



Miss F. DUPRE 30/09/2006

Foreword

In 2006, Paintings in Hospitals and the artist Françoise Dupré embarked upon an ambitious artist in residency project in the Feto-Maternal Medicine Department at the John Radcliffe Hospital, Oxford. This publication, *joie de faire (the making of stuff)*, celebrates and reflects upon this unique collaboration.

We live in a time when talk of the NHS means talk of financial crises and lack of funds. Given the chronic nature of these problems, spending money for an artist to work in a hospital would appear to be an indulgence we can ill afford.

With patients now seen as consumers, it is fitting that the motivation for funding artists to work in hospitals, such as Françoise Dupré, came from a patient who consumed blood, drugs and staff time on a vast scale. Alexandra Reinhardt suffered from an extremely rare blood disorder which meant that her life revolved around being cared for by the health service. She knew that successful hospitals were those which treated the human spirit as much as the condition from which one might be suffering.

An artist herself, Alexandra needed little convincing about the value of art in hospitals – seeing it there helped lift her mood. Having the opportunity to have created art, with an artist in residence, during those long monotonous visits would have delighted her.

For many years The Max Reinhardt Charitable Trust funded research into the condition from which Alexandra suffered, but after her death in 2004 we were keen to direct funding into something she was passionate about. In addition to providing creative opportunities for healthcare users and staff, the Alexandra Reinhardt Memorial Award was established to help inspire and highlight talented artists who deserve greater recognition and respect – Alexandra craved for this far more than any medication she could have been offered.

It is poignant to think that someone whose life was a perpetual struggle to hold off death inspired this project and the creation of art in a special place where people come together in a fight to create life.

Veronica Reinhardt The Max Reinhardt Charitable Trust

Introduction

"...there is an inherent pleasure in making. We might call this joie de faire (like joie de vivre) to indicate that there is something important, even urgent, to be said about the sheer enjoyment of making something exist that didn't exist before, of using one's own agency, dexterity, feelings and judgement to mould, form, touch, hold and craft physical materials, apart from anticipating the fact of its eventual beauty, uniqueness or usefulness."

Françoise Dupré's residency at the Feto-Maternal Medicine Department in the John Radcliffe Hospital, Oxford is part of a programme Paintings in Hospitals established in 2005. The organisation received a grant from The Max Reinhardt Charitable Trust to establish the Alexandra Reinhardt Memorial Award – a series of artist in residency projects to be based in different NHS hospitals over a period of five years.





The aim of each project is to provide opportunities for patients, staff and visitors to work alongside an artist in creative activities suitable for the department and its users. As an outcome of the project the artist is required to produce two site-specific artworks for the hospital and another for the Paintings in Hospitals loan collection. The artist is also offered a solo exhibition, as part of the award, which provides an opportunity to showcase new work inspired by their experiences.

Although the Feto-Maternal Medicine Department, located in the Women's Centre at the hospital, was new to the concept of having an artist in residence it was clear that, with the support of Paintings in Hospitals and the newly established





Oxfordshire Arts in Health Network, a residency project would have tangible benefits in this setting and would contribute to the development of the hospital's long-term arts strategy.

The department specialises in high-risk pregnancies and treats those from the Oxford area and beyond. The range of conditions varies from mothers who are themselves unwell, for example transplant patients, to those whose babies require intervention or surgery in the womb. Up to 150 out-patients are assessed during weekly clinics. In addition the unit has in-patients that have been admitted for observation during pregnancy. Every patient who walks through the doors of this department is suffering from emotional and/or physical distress and the environment is highly sensitive.

Dupré was integral to the success of this project and was selected because of her approach towards art-making as a collaborative and participatory activity and for her deep rooted interest in the possibilities for creativity and art production in temporary and non-art contexts. Her proposal to involve patients, staff and visitors in clean and easy to learn French (spool) knitting activities stood out as original, engaging and colourful. Dupré demonstrated an understanding of the practicalities, limitations and issues involved with working in this particular unit and gave the judges a clear idea of how three final pieces of artwork would evolve from the activities which would take place.

What happened in this department clearly defines what successful artist in residency projects can achieve. Within this highly charged atmosphere, Dupré facilitated something very special. Interacting sensitively with people, she was able to encourage participation in creative activity which realised both beautiful and meaningful results.

Over the weeks a sense of community and togetherness evolved that transcended job descriptions and official departmental structures: doctors, midwives and cleaners joined patients to produce hundreds of metres of French knitting in vibrant colours. These would later be used to create the works of art you see in this book which are an embodiment of the project and a celebration of communal achievement in which all those who contributed can take pleasure.

