the art of dying

the story of two sculptors' residency in a hospice

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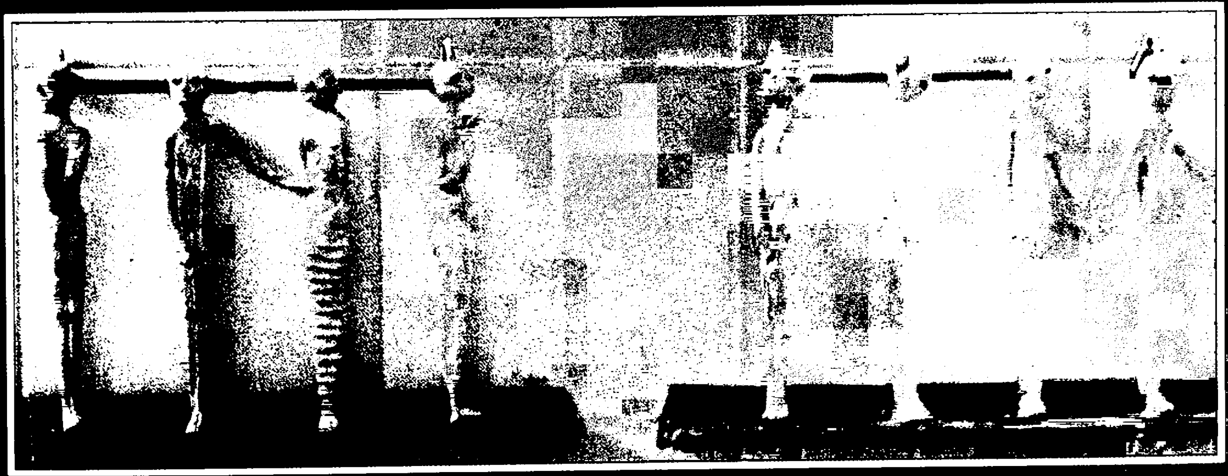

KING EDWARD'S HOSPITAL FUND FOR LONDON
and THE FORBES TRUST

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THE ART OF DYING

The Story of Two Sculptors' Residency in a Hospice

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The Story of Two Sculptors' Residency in a Hospice

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KING EDWARD'S HOSPITAL FUND FOR LONDON
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As they go through the bitter valley
they make it a place of springs.
Psalm 83

HOSPICE ARTS

During 1987, The Forbes Trust funded the innovative sculpture residency at St John's Hospice, Lancaster, which forms the subject of this book. Such a residency, where two artists created their own work within a hospice environment, is believed to be the first project of its kind. For this reason, The Forbes Trust was also keen to document the project and, with the collaboration and support of the King's Fund, a team was commissioned. This evaluation is the result.

In order to investigate the potential for continuing the work, The Forbes Trust then initiated contact with several other hospices and art schools to discover the level of interest in further pilot projects.

Simultaneously, the charity Help the Hospices was considering the establishment of a post to develop arts practice in hospices throughout the UK. Its creative arts subcommittee was already overseeing the allocation of grants for arts activities and had organised training sessions for artists and occupational therapists.

In January 1989, The Forbes Trust and Help the Hospices began a series of joint meetings to bring together the two initiatives.

After these discussions, and with the support of other grant-giving organisations and individuals, The Forbes Trust established a new charity, Hospice Arts.

Hospice Arts' first director took up his post in October 1989, with a brief to develop the scope for arts activities in hospices throughout the UK. This will include:

- initiating a wide range of arts activities, which emphasise their therapeutic potential;
- offering advice and support to projects across the breadth of the hospice movement, including inpatient units, day centres and homecare teams;
- assisting with the setting up of pilot schemes, and suggesting potential sources of funding;
- initiating evaluation and documentation of projects, publishing reports and acting as an information exchange and source of contacts;
- investigating the training potential for the arts in hospices, to help arts workers, health care professionals and volunteers to discover new ways of working together.

The emphasis is on providing creative opportunities which are strongly patient based and which will help to enrich the quality of life for all hospice users and visitors.

For further information on the work of Hospice Arts, contact:

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The Forbes Trust
9 Artillery Lane
London E1 7LP
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THE EVALUATION TEAM

The team was chosen by The Forbes Trust and King Edward's Hospital Fund for London. It consisted of:

WILLIAM S SHAND MA MD FRCS FRCS(Edin), Consultant Surgeon at St Bartholomew's Hospital and at Homerton Hospital in London;

MICHAELA CRIMMIN MA, Director, Public Art Development Trust;

JENNY A THOMAS MA PhD PGCE, Lecturer in Linguistics at the University of Lancaster and member of the Centre for the Study of Language in Social Life.

William Shand was chosen in his dual capacity as doctor and as chairman of the Homerton Hospital Art Committee to assess the project primarily from the medical point of view. Michaela Crimmin was chosen primarily to assess the scheme from the point of view of the art. Jenny Thomas, an expert in communication, conducted and supervised the interviews with patients, relatives and staff in the hospice.

Public Art Development Trust acted as coordinators. The Forbes Trust was represented by Amir Bhatia and the King's Fund by Sue McCamley, coordinator of the Art in Hospitals scheme.

INTRODUCTION

In a series of lectures given at University College, London in the winter of 1987, Richard Cork, writer, lecturer and art critic, made a strong case for the inclusion of art in hospitals. He pointed out that hospitals are unnerving and disorientating places and that patients are invariably frightened, often personally degraded by their experience and in awe of their surroundings. They have emotional and spiritual needs which the usually deadening uniformity of the hospital environment can only make more acute.

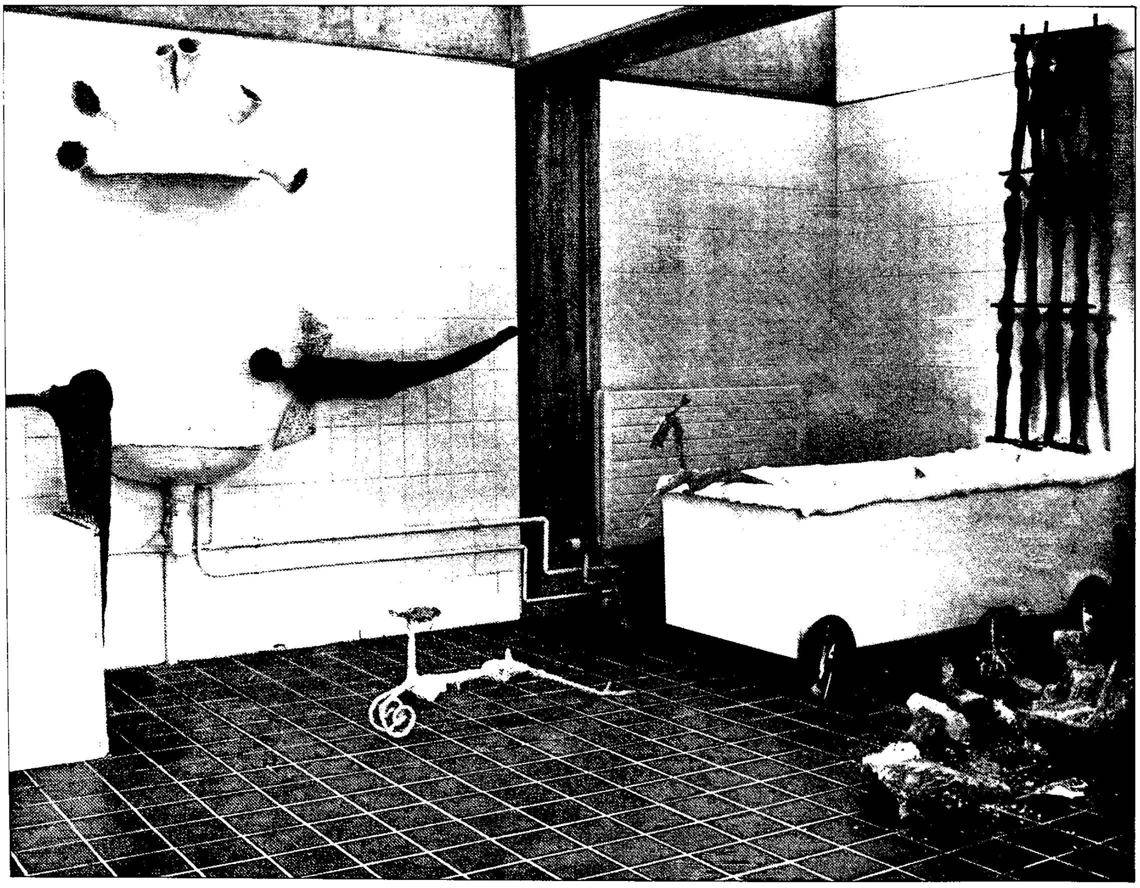
Richard Cork maintained there should be appropriate surroundings to honour life's most significant events which often take place in hospitals: birth, death and the crises which illnesses sometimes induce. He went on to argue powerfully the positive contribution that art can make. Images can stimulate and exhilarate the imagination, provide solace, humanise the surroundings, provoke reflection, 'sustain and enrich the onlooker's innermost being', provide vitality and diversity. However, one clear assertion he also made was that art does not have curative powers.

A number of very active initiatives continue the long tradition of incorporating and displaying art in hospitals. These include: the Nuffield Foundation's loan scheme, Paintings in Hospitals; Shape London's work in organising temporary exhibitions and artists' workshops in residential and day care centres for people with disabilities; concerts organised by The Council for Music in Hospitals; and the Art in Hospitals Scheme, administered by Public Art Development Trust and funded by King Edward's Hospital Fund for London and Greater London Arts, which commissions works of art to be sited permanently in hospitals. Also there are a number of art and environment committees being formed within hospitals to enhance and improve hospital surroundings.

This report, however, is an evaluation of a type of project which has not been attempted before: a ten-week residency by two sculptors, Marit Benthe Norheim and James Thrower, at St John's Hospice, Lancaster. To our knowledge, it is the first time artists have spent an intensive period in a hospice making their own work.

In assessing the residency at St John's Hospice we, as evaluators, were interested in examining all possibilities: from art being potentially disruptive, to art as therapy. We wanted to determine whether or not the art was considered beneficial by the patients, staff and volunteers at the hospice, by the patients' relatives and visitors, as well as by the artists themselves.

Dr Tim Threlfall from the Department of Art at Coventry Polytechnic, having visited St John's, said he had the words of the sculptor, Isamu Noguchi, ringing in his ears: that young artists 'should look to what they can contribute'. Here, as Dr Threlfall pointed out, was a prime example of that idea being put to the test.



