics Review Committee (RPAH Zone)

HERC\EXCOR06-06a

Appendix J: Interview Information Sheet – Balmain and Wyong Hospitals



The University of Sydney

SCA
SYDNEY COLLEGE OF THE ARTS

Locked Bag 15,
Rozelle NSW 2039
NO1 Rozelle Campus
Telephone: +61 2 93511055
Facsimile: +61 2 93511199

Contemporary Art in Hospital: A comparative study between Balmain and Wyong Hospitals, to investigate the potential for evidenced based art in waiting rooms.

INFORMATION FOR PARTICIPANTS

Introduction

You are invited to take part in a research study into art in hospitals. The objective is to investigate patients' responses to art within a hospital environment. The results from this investigation will be compared to the findings and art preferences of other patients who have contributed to this study. The aim is to understand the art genre and aesthetics that would improve the waiting experience for patients.

The study is being conducted within this institution by Dr George Szonyi and has approved the study within this institution. Dr Szonyi is the Director of Medical Services, Balmain Hospital. It is being conducted by Dr Claire Hooker, Senior Lecturer, Medical Humanities, University of Sydney. Dr Hooker is supervising the researcher, Mrs Jillian Gates, a PhD candidate in Visual Arts from The Sydney College of the Arts, University of Sydney.

Study Procedures

If you agree to participate in this study, you will be asked to sign the Participant Consent Form. You will then be asked to answer 8 art related questions for approximately 30 mins with your responses recorded on audiotape.

Voluntary Participation

Participation in this study is entirely voluntary. You do not have to take part in it. If you do take part, you can withdraw at any time without having to give a reason. Whatever your decision, please be assured that it will not affect your medical treatment or your relationship with the staff who are caring for you.



The University of Sydney

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Contemporary Art in Hospital: A comparative study between Balmain and Wyong Hospitals, to investigate the potential for evidenced based art in waiting rooms.

Confidentiality

All the information collected from you for the study will be treated confidentially, and only the researchers named above will have access to it. The study results may be presented at a conference or in a scientific publication, but individual participants will not be identifiable in such a presentation.

Further Information

When you have read this information, Jillian Gates will discuss it with you further and answer any questions you may have. If you would like to know more at any stage, please feel free to contact her on 0243 894391. This information sheet is for you to keep.

Ethics Approval

This study has been approved by the Ethics Review Committee (RPAH Zone) of the Sydney South West Area Health Service. Any person with concerns or complaints about the conduct of this study should contact the executive officer on 02 9515 6766 and quote protocol number X06- 0090.

Version No. : # 1
Date:

Appendix K: Interview Consent Forms – Balmain and Wyong Hospitals



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PARTICIPANT CONSENT FORM

I, [name]

of
..... [address]

have read and understood the Information for Participants on the above named research study and have discussed the study with

I have been made aware that the proposed interview will be audio taped. I am also aware of the other procedures involved in the study, including any known or expected inconvenience, risk, discomfort or potential side effect and of their implications as far as they are currently known by the researchers.

I freely choose to participate in this study and understand that I can withdraw at any time.

I also understand that the research study is strictly confidential.

I hereby agree to participate in this research study.

NAME:

SIGNATURE:

DATE:

NAME OF WITNESS:

SIGNATURE OF WITNESS:

Version No.1 # X06-0090
Date: 1st July 2008
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Appendix L: Interview Questions – Balmain and Wyong Hospitals

Question Router for Out Patients

- 1) What was your first impression as you arrived into the waiting room?
- 2) What images caught your attention and why?
- 3) What type of artwork do you enjoy?
- 4) How much interest have you shown the artworks?
- 5) How would you rate the quality of the artwork?
- 6) Do you think there is a need for art in hospitals?
- 7) Are you interested in contemporary art?
- 8) If you could add something to make your wait more visually stimulating, what would you add?