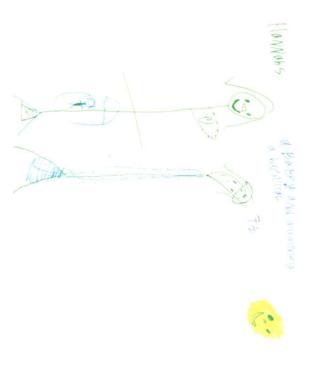
Despite the fragility of the people being treated within this environment it was clear that for those who took part there was an 'inherent pleasure in making'.² The act of making helped countless numbers embrace and cope with their anxieties and uncertainties and assisted the department in it's delivery of care. In addition to being a celebration of everyday creativity, I have no doubt that this publication, *joie de faire* (the making of stuff), contributes to the contemporary debates relevant to multidisciplinary practitioners, artists and other organisations working in social and healthcare contexts and it is my hope that it is an inspiration for many more exciting projects of this nature.

Stuart Davie Director, Paintings in Hospitals

Paintings in Hospitals was founded in 1959 to provide original works of art for display in NHS hospitals and other healthcare facilities for the relief of people receiving treatment and to improve the healthcare environment experienced by visitors and staff. The Paintings in Hospitals collection now includes over 4,000 works of art on loan to more than 250 hospitals, hospices and healthcare facilities in England, Ireland and Wales.

1. Ellen Dissanayake, The Pleasure and Meaning of Making, (American Craft, April/May, 1995), pp.40-45.

2. *Ibid.*, p.40



In Conversation

The following conversation took place at the University of Central England, Birmingham Institute of Art and Design, Margaret Street on Tuesday 28 November 2006 and gave three speakers, all working in the art and healthcare context, the opportunity to discuss the artist in residence project which took place in the Feto-Maternal Medicine Department at the John Radcliffe Hospital, Oxford between June and September 2006.

The conversation was a unique way of enabling the speakers to talk about what happened and the broader issues surrounding arts in health projects in a creative, thought-provoking and delineated way. Dialogue enabled different conclusions and points of view to come together, interweave and complement each other. An open public discussion followed the conversation.

The panel included Stuart Davie, Director of Paintings in Hospitals; the artist Françoise Dupré, who was selected by Paintings in Hospitals for the residency and Kate Broom, practitioner in the social and therapeutic uses of art and Course Director of the new MA in Art, Health and Well-being at the Department of Art, UCE, Birmingham. The questions were posed by Helen Bonar, Senior Curator, Paintings in Hospitals.

Helen Bonar: What do you think are the aims of running artist in residency projects in healthcare?

Stuart Davie: Residency projects have an intrinsic value to the healthcare system and are an excellent way of bringing creative activity into environments which are often drab, bleak, sterile and lifeless. These environments can heighten the feelings of anxiety and stress which people can feel when they are in healthcare institutions.

Residency projects often counteract some of these negative feelings and help people to feel uplifted, inspired and relaxed within the surroundings in which they find themselves. They can also assist the health service in its delivery of care. Creative projects in healthcare should have therapeutic benefits for patients, staff and visitors and should also provide stress relief for participants.

Kate Broom: Residency projects should aim to have therapeutic benefits for participants but it is important to consider this word 'therapeutic' and understand exactly what it means. When I started my research into this topic I came across a body of research by Dr Linda Moss, an expert in the field of arts in health who has written extensively on the subject. She broke the concept of 'therapeutic' down into three areas: 'healing, curing and caring' – all of which are relevant to the running of artist in residency projects in healthcare. If residency projects are

to be therapeutic and help the health service in its delivery of care then they must be designed in a way which contributes to the overall healing, curing and caring environment that is a hospital.

HB: Would you like to talk about residencies from the point of view of an artist, Françoise?

Françoise Dupré: Residencies, not just in healthcare, are important to artists. They are excellent opportunities to work outside the gallery or the studio space. Residencies don't necessarily suit everybody and not all artists desire this kind of engagement in relation to their practice. Being an artist in residence is a very particular type of role and one which is charged with responsibility. Many artists feel that they aren't trained or qualified to take such a role on.

Some artists choose to do residencies because it is difficult to make a living from our profession – residencies can be well paid but you certainly don't agree to do a hospital residency for the money – they are too complex and challenging



HB: How do you evaluate how successful residency projects are in healthcare?

SD: You can't evaluate how successful a project has been unless you have set clear aims and objectives about what it is that you want to achieve. These aims and objectives might be relatively broad but they are important as they create a framework around which everyone involved can work. If all of your aims are met over the course of a project then you can technically call it a success. There may of course be things that happen which were less successful and there will also be things that take you by surprise, which are extremely successful, and which allow you to exceed the initial aims and expectations that you had.