BACKGROUND

THE PROPOSAL

St John's Hospice, Lancaster, was opened in December 1985. It is an architect-designed building with 28 beds and a large day centre. It is built in local stone on a three-and-a-half acre site to the north of the city, and serves a large geographical area which includes north Lancashire and the south part of the Lake District. It is owned by Trustees who have raised nearly £1.8 million towards the £2 million capital cost. The annual operational costs are paid, through contractual arrangements, by the Lancaster District Health Authority. Responsibility for running the hospice is left to a management committee which includes the Matron, Medical Director, two Lancaster DHA representatives and two Trustees. The Matron and four of the ward sisters are nuns from a nursing order; the rest of the staff come from the local community. The operational policy defines two groups of patients for whom the hospice caters:

1 *Patients with a terminal illness* – that is, where death is inevitable in a short, usually predictable, period of time. This usually means patients with cancer. Patients may be admitted for terminal care, symptom control or to relieve the family.

2 *Patients with a chronic disabling illness,* such as multiple sclerosis and motor neurone disease. Patients are admitted to enable families to be relieved of the burden of care for short periods of time.

There is no charge to patients. Any person, regardless of background, class or creed who fulfils either of the two main admission criteria, is admitted. There is open visiting with overnight accommodation for relatives of patients who come from far away or who are especially ill. As far as possible, individual dietary requests are catered for. There is a strong spiritual presence, but no religion or denomination is excluded.

In 1986/87, there were 397 admissions to St John's Hospice; 316 patients were terminally ill and the mean duration of stay was 20.9 days (range 1–165 days). Two hundred and twenty-three of these patients died in the hospice; 79 patients returned home after symptom control or respite care. There were 81 admissions of patients with chronic disabling illness. Their mean duration of stay was 15.1 days (range 2–75 days); eight of these patients died in the hospice.

This is the only hospice in the country where the Medical Director is also a cancer specialist and physician working in a district general hospital. He and his team of nursing staff are involved in the care of patients from the time of diagnosis, through the

The bathroom in the hospice showing the sculptors' main installations various stages of treatment and, for patients who die, during their terminal illness as well, thus providing a continuity of care which is unique. A support service for patients and their families has been developed which offers a variety of activities to help them to cope with the emotional consequences of their disease. This service, a registered charity called CancerCare, is based at St John's Hospice so that the activities are available not only for patients undergoing treatment but also for those who are dying and have been admitted to the hospice.

Professional therapists offer yoga, massage, relaxation and meditation on a regular basis. There are creative art and music groups, various social events and the monthly support group meetings attended by relatives, patients and the bereaved.

Hospice care is special and quite different from the care that could be provided in a district general hospital. The terminal stage of a patient's disease means that the emphasis of treatment switches from the tumour to the relief of symptoms. It is a time to heal broken relationships, to settle problems and disputes and to deal with spiritual matters, so that dying is peaceful and dignified and the process is shared with the family. The main challenge of terminal care is not so much in the use of drugs for the control of pain but the creation of an environment and ambience which allows an emotional and spiritual adjustment to take place. Because St John's Hospice, through its association with CancerCare, is a meeting place for patients and families at a much earlier stage, the hospice philosophy reaches people long before the terminal phase of their disease. Moreover, there is a volunteer force of more than 120 who are actively involved in running the hospice and share in this experience. It therefore has a very special place in the lives of many people in the community.

The basic premise at the hospice, outlined by its Director, Dr Malcolm McIllmurray, is that suffering and death should not be separated from life – that death is part of life and the dying must be integrated as far as possible with life and the living.

Long before an 'artist in residence' scheme was suggested, the Medical Director recognised that 'the Arts, with their appeal to human emotions and sensitivities, seemed ideally suited to an association with the Hospice movement'.

The project at St John's, which eventually emerged as an artists' residency, grew from an initial idea on the part of Dr McIllmurray and a colleague of his, Dr David Gorst. The original idea, first mooted in 1985, was to have an exhibition in the hospice. A friend of Dr Gorst's, Terry New, head of sculpture at the Royal Academy Schools, was contacted. He immediately saw the potential for a more ambitious, more involving project than an exhibition, and so the possibility of a residency – of artists working in the hospice making a sculpture – was suggested. There was immediate enthusiasm for the idea which was perceived as innovative and exciting. But the hospice was aware that the project was potentially problematical.

The next step was to raise the necessary funding, which took some considerable time. Success came when the Director of The Forbes Trust, Amir Bhatia, saw the potential, not only of the initial idea, but also of the possibility of using the residency as the first stage towards a very much larger scheme. The Forbes Trust offered financial backing to the project, on condition that a professional assessment was carried out to consider the project's suitability for development into a nationwide scheme. Amir Bhatia also contacted King Edward's Hospital Fund for London, an organisation with experience of its own art in hospitals scheme. Amir Bhatia felt the King's Fund would give strong support and after further meetings they readily agreed to be actively involved.

SELECTING THE ARTISTS

Terry New considered the project from the point of view of his own students and the potential it afforded them for personal development. He felt that for the project to be successful there should be mutual benefit, a two-way experience. In selecting suitable artists, it was crucial to take into account the possible effects that working in the hospice environment might have on the students, as well as considering *the students'* potential for contributing positively. The artists were selected on the basis of their *ways of working* as well as the nature of their work, their temperament and attitudes, their previous experience (James Thrower spent a year training as a medical student; Benthe Norheim had worked with psychiatric patients) and their ability to work collaboratively. Given the potentially stressful nature of the residency, Terry New felt that two artists should be invited to work together. It was finally agreed that Benthe Norheim and James Thrower would work at the hospice for ten weeks from mid-September until the end of November 1987.

Dr McIllmurray believed 'there *would* be benefits to both the hospice and to the artist. Thus the artists would be exposed to a new experience making them reflect on life and death and giving them an opportunity to articulate their feelings through art. Death should be seen as a positive rather than a negative event and their work might help others to see this. The patients would benefit from watching the creation of a structure and from the interest that would flow from artists working in their midst and discussing their work with them as it evolved. Creation in the midst of death would be a strange paradox and yet a hospice is a place of living with dying.'

FACILITIES FOR THE ARTISTS

Terry New, the artists and the staff of the hospice then looked at the practical problems. The room considered most suitable for a studio, in terms of size and availability, was a bathroom. One of the visitors' bedrooms at the hospice was designated as an office for the artists, and a garage was made available for any dirty or noisy work and for the storage of tools.

Accommodation was found for the artists in a nearby village, in a cottage belonging to one of Dr McIllmurray's colleagues. One of the artists owned a van, so transport for themselves and for their materials was not a problem.

A sum of £2,000 for each of the artists was agreed, to cover materials (£600), accommodation (£700) and subsistence and transport (£700).

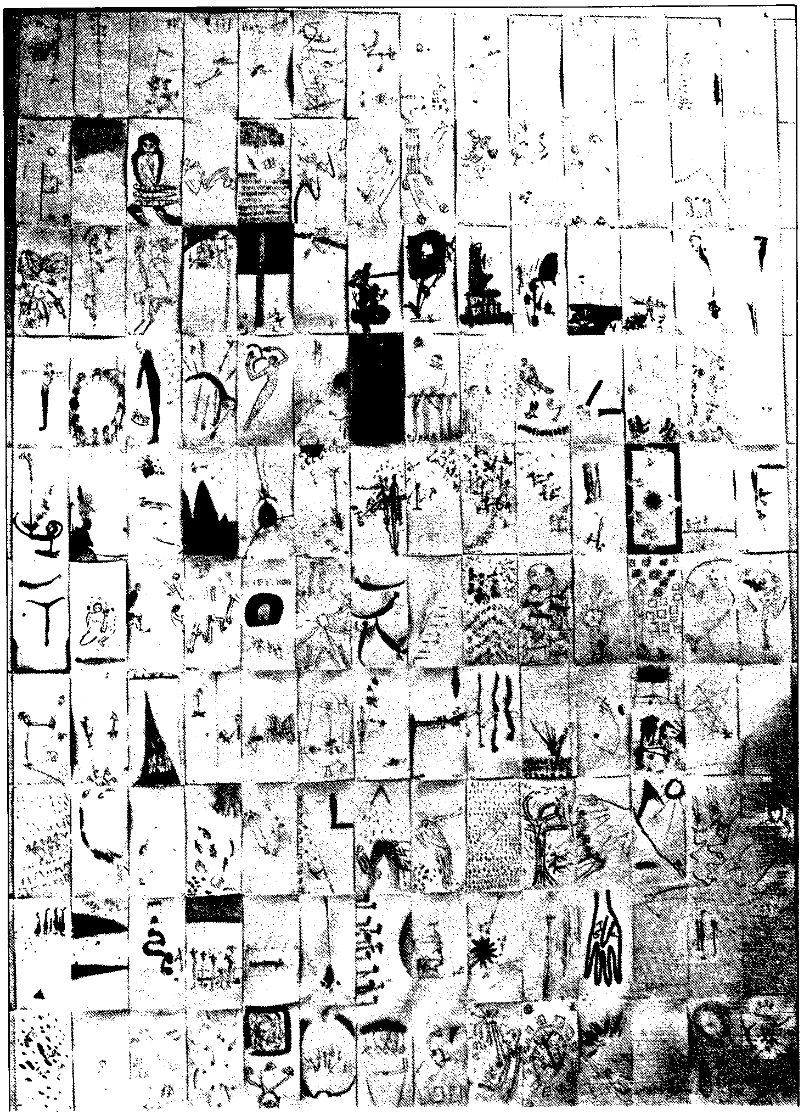
THE ARTISTS' ROLE AND EXPECTATIONS

The two artists were not given a formal briefing: it was simply understood that they should work together to produce artwork at the hospice during the ten-week period. They were not invited as therapists, but to respond to the situation with all their artistic insight. Beyond that they were left to define their own function, to work out for themselves the contribution they might make to the hospice in and around the actual physical process of making sculpture.

The artists' view was that they would be responding to a context in which people were facing up to new situations, where 'things were going on which perhaps could not be put into words', where there was a 'spiritual' aspect. The residency would be different because of this special atmosphere and the special nature of the place. Their self-imposed aim was to reach people through images rather than words; to interpret situations in what for many would be a new and different language.

In terms of their own expectations, in part motivated simply by curiosity, they saw the residency as an opportunity to be involved in a unique and very direct experience which might contribute to the development of existing work. Being in a hospice was seen as a means of coming to terms with their own fears. It was potentially interesting, in that the atmosphere of St John's was very open and friendly and the artists felt they could, therefore, expect very swift and direct responses to their work.

In a hospital it is often difficult for an artist to build up rapport with staff and patients. Hospitals tend to be large, busy organisations, where the majority of patients are short-stay. In a hospice, however, there is a greater chance for an artist to affect the environment as they are smaller, more intimate and closer-knit communities.