In this case, Françoise met all of the agreed aims – she provided opportunities

for patients, staff and visitors to observe and participate in the creative process of being an artist and interacted with participants in a stimulating way. She facilitated opportunities for self expression and, using the artistic products generated from the sessions, realised two pieces of site-specific artwork for the department and a third for Paintings in Hospitals loan collection.

KB: The point you made about how things might surprise you is one which I find very interesting. It is important to have clear aims and objectives, good evaluative methodologies and a calculation of what it is you will call success, but it is those elements of surprise which help build better projects and push artists to think even more creatively.

FD: Yes, it is important to embrace the surprises. Many things surprised me during this residency. I was surprised when two of the auxiliary staff in the department came and asked me for more wool – I hadn't realised how engaged and committed they had become. I was surprised when someone told me that they thought that I was a permanent fixture in the department and part of the healing, caring and curing process. As I settled, I was surprised to find out how heavy medication affected the mood or engagement of participants. These small, unprovoked and surprising moments helped the project to develop and contributed to its overall success.

SD: This highlights that it isn't worth being too specific about what an artist must achieve during the course of any given session. For example; it would have been hard to justify that Françoise's residency would only have been a success if she had got 20 people to knit with her during each of her visits to the hospital. Targets of this nature don't necessarily indicate how successful a project has been and it became clear over the course of this residency that people didn't need to knit to benefit from the artist's presence. Talking, listening and observing all had positive benefits for those in the department.

FD: I agree. If people didn't knit with me then I didn't feel that I was failing in my role or that the project wasn't being successful. As the residency progressed I realised that I was being successful in many different ways. In many cases it was only after several informal conversations that knitting would happen and in most instances people would attend the department three or four times before they actually wanted to take part.

SD: The feedback we received about the project confirms a great deal of what you are saying – people liked having the opportunity to talk because it allowed them to think about other aspects of their lives which brought a sense of the everyday into an alien environment.

HB: Stuart, earlier you talked about how residency projects should be therapeutic and stress relieving for participants but isn't this hard to prove? If you can't prove this to be true then can these projects be taken seriously?

SD: At the end of this project we had a wealth of anecdotal, written and verbal feedback which indicated that some people had found it therapeutic and stress relieving. We would like to prove this clinically but this sort of evaluation is extremely time consuming, complex and costly.

KB: Unfortunately, organisations facilitating arts in health projects and artists working in this field will always find themselves competing with the medical sector which has very defined and scientific methods of collecting and processing evidence in relation to its work. Our sector, on the other hand, is one which can rarely afford to fund scientific research into the clinical benefits of its work but I don't think this should make us despondent.

As a sector, what we should realise is that in order to have our work recognised we must evaluate the ways in which the scientific and medical professions conduct research and seek to develop methodologies which, whilst they may not lead to clinical results, are as thorough and considered as those employed by the health sector.

much more responsive and that repeat patients could see how my ideas were main corridor wall of the department, which allowed people to understand my aims of the project. Over time I came to realise, for example, that some people creative process. I added to this wall piece every week and found that staff became room notice board with accompanying images. I set up a work in progress on the into final pieces of artwork, so I displayed samples of my work on the waiting me the opportunity to approach people I might not have done naturally. Many outside the waiting room who wanted to knit so I created knitting kits in order to strike up conversation and involve individuals. I realised that there were people produced that told people about the residency and my work which enabled me to didn't understand what I was doing or why I was in the department. I had leaflets things in place which would make engagement easier and allow me to fulfil the set up. Ongoing evaluation of the way in which I was working allowed me to set to constantly reflect on how successful things seemed to be in terms of what I had people couldn't understand how I was going to translate metres of French knitting facilitate this. Interacting with children through the sketch book I provided gave FD: Because I was clear about what this residency was trying to achieve, I was able

HB: Has this project highlighted any particular issues that facilitators of artist in residency projects and artists should be aware of?

FD: One of the main issues this project highlights is that there are ethical considerations to be taken into account with placing artists within the healthcare environment.

KB: I feel very strongly about ethical working practices. Artists need to be aware that there is only certain information that they need to know in order to do their job. For example, they should not ask for or be told personal and private information – it is irrelevant to the job they have undertaken. There are things about the department in general, the sorts of conditions it treats and who works there which might be useful to know, but as an artist you have to realise that this is about as in depth as it gets.