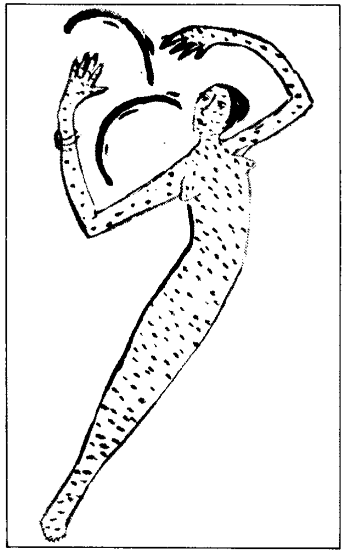


The sculptors' visual diary. Details from the diary are depicted at the head of each chapter

THE ARTISTS AND THE RESIDENCY

The artists arrived without preconceived ideas for work. They preferred instead to be directly inspired by their experience there. Having already worked together and being sympathetic towards each other's art, they decided to work collaboratively on a single installation.

In order to introduce themselves to the hospice, the two artists first mounted an exhibition of previous work – sculpture, drawings and prints – together with their own statements and an explanation of the project by Dr McIllmurray.



In the work and in these statements, there was already an intimation that the ensuing sculpture would be challenging and not purely decorative; that it would not supply a definitive answer or explanation to the artists', or indeed anyone else's, presence in the hospice. In his initial statement, James Thrower wrote that it was his intention 'to occupy the dimension of time and the dimension of memory; to bring to focus – not to solve'. Benthe Norheim said: 'I want what I make to have an ambiguity. If the good is present, the evil will be there too'.

The theme for the artwork was finally designated as a journey through memories and past experiences in order to approach a higher spiritual consciousness. The components within an overall plan were divided between the two sculptors, consisting of such parts as the vehicle of travel, witnesses to the travel and the path along which the journey is made:

> Because we were trying to visualise the changing atmosphere of the place, people's fragmented life stories, and the spirituality that we could sense, we decided to use the bathroom as a frame, to create a 'world' in which to explore these sources. We wanted people, through our work, to wonder and ask questions, aloud or just in their own minds. It would be for us a valuable reaction; just a silent meeting of eyes of understanding, without uttering of words – maybe fully understood at a later time.

The installation was created with the intention that it would remain in the hospice for an indeterminate period, but that it was not to be a permanent structure there. The materials used included stone, metal and resin.

In addition, they agreed to keep a visual diary to describe important experiences, each producing a drawing every day which could be read like a barometer. To be worthwhile, they felt that this diary must express their honest reactions and, therefore, they agreed that the drawings would not be altered in retrospect and that they would be openly displayed for everyone to see.

The artists felt the residency was about listening and then responding, a continuous process of communication into and out of their work. They therefore spent a large part of their time talking to patients, staff and visitors, which they found rewarding and exhausting. They decided, however, never to close the studio since this would necessarily mean excluding people.

They welcomed the opportunities offered to them by the hospice to witness and, where possible, to be a part of a range of activities. They readily accepted invitations to take part in various meetings (Cancer-Care, meetings of friends of the hospice, and so on); and they were led into some very personal situations (seeing a dead body, meeting recently-bereaved relatives, seeing patients' exposed wounds and scars, witnessing treatment sessions). They realised, nonetheless, that involvement in any fundamental sense would take far longer than a ten-week visit allows. It was deemed vital by them that patients' dignity was respected and that the intimacy of certain situations and the privilege of their position as observers should not be abused.

Early on in the residency, the artists mentioned that they found it difficult to link into the life of the hospice because they were outsiders. However, this was quickly found to be an advantage: people seemed to confide in them more readily and would drop in for a chat about a whole range of interests and problems.

But communication with some people was difficult and often seemed to be impossible. Some were elderly patients or were very ill and immobile; and the young cancer patients who came regularly to the hospice tended to leave as soon as possible after their treatment sessions. However, towards the end of the residency contact was beginning to be made and interest was definitely growing, but obviously there are limits to what can be achieved in a short time. And, in terms of sheer numbers of people, both artists said that they could not have coped, simply in terms of time, had there been many more people interested. Their only reservation was that it would have been helpful to have been introduced formally to everyone at the hospice so that it was clear from the very beginning who they were and roughly what they were doing.

Both artists felt it was crucial that people should be free to choose whether they became involved or not.

Because of this they did not force themselves and their work onto the wards and, for the most part, confined their activities to the bathroom area (with the obvious exception of the exhibition). When they set up the initial exhibition of previous prints and sculptures, intended as an introduction to their thinking, they discussed with the Matron of the hospice the actual choice of works:

> Because of the figurative symbolism of the work, and the emotional subject matter – of vulnerability, resurrection, etc. She was adamant that we should not avoid showing this work because of the unflinching philosophy of the hospice towards painful and difficult situations.

The diary was also used:

> To let people into our thinking and feelings, as we were let into theirs.

It was felt that both the exhibition and the diary created much discussion, both positive and negative, which was justified in the pioneering context of the project.

The artists, like everyone else at the hospice, were forced to focus on and confront issues which are normally avoided:

> . . . especially in a surrounding like St John's Hospice that is direct and uncompromising, yet positive in its attitude towards the inevitability of death.

In a hospital there is almost always the anticipation of recovery. At a hospice there is no such hope. People are confronted with the fact that their bodies are decaying and this provokes a need to concentrate on the spiritual aspect. The artists also saw that much time was spent reassessing past experiences. With thoughts clarified and concentrated by the limited time available, people's attention tended, at least to some degree, to move away from the material. The artists again felt there was a parallel of sorts with *their* general preoccupations as artists: the ordering of recollections; the attempts at control; and, at its most elemental, with creativity and destruction:

> Death, rebirth and the journey of the soul, have always been major and recurring themes in art at all times. Although this is less so at the present, these themes are strong elements within our sculptures and drawings. Both our works deal with symbolic references, rather than realism. References to personal experiences and memories, of emotional and spiritual nature transformed into a visual language.

The reasons the artists decided to use the bathroom have been discussed earlier in the report. The work itself, however, has not been discussed and it seems appropriate to use the artists' own explanation both as a description and as a means of showing the effect the residency had on them and their work:

The bathtub is made into a vehicle, containing a valley of memories. The figures on the far end are all different personalities, witnessing the travel, or they could also be participants. The vehicle is being pulled forward by two horse-like creatures, as transformations from human bodily forms to spirits. They are all travelling past the stones, that symbolise bits and pieces from past experiences. On the wall above the stones, there are twelve small figures, overlooking the room, also expressing different feelings, moods, communicating with each other through heavy thoughts, sharing pain, touching. The door is covered by an almost invisible metal drawing. As a changing sky, mirroring the room, the viewer, and reflecting the light from the window. On the wall opposite the entrance, there is a floating figure, a mixture of a butterfly and an angel. Released from worries, it is flying towards the spring of life. Above is a half sun-head. The beams are transformed to a kind of ears, listening for sounds you can't hear. Containing six senses. Then there is the figure stretching its arms to such an extent that it hurts. Total giving, total receiving, total vulnerability. Open ears and nerve endings on the outside of the body. Down below is a small entrance. A gateway into another dimension; behind the titles of the front, behind the tiles of the room, and much further . . .

The artists were absolutely convinced that it was an extraordinarily positive experience for themselves and, potentially, for the many people with whom they came into contact:

Visual arts are often based upon associations, and continue to recreate associations in the viewer that often do not reveal its secrets until something later triggers it off. Our stay at the hospice gave us an opportunity to meet people facing such a major and painful event as approaching death, and be able to share and communicate through our work in a way that was totally unique and fulfilling for us as artists. This will undoubtedly be a rich source for our work in the future.

THE EVALUATION

METHODOLOGY

Since this was the first such project to have been attempted within a hospice, the evaluators began the assessment with two major concerns: that the *process* of evaluation should not be intrusive and so affect (and perhaps distort) the project; that the research focus should emerge from the various people involved, rather than being fixed in advance by the assessors.

It was felt that a quantitative approach – that is, distributing questionnaires, conducting guided interviews with everyone at the hospice, and so on – would be inappropriate, since this would force the residency upon the attention of people who might otherwise have been totally uninterested or who might have chosen to ignore it. Such an approach would also have meant that the questions to be asked would have had to be predetermined by the assessors and it was felt that this might result in a 'compliant' response – that is, that those approached might be reluctant to risk causing offence by giving a negative evaluation.

It was therefore decided to adopt a qualitative methodology. Qualitative research is empirical, socially-situated and involves sustained interaction with the people being studied, in their own language and on their own ground. The approach we adopted was principally ethnographic, but supplemented where necessary with non-guided interviews. The ethnographic approach meant that the researchers had to spend many hours familiarising themselves with the research setting, getting to know the groups within the hospice (for example, by joining in the various social, therapy or discussion groups which CancerCare organises for patients and their relatives and friends). Two researchers spent a total of 160 hours talking to patients, staff and visitors, and collecting and recording any spontaneous reactions to the project. In spite of the considerable periods of time devoted to the collection of responses, many people within the hospice were *not* consulted. We would therefore suggest that, if further pilot projects are to be undertaken, the evaluation could usefully combine both quantitative and qualitative approaches.

THE INFORMANTS

The researchers tried to obtain the views of as many people as possible. All the views expressed were recorded at the time of the discussion or by means of field notes shortly afterwards and *all* the views expressed were taken into account in our assessment. The views of 34 informants were selected for more detailed assessment.

For the purposes of the assessment, the following categories were established:

- inpatients
- day patients
- visitors (patients' friends, relatives, and so on
- permanent staff
- volunteer staff

Permanent (chiefly nursing) staff and the volunteer workers were given separate categories because of their very different reactions to the project. There was considerable overlap and movement between inpatients, day patients and volunteer workers (several volunteer workers were former cancer patients, several inpatients had previously been day patients and vice-versa and, during the period of the residency, at least one volunteer worker became first a day patient, then an inpatient.)

Many of the comments recorded were made to the assessors 'off the record'. In reporting people's reactions, we have therefore removed all details which might identify them.

SELECTING THE INFORMANTS

The assessors would have preferred a completely random sampling of informants. This was obviously not possible in the case of inpatients, since many were very ill and bedridden. The six inpatients to whom the researchers spoke were selected because they were not confined to bed.

Of the permanent staff, two were specifically sought out by the assessors (the Matron of the hospice and the organiser of the CancerCare support services) because of their 'key' positions in the institution: they had contact with an exceptionally large number and wide range of people within the hospice, and had the opportunity to talk with them on more than a superficial level. The remainder of the permanent staff were selected at random.

Of the volunteer staff, one was specifically sought out because we had heard that her reaction to the project had been particularly strong (see page 40). One volunteer asked to talk to us.

The day patients and visitors were selected entirely at random.

The assessors noted the comments of the artists on the way in which people at the hospice had reacted but, in order to avoid skewing our results, no effort was made either to include or exclude from our survey anyone that the artists suggested had shown particular interest in the project (with the single exception of the volunteer worker already mentioned). It was felt that anyone who had made the effort to talk to the artists might feel more positively towards the project than the average person.

DATA COLLECTION

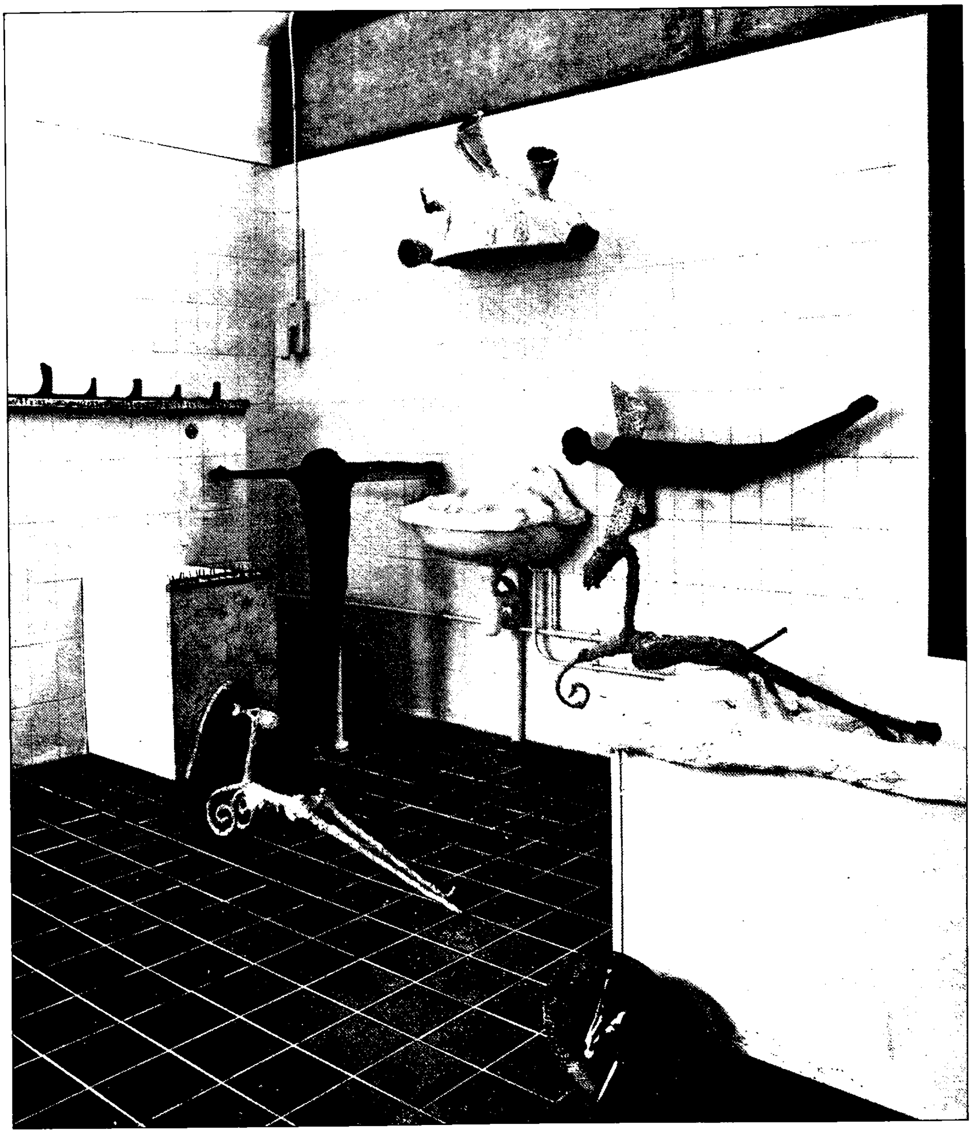
The reactions of inpatients, day patients and visitors were not elicited directly. The assessors spent time in the day room, often working with the day patients (who were preparing for the December fête, making Christmas cards, and so on), or helping volunteer staff prepare and serve refreshments to the day patients and visitors. On other occasions the assessors visited people on the wards, or positioned themselves near the exhibition or the installation. If the topic of the project arose spontaneously, reactions were noted; if the topic did not arise naturally, the assessors tried to introduce it.

There were two exceptions to the above procedures, both towards the end of the residency: one inpatient who had developed a great interest in the artwork during the course of the residency was invited in the penultimate week to give her views directly; a group of day patients was taken to see the exhibition during the first week and the finished installation during the final week.

The views of all but two of the volunteer staff (see above) were collected in the same way. However, it was not possible to elicit indirectly the views of the nursing and administrative staff. In the first place, they had already been introduced to the assessors and knew what they were doing at the hospice. Secondly, they were all extremely busy. For these reasons, they were asked their opinions of the project directly. They were also asked how their colleagues, patients and visitors had reacted.

The views of the artists were elicited directly.

In all cases, an attempt was made to obtain informants' reactions to the project at the beginning, in the middle and at the end of the residency. However, this was not always possible in the case of inpatients (several of whom became too ill to talk to us) and in the case of visitors who were often too preoccupied by more pressing concerns to spare time drinking coffee or viewing the exhibition.



VIEWS AND REACTIONS

INPATIENTS

The evaluators talked at some length with six inpatients who were well enough to take an interest in the project. We spoke with another four, but all were bedridden and too ill to have paid more than passing attention to the sculpture. However, several of these patients' visitors had taken an interest in the development of the project and had discussed it with them.

Of the six patients selected for detailed study, it was only possible to make a *complete* study of the reactions of one of them. This particular patient was dying of cancer but was in a long period of remission, was able to get around fairly well and regularly attended meetings in the day room. The evaluators were able to talk to her frequently over the ten-week period. The first time we spoke to her, her reaction to the artwork in the hall was very critical:

> I was very shocked. It's too close to real life. I know what's wrong with me. I accept what's wrong with me. But those emaciated figures – they're what I suppose I shall be like. But I don't want to think about it. I don't want to be reminded.
>
> They used to have two lovely pictures. They took them away. They probably weren't good art or anything special, but they were peaceful, soothing; that's what you want. But those white figures – all bone – it's not what's needed here.

Shortly afterwards she was introduced to the artists who took her to see the sculptures and explained them to her. Thereafter she spoke frequently to the artists and began to take an interest in the project:

> . . . when you're a cancer patient you tend to shy away from the extreme sights and I think the night before I saw the sculptures in the hall there had been a programme on television about euthanasia and the person who was narrating it er at a hospice . . . and there were some cancer patients there . . . on the point of death, I should say, and the way the limbs were almost exactly like the prone figure – you know. This is what struck me immediately when I saw it, and that was the reason I thought it's not suitable for here. It was so different when I understood what the reason was for doing this.

Besides developing a considerable interest in the artwork, she felt that the process of coming to terms with a new form of art (which she compared to learning to read again) had contributed a little to her acceptance of her disease:

> . . . I don't say it's helped tremendously because you've got to get on with that in your own way. As a cancer patient – you know very well what I mean – you've got to take your life day by day. But I feel a warmth to this kind of work now, enthusiastic about it . . . and I want to see more of it . . . I haven't seen the complete bathroom now it's finished. I have a great fondness for their sculptures, the ones in the hall . . . I love the figures.

From the above it can be seen that this patient's reactions changed considerably over the course of the residency. She was helped, of course, by explanations from the artists.

With the possible exception of the patient described above, it could not be said of the people we interviewed that the project had helped them to come to terms with their illness and dying. This they had done already. What it did do was to serve as a conversation piece giving them a means of explaining (certainly to us, possibly to themselves and others) what they had been through.

One patient derived great amusement from talking to us about the sculptures. Of the piece called *Vulnerable* he said: 'I can remember when I was just like that'. He related the piece to two periods in his own life: to his adolescence, when he was apprehensive of (sexual) experience and to the time when his cancer was first diagnosed, when he closed in on himself, refusing to acknowledge his disease or to talk about it. The second sculpture of the pair, *Uprising*, he related to entering into adult life and 'cautiously unwinding'. He gently mocked both his adolescent anxieties and his initial reaction to his disease.

He was very old. He had already come to terms with dying and spoke freely about it. In fact, he spoke freely about everything and was particularly eager to meet the sculptors and to talk to them about his interpretation. Although extremely ill, he was in temporary remission during the first few weeks of the residency and was well enough to enjoy viewing the sculptures in the hall and the early stages of the creation of the bathroom sculpture. However, by midway through the residency he was completely bedridden.

Of the six to whom we had been able to speak at any length, only one reported having been disturbed (in either the figurative or the literal sense of the word) by the project. This was interesting in the light of the considerable fears expressed in that regard by the volunteer staff. Moreover, far from wanting to be left in peace, the majority appeared excited by the new experiences:

> The work they're doing in the bathroom, I really like that. Watching the figures grow and develop and the path – that was good.

An exception to this pattern was one inpatient we had first met as a day patient. He paid scant attention to the sculpture and would not be drawn on his views except to say that he didn't like the work and found it 'too difficult for ordinary people'. But, like many others who disliked the artwork, he stressed how much he had liked the artists themselves.

Another patient liked the sculptures and enjoyed watching the artists at work. However, she felt that it would have been better if Benthe and Jim had been introduced to everyone at the beginning of the project and had explained what they were doing. She and others thought that while the artwork might be hard to understand, the artists were always ready to explain.

> I don't know, the thing is the people here, some people may not take to the work because they don't understand it. They need an explanation.

Two sets of factors, one psychological and one practical, seem to have made the project a success for the majority of the inpatients we spoke to. This group of patients had already come to terms with their disease and this appeared to make them very open to new challenges. They had also had ample time to get to know the artists as people. The artists' openness gave the patients the confidence to overcome any feelings of inadequacy they might have had about their ability to understand or talk about art, and made the artwork accessible to them:

> I think it will be a tremendous success. I'm not a very knowledgeable person . . . You just have to accept what you see, you know, it was just the impression I got, and also the different feeling I got after her [Benthe's] explanation, it excited me. I mean, in the ordinary way I like pictures. Pictures that please the eye. But I'm very interested now in something with a story to tell . . . But I think you need a clue into it, you know.

DAY PATIENTS

The reactions of the day patients were strikingly different from those of the inpatients. These were people who came regularly for one or two afternoons a week, often taking part in various forms of therapy and discussion groups, The researchers were able to meet them regularly over the period of the residency and spent more time with them than with any other group. We recorded the responses of ten day patients (five men and five women) who seemed to us to be representative of the group as a whole. Because the reactions within this group were so similar, we shall present a summary of the findings rather than individual case studies.

The vast majority of the day patients were completely indifferent to the project. A few were hostile.

Eight of the ten day patients said that they disliked the sculptures in the hall. The following were typical of the comments:

> When I first saw them I thought 'so what'. If only there was more colour. You need something cheerful in a place like this.

> They're eerie. I don't like them.

> I don't know what that dog's supposed to be doing. It looks as if it's vomited down the drain. Or worse!

A similar number said they did not understand either the purpose of the residency or the artwork.

> I don't know what they're supposed to be. It's what they call modern art. I don't understand it at all.