It wasn't necessary for Françoise to know, for example, why a patient had entered the waiting room in tears. The point is that someone who was clearly upset had entered the waiting room and in this situation the artist must simply recognise that it is unethical and inappropriate to pursue the activity at this time.

SD: What your point re-enforces is that the healthcare environment is one which is full of sensitivities. Artists undertaking these sorts of projects must be able to judge what is right and appropriate at any given time.

KB: In saying that, it is important that the healthcare facility recognises that they have a role to play in ensuring that the artist works ethically and they must be able to lend their support to make this a reality.

FD: Support for the artist is essential. It is impossible for the artist to work independently in this sort of context and we need to be integrated into the fabric of the department; the team and everyday activities, if the project is to be a success, which was the case at the John Radcliffe Hospital.

KB: It is essential that the hospital embraces the artist but the artist must also accept the hospital and everything that goes with that. They need to understand that they will be required to complete health and security checks and wear an identification pass if necessary. They have to realise that they are entering a professional arena in which professional rules must be respected.

FD: I agree. In many ways I am lucky because my particular practice is about facilitating creativity in places which are not necessarily art contexts. It is part of the way I work to understand how one enters another institution and works with those within it to achieve results. For many artists these considerations wouldn't be so heavily inscribed into their practice but they are issues that they must be aware of.

Before we finish on this subject, could I just go back to the point Kate made about how much information artists need to know to do their job? Before this

residency started I was keen to learn more about the conditions treated within the department but when I actually arrived I realised that this wasn't important to me anymore. I was most interested to stay in the waiting room and interact with the individuals within it. Not knowing any specific information actually made it easier for me to get on with what I was there to do.





HB: What were some of the highlights of the residency project in the Feto-Maternal Medicine Department?

KB: One of the highlights of this project is that there are physical and lasting reminders of what took place within the department. The fact that the two sitespecific artworks contain the contributions from patients, staff and visitors makes them especially precious but there is another value to them which will give them infinite resonance in this environment. Over the course of the project I know that Françoise's ideas for the final pieces were also forming through the researching and collection of images of cells, embryos and eggs. Embracing the imagery that those within the department are exposed to on a daily or regular basis gives these pieces great relevance, presence and usefulness.

Although, in this case, the imagery is semi-abstract, in terms of its portrayal of the ideas of growth, cells, eggs and embryos, I can imagine that people might use these artworks to help them explain what is happening to them, medically, to other children they might have, for example, who are waiting with them. I am sure that clinical staff will also use the imagery as a way of connecting people with their conditions.

FD: The project had several highlights for me but one of them was being able to change people's perceptions of what 'art' is. When I did my first introduction to the department I told them I was going to be working on a knitting project and their faces dropped! They knew I was there to be the artist in residence but I think many of them were thinking: what has knitting got to do with art? Over the course of the residency they came to understand better and I think that many people were

extremely intrigued by the nature of the creative process and art-making, in the end.

SD: Receiving feedback about how the activity affected participants has to be the highlight of this project. Many people felt that the quiet, focussed nature of French knitting had allowed them time for contemplation and escape. For some, the activity helped change their perceptions of healthcare and their view of the ward which are all extremely satisfying findings.

Following the conversation a public discussion, which included artists, health professionals and commissioners, took place. This event provided an excellent opportunity for the audience and the panel to talk openly, reflect and share experiences. It was evident that there was a desire for more opportunities to exchange information in this way. The following questions were posed and discussed:

Should artists working in the healthcare context be provided with specialist training?

How can we ensure that the interests of the artist; the healthcare institution, patients and the commissioning organisation are equally met?

Are there ways of creating accepted models of good practice and generating sophisticated results without impacting upon creativity?

To what extent can/do artists help organisations, like the NHS, see themselves in a different way?

What is the best way forward for regional and national arts in health organisations to share models of good practice?

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2007. The exhibition is supported by The Max of the same name at the Menier Gallery, Menier to coincide with Françoise Dupré's solo show Hospitals Reinhardt Charitable Trust and Paintings in Chocolate Factory, London from 8-31 March joie de faire (the making of stuff) is published

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this publication with Ellen Dissanayake's kind making and making special is hardwired into "Joie de faire" (joy of making) is a term used by human nature. The term has been used to title have an inherent "joie de faire": pleasure in the role of art in human society. For her, humans the scholar Ellen Dissanayake when discussing

project, which took place on Tuesday 28 Davie and Françoise Dupré. the kind permission of Kate Broom, Stuart Design, Margaret Street, is reproduced with England, Birmingham Institute of Art and November 2006 at the University of Central The transcript of the conversation about the

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