Those who did understand the work, did not like it, either feeling totally unable to relate to the sculptures or complaining that they were too experimental:

> There's enough pain and suffering here without having it thrust down our throats. I think it's more helpful to the artists than it is to us, their being here.

> They're too keen here to be *avant garde*. They take anything that's offered to them.

The assessors found it very difficult to account for the day patients' reactions or for the fact that they were so different from those of other groups. However, the following are offered as tentative explanations.

The day patients had much less contact with the artists than any other group and less opportunity to get to know them as people. Unlike many of the inpatients, the day patients were not introduced to the artists and did not have the project explained to them. The day patients operated much more as a 'group', whereas the inpatients tended to respond as individuals. Finally, it is possible that they had not come to terms with their illness in the way the inpatients had and feared the intrusion in case it made them think more deeply.

VISITORS

The assessors obtained detailed views from six visitors, and talked briefly with another five. Several people in this category had called to see sick relatives and were frequently distracted and worried. One visitor was waiting in the hall, but had barely noticed the exhibition. Seeing someone else look at the sculpture he said:

> Well I suppose if there's anything that can take their mind off things, that's good.

Very different views were given by those who were spending some time at the hospice (because they lived at a distance from Lancaster and were staying at the hospice to be with their relatives or friends) or those who were revisiting the hospice after (sometimes months after) their relatives or friends had died. This group seemed to react very positively to the exhibition and to the installation.

One account was given by a member of the permanent staff of a woman who, weeks after her husband had died at the hospice, was finally able to find relief in tears when she discussed one of the sculptures in the hall (see page 34). Two other experiences were related to us of people who were able to use the sculptures or the diary as a 'way in' to talking about their bereavement, their loneliness and their fears for the future.

One visitor who was staying at the hospice to be with a dying relative had diametrically opposed views to those hospice workers who wanted to create an atmosphere of peace and beauty. Commenting on some adverse remarks she had heard, she said:

> Well, you see, it's different for them. They come in from the outside world, which is so busy and so full of noise. Perhaps they see the hospice as a haven of tranquility and beauty. It's different for me. Of course I haven't taken all that much notice of the sculptors. I've had much more important things on my mind – but I like the noise, the mess, the bustle. I like the fact that life's going on, that life continues. Yes, that's been very important to me – the assurance that life carries on.

Our final informant (with a close relative who was dying at the hospice) also reacted very positively. He already had considerable interest in art and sculpture, enjoyed looking at the exhibition and was 'quietly pleased' to see something exciting and innovative going on, although he did not feel ready to talk to the artists themselves.

PERMANENT STAFF

Of the four permanent staff interviewed, one was unreservedly in favour; two had been very interested by the project and felt that they had benefited as individuals, but had reservations concerning the effect of the residency on the hospice in general and the patients in particular. The response of the fourth member of staff could best be described as uninterested and indifferent.

One member of staff had had little exposure to sculpture before the residency began and felt that she had derived considerable personal benefit from having to confront an art form which was unfamiliar to her and intellectually and emotionally demanding. She enjoyed observing the development of the installation and drew from the representation of 'the path through life' many parallels with her own personal and professional experience.

Two others had had considerable interest in art (though not particularly in sculpture) before the project began. They spoke of the pleasure of seeing the sculptors at work and of watching the sculptures grow. But above all they stressed the way they themselves had grown through interacting with the artists and the art work. They laid particular stress on the challenge they had experienced through being forced to engage with art which they found difficult and disturbing, to confront their own attitudes and 'to some extent to experience anew and work through the feelings of alienation, fear almost, which patients must experience'.

However, all the permanent staff were far less concerned about the impact of the residency on themselves than its effect on others at the hospice, particularly the patients and their visitors. All four praised the artists as people and felt that the hospice was a better place for their presence. Three described the art work as 'abstract' and thought that it had been inaccessible to the majority of people and (the pre-residency exhibition in particular) disliked by many.

> I've heard a whole range of reactions, as you would expect, from the outright bemused to the admiring and respecting. I think in the main, if I had to summarise reactions, I would say that a higher percentage was one of bewilderment.

Three of the staff thought it was important not to equate the success or failure of the project with 'liking the product' and felt that it was good for people to be challenged a bit:

> I have heard comments such as, 'Why can't we have something pretty?' And I would challenge that . . . If it does stimulate strong feelings, provided that those are dealt with, that's fine if it leads to a heightening of interaction.

Nevertheless, it was felt that the nature of the work *had* been a problem for some people. It was not simply that they did not *like* it but that they could not respond to it at all.

> . . . for them it was a barrier. If it's supposed to cater for a broad cross-section of a community, then perhaps it should have a broader spectrum of expression.

All four informants had observed interest (not always positive) from visitors, but three of them doubted whether the project had had a great deal of impact on either inpatients or day patients; they reported little feedback from patients on the wards. They felt that the greatest success of the project was that the artwork served as a starting-point for discussions with the anxious, unhappy or recently bereaved. This last group seemed to be the most receptive to the sculpture and the evaluators heard several moving examples of people who, regardless of whether they *liked* the sculpture or not, through it were able finally to express their grief. The following is one such account concerning a woman whose husband had died at the hospice some weeks before, but who had been unable to talk about her loss or to cry:

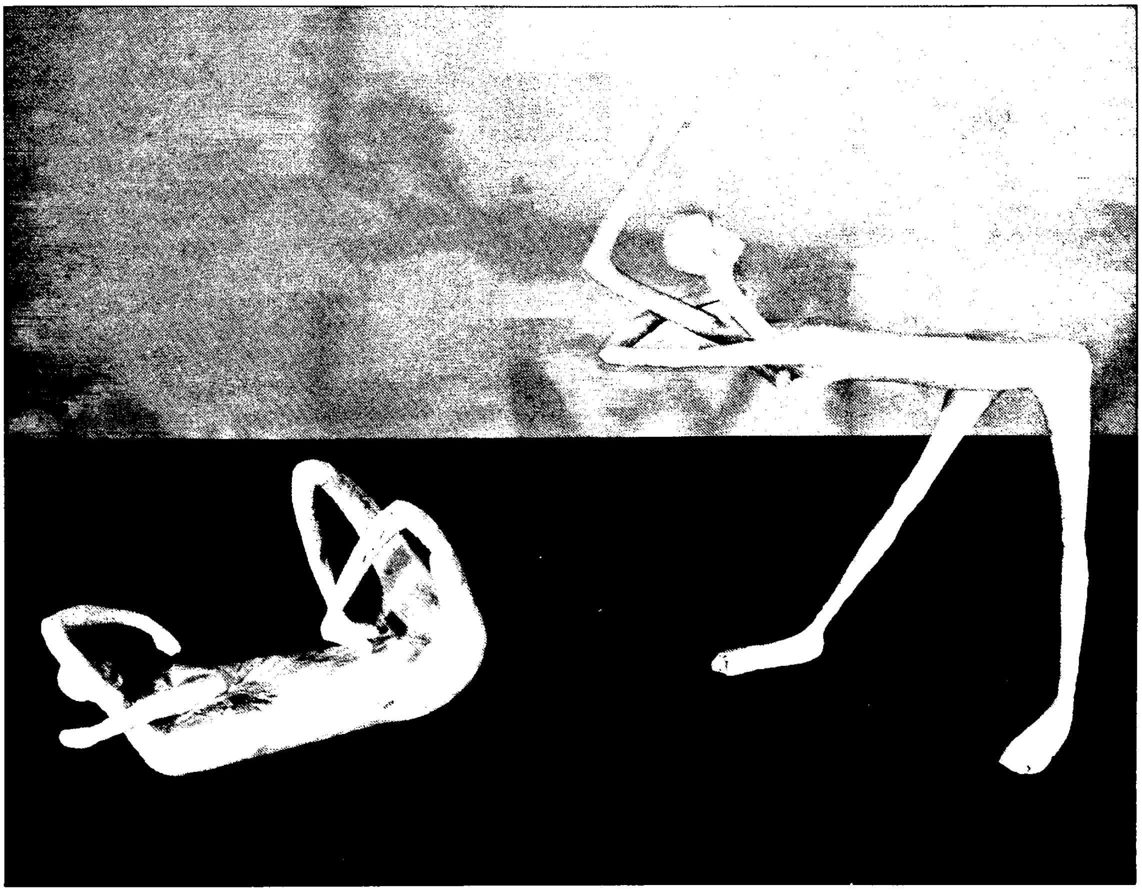
> It was as if someone was speaking in a kind of metallic sound, you know, and she was talking about this figure . . . Her daughter-in-law was with her and she said, 'I'm bringing mother to see the sculptures'. I asked her what she thought of it and she said, 'Oh, I didn't like it, I couldn't stand it. I didn't like it like that.' She pointed to the two figures, two white figures on the ground. Then she told me her son was an artist so therefore she could have understood but even that hadn't prepared her. I just said to her: 'Did you look at the name of the piece?' She said: 'No, it had no name.' I said: 'Yes, it has a name. Its name is *Vulnerable*.' And she said, 'Oh!' I told her it was on the ground trying to protect itself. 'And its legs', she said, 'its legs are turned backwards'. I said to her: 'When you are looking at it, you will see the abnormal lengths to which we are prepared to go to protect ourselves.' She looked at me and she said, 'That's me'. And then at last I could see the tears coming. 'There's no need for you to protect yourself. You need to talk about it.' She saw it and identified itself with herself.'

The staff members were unanimous in stressing the importance of providing time and opportunity for people to talk through their reactions to the sculpture or simply to explain to people the purpose of the project. Not all were convinced that this always happened (something which was to be borne out subsequently by some comments from patients):

> I think that what needs to be recognised is that art . . . expresses the 90 per cent of human emotions which are not well expressed in day-to-day living – the painful ones. The fear, the anger, the guilt and so on, all those things are brought up. And those things are stimulated by a work of art. In the context of this place it would be nice to know that the feelings that were generated were worked through. One isn't always sure that one can catch that, or make space for that to happen. In general, there's nothing wrong with provoking feelings, but I would have criticisms if there wasn't sufficient support for the person who was going through a particular crisis. I wouldn't want anything to be an added burden.

One member of staff, who reported no great personal interest in the project (apart from regretting the disappearance of the some of the flower arrangements which had previously decorated the public areas), claimed that some other members of staff who had not liked the project had not felt able to express dissenting views:

The two white figures



They felt that the hierarchy was very much in favour. There were lots of people who did not like the figures but they were a bit reluctant to say how they felt.

Another staff member summed up the reactions of many of the staff with whom the assessors had had less intensive discussions. Stressing that he had personally enjoyed the project and had 'grown' because of it, he was nevertheless concerned about what he termed its 'experimental nature':

I really don't know whether it's a good thing to have it *here*, specifically *here*, without research into it. Into what the nature of the effects are and the quality of effects are.

VOLUNTEER STAFF

Six volunteer staff were interviewed. These divided into two distinct groups; the reactions of three of the volunteers (described on pages 38–40) were strikingly different from all the others and have major implications for the organisation and conduct of future residencies.

One volunteer, although very impressed by the artists themselves, was unhappy about the actual art work; she felt that because of it the atmosphere in the hospice had suffered.

They are such lovely people. I wouldn't want to hurt their feelings. But I feel – a lot of us feel – that it's not right for here. The sculptures are too stark, too cold and hard. We like to make it feel welcoming, a warm bright atmosphere. We always had a big arrangement of flowers in the hall, but it was moved. We need, the patients need, pleasant cheerful things to look at.

Two others found the artwork inaccessible and at the beginning were 'intolerant' (a word which was used very frequently by all categories of informant when referring to their initial reactions) and inclined to dismiss it. It was the character and personality of the artists which led them to persevere and, through talking to the sculptors, they became very interested in the project.

I found it rather a strange thing to do at first, but afterwards, after I got to know them personally, after I got to talk to them, I made up my mind it wasn't so strange after all. It was quite interesting.

I'm not conversant with this type of art that they're practising now. And so I find it difficult to really understand their kind of work. I suppose there's an awful lot to it and I feel I like it now. I understand better than I did and like this kind of art now more than I did before I met them. That might be a little accomplishment.

Two volunteers expressed a view which was fairly widespread among volunteers and visitors – that even if the people did not *like* the art work, at least it provided a talking point, a focus of interest and a distraction:

> . . . [it] takes their minds off their problems, because that's one thing that CancerCare do a lot of – create diversions, find things for patients to do. Takes their minds off their health problems.

All the volunteers we spoke to had talked to others at the hospice, both patients and staff, about the project. Two expressed reservations concerning the effect of the project on those around them, particularly the visitors and the day patients. There was a striking tendency on the part of all categories of informant to emphasise their own interest while assuming that their personal response was atypical:

> And I know other people who wonder what on earth they're doing here, which I think you can understand. But I've enjoyed having them here. I've enjoyed watching their diary grow but I can't say that I fully understand them, except the one in which I featured!

> I think it's been a good idea. But I don't think it's attracted quite as much attention as it should have done. I don't think the people here have been as interested as they might have been.

As might be expected, they had heard very mixed reactions from other people: some had liked it very much, many said that they did not understand it. However, two volunteers reported having encountered one person who had been seriously upset by the art work:

> One man – I haven't told Benthe and Jim this – but this man was deeply upset by those figures through there because he comes here regularly on Mondays and his wife died from cancer 12 months or so ago now and before she died, like many patients do, she lost a lot of her flesh and these figures down here brought back unpleasant memories. It upset him a great deal. But of course, he's only one. There are others who would probably appreciate it.

> One person actually described the work as 'obscene'. I don't know in what sense they were using the word, I'm sure, but this particular lady who said this was a particular friend of mine, but I'm afraid that was one thing which I couldn't agree with her about. Because I don't think there was anything obscene in any way about it. I think she may have meant obscene in as much as . . . for the memories it brought back.

More importantly, perhaps, was that in neither case were these patients able to talk through their reactions. It was unclear whether it was lack of opportunity, lack of willingness or inarticulateness which had prevented the volunteer's friend from discussing her feelings:

> I think she's probably formed that opinion and that was it.

Formed the opinion 'It's obscene'. Full stop, you know? Not prepared to talk about it. Perhaps they didn't have the ability to talk about it. Some people like me will go on talking forever, but other people find it difficult to communicate, don't they?

More worrying was the experience of the visitor who was very upset by the artwork. He did try to talk over his emotions, but was discouraged by the reaction of the person he tried to talk to.

I know he spoke to [name deleted] about it. He definitely spoke to [name deleted] and she didn't seem very interested in his reaction. I don't think he spoke to Jim or Benthe. I don't think he spoke to those two about it but he was very upset about it. But he has become sort of reconciled to it now. He doesn't pay much attention.

Both these volunteers felt strongly that it would have been very good if someone had explained to everyone who the artists were, introduced them and explained about their work and made it clear that people were welcome to drop in and watch the work in progress. They thought that the work could be understood by almost anyone if the right sort of people were chosen to explain it. They felt on balance that the project was valuable.

I don't think it was a waste of time. I think some people appreciated it. And if a *few* people appreciated it, then it wasn't a waste of time, was it? If *no one* had appreciated it, then it would have been a waste of time.

The three other volunteers, although initially vehemently opposed to the project, developed a deep personal involvement in it. Two had been present at a meeting for volunteers and this was to have a major effect on the way in which they reacted to the project. This meeting occurred about a third of the way through the residency. In the presence of the artists, the project and the sculptures in the hall were discussed. The meeting was described by all concerned as extremely acrimonious, and was particularly hurtful for the artists. Nevertheless, it appears to have been the catalyst which caused many people to begin examining their reactions.

At the meeting, one volunteer was particularly vociferous in expressing her opposition to the sculpture. The sculptures in the hall upset her and she believed they upset the patients too. She wanted to shut herself off from the images and felt that it was her job to protect the patients from anything disturbing or painful. What hurt her most was that she saw the hospice as a place of tranquility and love, but the sculptures showed only suffering:

I was more interested in the loving and caring . . . and I thought . . . why can't you show that in your pictures?

The meeting proved a turning point for this volunteer.

She felt that some of the volunteers had behaved badly towards the artists at the meeting, not even listening to what they were trying to say. More importantly, she began to explore the reasons for her own hostile reaction and, in the light of the explanations she had heard at the meeting, she spent time studying the drawings and the pictorial diary:

> . . . and I began to realise that they were depicting things that mattered . . . not pretty pictures . . . They were speaking in a language which we didn't really understand and yet it's a very basic language, drawing on walls and things . . . And I began to realise through talking to them and looking at their work you can actually express emotions in art, much more than speaking really.

Through talking to the artists, she gradually came to understand the artwork. She also came to believe that it was not the patients she had been protecting from disturbing images, but herself. And, although she had not been involved in any form of art since she was at school, she undertook a series of paintings in which she expressed her changing awareness and emotions.

One other volunteer was also upset by the hostility of her own (very similar) initial reactions to the project:

> [I was] rather aggressive. A lot of us, not just me, a lot of us. Rather, very quick to be critical. This is where I had to stop and think, 'No, you can't be like that without first looking into it, asking, thinking about it. Most of us didn't stop to think. We saw these two white figures and: 'Oh my God! What've we got here? Oh dreadful, no! . . . No, not for the patients to see'.

Noting the reaction of her fellow volunteers, she began to ask herself why they were reacting in such an aggressive manner. She also regretted that the artists' feelings had been hurt at the meeting:

> Looking back, yes, as I told you the other day I felt ashamed that I had taken that attitude without stopping to think, without going to Benthe and Jim first and saying 'Look, could you explain this. What does your picture mean there?' We criticised first.

Nevertheless, she felt that the meeting, however upsetting, had been very important:

> And you've got to have darkness, perhaps to have light. You can't have light all the time so it was a really good reaction, firstly in the sense that we *voiced* it, we didn't just all keep it all churned up inside. Some people who are really much more reserved than myself, perhaps, were 'no comment' sort of thing. But I really think it's very strange because they do have a comment but they're just not going to say anything, you know, and it was really quite something and this is where I think Benthe and Jim have really done us good. They have *made* us face something that we hadn't come up against before because it's an art dimension which is totally alien to a lot of us.

She felt that she had gained two things from the project – that her eyes had been opened to 'a different dimension'. She ceased to respond only to art which was immediately appealing and was prepared to make the effort to understand work which was not immediately accessible:

> As I said to you the other day, instead of having stags on mountain crags . . . That's nice in it's way, but that's a phase that's fading out gradually to something which is more inner and I would think that Benthe and Jim's art expression is something that is inside them that we may not understand but it gives us food for thought.

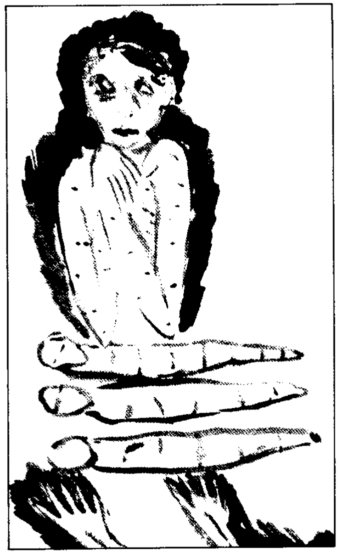
Secondly, she felt that, because of their initially intolerant reaction to the project (her own description), many people had been forced to stop and think about their attitudes to the work of the hospice. She felt that because they had worked together through some very difficult emotions, the project would have a lasting effect on the people at the hospice:

> . . . the fact that they have taught me and, I think, quite a lot of people to react differently in future – not perhaps just about sculpture but about other things – is good. That's good. There won't just be Benthe and Jim going and that's it. They will have left a very happy picture of themselves and also for me 'don't be so intolerant in the future!', which is good.

A third volunteer had not been present at the volunteers' meeting, but talking with those who had attended caused her to reassess her reactions to the project. She also felt she had developed as a person through engaging with art which she initially found difficult, even repugnant.

> I don't think the hospice will ever be quite the same again. It can't be, you know. It's like music. Because we're so used, if you like, to classical music – the charm of Mozart and Vivaldi and all that. You don't have to think. Its uncomplicatedness I think is Vivaldi's charm, but if one gets something like Mahler, if you've got to *work* at it, you think: 'Oh, turn it off, I can't bear that!' I never do that now. I think: 'Well, here it is, let's grin and bear it and see!' And gradually – it's very gradual – one is beginning to understand a little bit. It's like art. It's the expression of the person on some music, which is not depicting Fingal's Cave or A Midsummer Night's Dream. It's an abstract thing really and abstract is never something you can put your finger on. You can never analyse abstractism. I would say that Benthe and Jim have got a very high – don't please misunderstand me and think this is presumption – a very high consciousness which is perhaps before their time. Do you know what I mean? Whereas we – certainly my generation – we'll die before we've had a chance to. Whereas I've been lucky. Before I go I've perhaps had a glimmer of something which is not traditional, not what we've been used to. Something which is not Little Grey Rabbit! Something a bit more than that. Now we don't want the pretty pictures back again – that would be a retrograde step!

THE MATRON'S ASSESSMENT OF THE ARTISTS' WORK



When I first heard of the artists in residence scheme, I was quite enthusiastic although I hardly knew what it would involve. I pictured two sculptors hacking away at a large piece of stone or marble, and I had great expectations of seeing something emerge. What it would be, I just couldn't imagine. I just looked forward to seeing something or someone take shape.

When, however, the sculptors did arrive, I got quite a shock. The pieces they exhibited as 'samples' of their work took me completely by surprise. I suppose my first reaction was one of disappointment and I felt we had made a terrible mistake. My previous small contact with the art world in no way prepared me for this and I was in quite a quandary. The reactions of so many others didn't help either and I found myself being almost ashamed of having these pieces about – I couldn't explain them and when I tried to tell some interested people what the sculptors had said about them, I didn't sound very convincing. To be honest, I wasn't convinced of their meaning either and so I avoided all questions and wished I could pick up the pieces and hide them.

However, once Jim and Benthe started working, I talked with them many times. Indeed, I had the pleasure of being their companion on a train journey to London, and by the time we reached Euston my conversion had begun. I found them easy to talk to and I shared many of my deepest thoughts about my own life with them.

One particular piece spoke eloquently to me of a death experience in my own life. Somehow I feel this was for me the starting point of my own understanding of the whole project. I was being enabled to reflect not just on other people's deaths, but on my own, in a strange and unthreatening way. It is, of course, difficult to put many of my reactions and feelings into appropriate words, but I will attempt to speak of some of them.

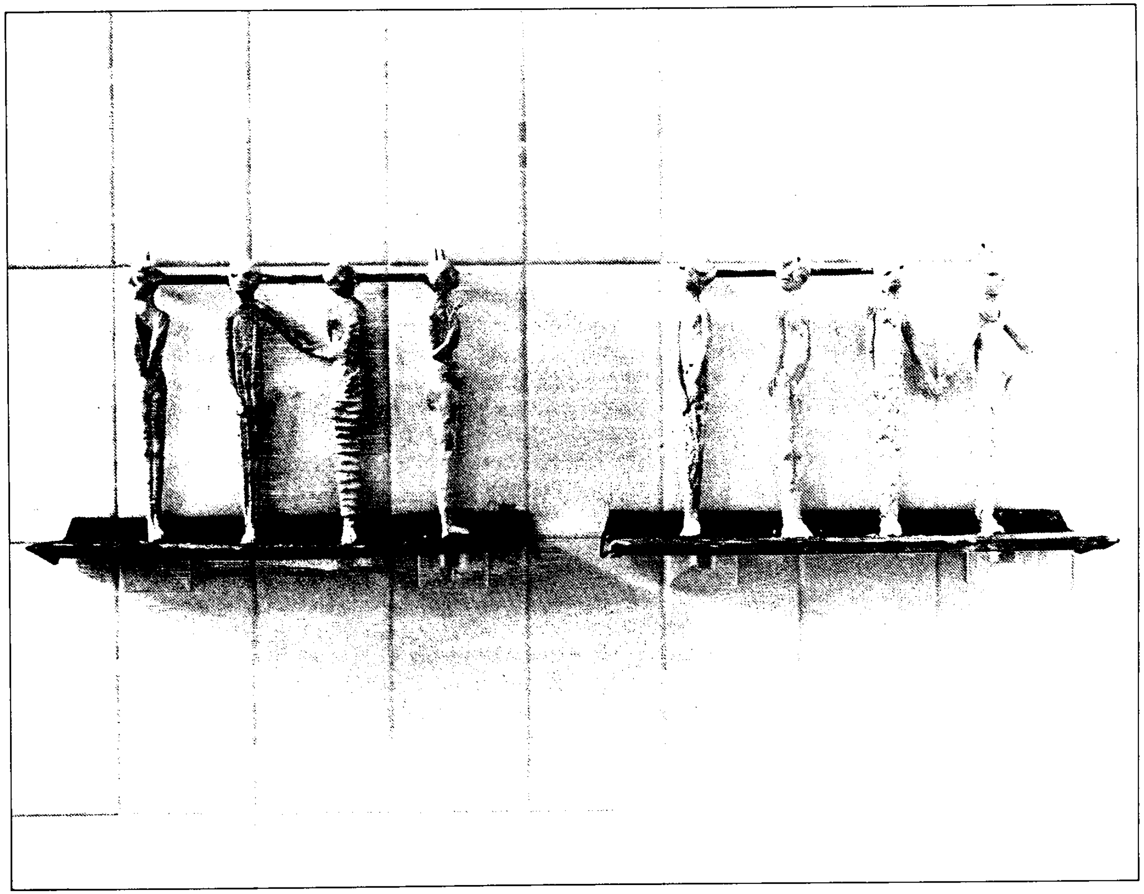
I found that the choice of place for the exhibition was most appropriate, even if it was accidental. All of us are stripped and consequently very vulnerable in a bathroom. Yet one needs to be stripped before one can really benefit from all that is available in a bathroom! But doesn't it also remind us of our life's journey – from our first to our final bath – a bath done to us and for us by others!

The twelve figures or witnesses over the bath speak loudly to me. In the stance of each I see a bit of myself – not very flattering, I own, but very true – and in the recognition of this I have gained a certain freedom. The study of these witnesses also helps me to understand better patients, family, staff and volunteers. We are all there – in our weakness, our vulnerability, our hesitation and reluctance to get involved, our fear of what is coming for ourselves and even distaste in the face of suffering. These figures are so revealing, so expressive of human behaviour and present day values, that it is not surprising many people find them painful, disturbing and even revolting. Some people have laughed at them, criticised them, ignored them, thought them obscene or ugly. For those who have had the courage to look and to question with open, unprejudiced minds have found them vaguely familiar and disturbingly true. They have been enriched by the experience and some have grown, as I have, to find them a continuous source of self-revelation.

The bath symbolising the image of the journey through the valley, with the fleeting scenes from the past on the sides is very real, but the symbolic images on the floor continue to unfold all sorts of memories and meanings of past days for me. The bird without the wings serves to remind me of all my lost opportunities – those plans that just never got off the ground. The footstep and the dancing child call up memories of childhood, good ones and the not-so-good, faces of friends, family, colleagues – even enemies – are all there in the large face. Sometimes it smiles at me, sometimes it frowns, but it is always there. One thing I learned as a result of a passing remark made by a member of staff: nothing, even the most trivial thing that finds a place in our heart and memory, can ever be deemed rubbish, and this is especially true of those who know they are dying. Someone once said to me that there is healing in memories and I find this to be so true: it may be a photograph, a picture, a pet or just a favourite flower. All have a special significance when the time to enjoy it or see it through is limited, and they do not come in sequence or chronological order. These memories or images of the past are all there like the scattered stones on the bathroom floor – recalling past scenes, relationships and images that have gone to make up a beautiful life, now drawing to a close. In the sharing of these memories there is affirmation, satisfaction and deep healing.

The small, ghost-like figures on the wall beside the bath appear unobtrusive and almost out of the pic-

The ghost-like figures beside the bath



ture. Yet their contribution to the complete scene is indispensable. At first glance they appear modest and unassuming, but their silent witness rings loud and clear for me. They are joined together by a single bar passing through their heads. I see this as a symbol of a common fear: pain or tragedy shared by all, but reacted to and responded to, in so many different ways. For me, they symbolise our attitudes to suffering and death and therefore they speak to all of us. They speak of the many ways by which we can reach out to others and truly share their pain and help them. But they point out, also, the numerous occasions when, because of our personal attitudes, embarrassments, prejudices, and so on, we can leave the other alone and unconsciously add to their already heavy burden. These little figures have much to teach us. They also demonstrate how the natural response of most of us is to reach out to help even when we ourselves are suffering and hurting deeply.

The figure on the side wall speaks to me of the soul in flight from the body. It gives me the feeling of someone being drawn irresistibly by a greater outer force. I get no sense of struggle, pain, fear, apprehension or violence – all feelings we usually associate with our conception of death. The look on the face of the figure is one of utter satisfaction and contentment. It speaks also of total surrender, work completed and of a yearning or longing to be away. It breathes for me an experience of deep inner peace.

Contemplating this figure has helped me to see the moment of death in a very different, but enriching way. Each death, I know, is unique, but all have a sense of triumph over those destructive forces that have been threatening to destroy them. The moment of death brings a sense of deep lasting peace and stillness to the patient and is perceptible to all who witness and share it. This feeling is so perfectly captured and portrayed by Benthe's figure. I can almost hear it say as it glances back at the journey just completed: 'It is all over. I have finished the work you gave me to do and now glorify me with yourself' (St John 17).

The butterfly wings add the feeling of transformation and the umbilicus marked by a highly polished stone symbolised, as it always has done, the beginning of an exciting new life. In the words of the Liturgy for the Dead, 'Life is changed, not ended'.

The two 'other-world-like' spirit animals very cleverly give the impression of movement. Faced very resolutely in one direction, one gets the impression that there is no turning back. Like the gradual approach of dawn there is no earthly power that can prevent it. It is relentless in its approach. The end of the journey is also cleverly portrayed in the low narrow opening.

As I sat to contemplate this part of the exhibition I was amazed at the emotions it evoked – fear of the unknown, apprehension at the darkness within, curiosity to see inside, coupled with a fear of what I might see, the desire to know more, the unanswered questions, even strange doubts – was there any*thing* or any*one* there? What is the meaning behind it all? I was also aware of the need for support, the faith of others, the love and affirmation of close friends and relatives. I had not given much thought to these questions before. Now I know that the answers to them are not important. What is important is that when *that* moment comes, there will be some loving person there to stand with us, to wait and watch with us until the moment of departure comes. I say *us* for we are all on that journey and all of us are in a sense terminally ill. Once we accept this fact we can begin to enjoy the life that is left and prepare.

This brings me to the figure standing like a sentinel beside the entrance to the 'unbeknown'. The arms are outstretched almost to breaking point and the body is ridged and open with streaks of red that stain your fingers when you touch it. The sharp pieces of glass which can hurt and even wound, symbolise the pain experienced by the patient and shared by all who are in contact with him – relatives and staff alike. The closer the contact, the more painful it becomes. The face is expressionless, almost bland, but that I feel is right too, for the face is the face of all of us who are involved and, as such, the expression will change from moment to moment and reflect the changing emotions and feelings. The whole figure speaks to me of giving in the truest sense of the word. No longer can we be satisfied to give just 'things', no matter how valuable or rare. As the Lebanese poet Kahlil Gibran says when asked to speak of giving, 'You give but little when you give of your possessions. It is when you give of yourself that you truly give.' So what is called for now and what this figure symbolises is that we give of ourselves – our time, our talents, our gifts of mind and heart, our ears for listening, our hands for touching, in fact, our whole being. Nothing less is required at this moment and the loving heart will not be satisfied with less.

But it speaks also of receiving, which so often is more difficult and painful than giving, for it spells out our weakness and dependence on others and deals a blow to our independence and self-sufficiency. We have been trained to associate our worth with what we do or accomplish but now we gradually and painfully learn that our real worth lies in who we are to one another. It is one of life's greatest and most enriching lessons and I feel it is such a pity that its learning and realisation is often left until this moment. The large ears emphasise what I feel to be the most important contribution we can make to the terminally ill person – the ability to listen, to totally empty our hearts of all preconceived ideas and prejudices, to give our total attention, to wipe the slate clean and allow the person the freedom to write their own story on the slate – just as he or she wishes it to be told. It can be a draining exercise, but for all a very healing, enlightening and enriching one.

Its very passivity speaks of an inner activity which is difficult to describe. It is a God-like quality. As Canon Vanstone says in his book, *Stature of Waiting*:

> The special dignity of man lies in the presence in him – marred but not effaced – of the image of God.
>
> Man must see his dignity not only in being a point of activity in the world, but also in being a point of receptivity. Not only in his potential as 'doing' but also in his exposure to being 'done to'.
>
> He must not see it as degrading that he should have to wait upon the world – be helped – be provided for, be dependent – for as such he is, by God's gift, what God Himself makes Himself to be.

Over what was the hand basin is the artists' portrayal of the spring of life, where to me it all ends, where indeed the journey began. Above is a half sun-head and the rays are symbolised as trumpets.This is to me so appropriate for we are told that when the end approaches and all the senses one by one become dulled, the last to go is the sense of hearing. If this is so, then this final piece has an added meaning. The trumpet speaks of accentuated sounds – sounds of the past, special sounds of the present and even, I'm sure, sounds of what is to come. Sounds of music, words, voices, dear and familiar, bringing peace, security and contentment, children's voices, sounds of laughter speaking of life going on – the ordinary things. Trumpets to remind us of the continued need for communication with words of comfort, love, and the daily news of loved ones. The occasional prayer or special reading, communicating those final special messages of gratitude and appreciation, and the goodbye which gives them permission to go when the end of the road is reached and the work is done and the journey for the rest of us goes on.

The trumpet also speaks of the special meaningful messages received. Nothing in the hospice is ever only one-way. There is a constant sharing over and back like the ebb and flow of the tide, enriching, supporting and enlightening.

The inside of the door is covered by a metal sheeting with vague images. These, like the images on the floor, evoke many feelings and emotions. They change too according to the reflected light of the sun and the electric light. These images speak to me of some of those scary feelings that can disturb our dream world, difficult to catch or explain. They speak also of suffering – mental suffering, the fears that are so elusive and difficult to put into words. I think it was placed there as an afterthought, but it is such an eloquent afterthought.

Finally – the diary. I feel I have so little to say about this. It is so personal that I hesitate to impose my ideas or thoughts on any of the pictures. It is Jim's and Benthe's journey with us and it is full of all the emotions, pains, misunderstandings, trials, treats, joys, satisfaction and happiness, that go to make up life. They are beautiful, meaningful pictures that will, I hope, form part of the treasure of St John's because they form part of the treasure that they were to us for just ten weeks.

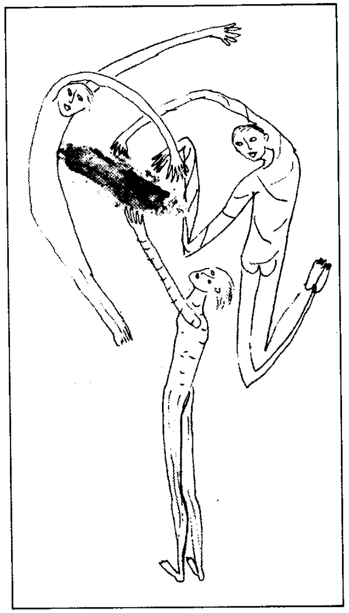
To end, all I can say is that these two young people who had, as far as I know, no previous contact with a hospice or dying people could in ten weeks incarnate in sculpture pieces the true philosophy of terminal care.

The entrance to the 'unbeknown'

OTHER COMMENTS

HOSPICE STAFF AND VOLUNTEERS

Malcolm McIllmurray put his thoughts into writing some three months after the project was completed. His initial interest had been in seeing how the sculpture might be valuable, especially in the context of people's deeper feelings and emotions; in a situation where patients, staff and relatives are addressing the meaning and purpose of their lives; seeing how artwork might alter attitudes. His first statement in retrospect is one of great appreciation of the two artists and the way in which they developed close relationships with people with whom they came into contact.



He felt, however, that the initial exhibition may have been a mistake in that some of the exhibits could be seen as stark, distorted and vulnerable. Some viewers expressed strong adverse reactions '. . . that diverted attention away from the main purpose of the project in the early stages'.

The fact that the artwork was created specifically within and for the hospice, rather than shipped in from outside, meant that it had special associations for people: 'Thus it has become not just a spectacle but an important part of the life of the hospice'. It has not had unqualified success but given time for reflection and help with interpretation, more people may benefit in addition to the many who already undoubtedly have.

> I think we shall discover that its value lies more in the training of hospice staff and volunteers than in the therapy of patients. Perhaps it is that patients who are dying have already experienced the feelings that we see expressed in the work, that the work helps the rest of us to imagine this experience and that it therefore makes us more effective in our relationships with each other and with our patients.

An assessment by the Matron of the Hospice, Sister Aine Cox, is included in its entirety in the previous chapter. It is particularly valuable because of Sister Aine's involvement in the project on a day-to-day level, and because of her intense response to the artists and their work. Suffice here to quote her final remark:

> To end, all I can say is that these two young people who had, as far as I know, no previous contact with a hospice or dying people could in ten weeks incarnate in sculpture pieces the true philosophy of terminal care.

A visiting nurse, Sister Grace Rowan, found the experience of seeing the installation as positive, enriching and a spur 'to reach out and "touch" other needy ones in sympathy and care'.

A staff nurse, Ruth Brown, recounted conversations with patients and visitors and it is clear that some people were upset by the images because they did not understand them, because they were interpreted as having connotations which were considered to be inappropriate or upsetting (eroticism, suggestions of blood, doom, randomness . . .). The nurse felt inadequate when it came to explaining the work and 'speaking to other staff I find I am not alone in wishing there were something uplifting . . . that would cheer the soul and not demand too much in the way of time and imaginative resources from the sick and the worried . . . Should not art, especially sculpture, speak for itself without an interpreter?'

Two of the volunteers, Lynne Tinson and Allan Corless, sent written statements following the residency. They endorsed Malcolm McIllmurray's concern in relation to the initial exhibition. Allan Corless's 'first impressions were of disgust and anger'. However, in both cases this response radically altered through greater contact with the artists and their work. Allan Corless wrote:

> By September my feelings about the artists' work had changed, now seeing a wonderful story emerging, not one of fear but of love and understanding.

Both felt it was essential that the work should be explained and interpreted. But they felt that many people's lives *had* been enriched:

> I find it very difficult to put into words the effect that Benthe's and Jim's art has had on me but it is very profound and lasting, and has perhaps given me an insight into deeper emotions which will help me to understand and have more empathy with patients and their families.

OTHER ARTISTS

A number of professional artists with experience of working in similar situations or who teach in art schools or who were simply interested were invited to St John's. Many of their comments and their advice have been incorporated in the Conclusions and Recommendations.

The overwhelming view was that the residency was extraordinarily successful. A number of specific points were made.

It was considered to be very interesting and worthwhile that the artists were at the hospice as artists, not as art therapists. This provided an alternative, a new dimension, to the ways in which art and artists are more normally involved in medical establishments. It was felt, however, that the artists did not shelter in their own world. They were highly commended for their responsiveness to the environment: their adoption of a 'public role' instead of 'possessive individualism'. Their sensitivity was commented on by everyone. It was recognised that both artists went to great lengths to explain their work in conversations with anyone who showed interest in their initial exhibition, in the diary, or in their written statements.

The fact that the artists made the project a truly collaborative one and that they involved themselves and their work in the spiritual as well as the material side of the hospice was recognised. Tim Threlfall said:

> Projects that are concerned with emotions and feelings rather than the perceived world are a real challenge . . . the artists' approach and attitude reflected the direct honesty that struck me as the spiritual strength of the whole hospice – there is no sidestepping the 'journey' that the patients are going through.

It was also recognised that the work was conceived as a temporary installation and that its success depended on its being seen in the context of the hospice.

There was unanimous support from artists for the continuation of the scheme.

STAFF FROM OTHER ORGANISATIONS

Six people from other medical establishments who visited the hospice during the residency wrote in with their comments. Everyone felt that it would be worthwhile developing links between hospices and their local art schools or colleges.

Dr D W Gorst, Consultant Haematologist at the Royal Lancaster Infirmary, who had been instrumental in initiating the residency, said he had been impressed by artists he had met prior to the residency and felt they had potential to add to the quality of life in hospices:

> I have always thought that they [artists] are quite literally people who are filled with life . . . they see and appreciate and experience the world more avidly and more vividly than many people.

In the project at St John's he felt the two artists had exceeded these very high expectations; but he was concerned that 'any extension of this project must take very seriously the selection of the artists to be involved'.

Two of the visitors had serious reservations and they both went to great lengths to explain their respective points of view.

Dr David Frampton, Medical Director of the Chelmsford Hospice, was concerned that where work is challenging and thought-provoking it must be undertaken only among people who wish to be challenged and with the support of an 'interpreter'. The objective should be to provide 'help towards resolution of the conflicts; not to be confrontational and too experimental; not to foist "High Art" on people; not to intrude upon people's privacy'.

Dr Frampton felt that resources would be better used first in employing artists to involve patients in activities such as craft work; to organise concerts, and so on; to provide hospices with 'an arts encourager'. From his own experience he felt that 'arty types' are perhaps not the most appropriate people to relate with elderly cancer patients; that they would, however, potentially have more of a positive role in interacting with staff. He recognised 'a need for people with a vision' and indeed in no way criticised the artists at St John's.

Jane Eisenhauer, who organises arts-related activities at St Joseph's Hospice in London, made a number of points. She felt very strongly that patients should be involved in the setting up of schemes and not have projects thrust on them from 'above'. 'Sophisticated' art is not generally in people's lives before they come into a hospice and she felt that patients cannot be expected suddenly to change their perceptions.

While not discounting the role of the artist, she believes that they would be better employed as 'innovators' rather than as 'doers' and that what hospices need is vibrancy, colour, primary pleasures, rhythm, melody and 'strong life-giving qualities'. She believes that a library and flowers are preferable to involving artists *per se*.

Like Dr Frampton, Ms Eisenhauer did not focus on the project at St John's so much as make recommendations for the future. These include spreading projects beyond hospices which, she believes, attract disproportionate attention, to homes for the chronically ill, and so on. She suggested going out into local organisations such as art schools and opening up self-generating schemes rather than creating an autonomy. Thus organisations could be twinned to their mutual benefit and myths could be broken down.

CONCLUSIONS

The environment at St John's is welcoming. The domestic scale of the buildings with their surrounding landscaping, internal courtyards and the finishes in wood, stone and glass show a sympathy which is followed through inside. There are pictures and flower arrangements, and attention to detail which fulfil the criteria so frequently advocated by Dr Hugh Baron in his plans for the beautification of hospital environments generally.

The 'artists in residence' scheme, however, was not intended as an extension to the care at this level; nor were Benthe Norheim and James Thrower being asked to provide an addition to the very considerable support given by the staff and volunteers.

THE ARTISTS' ROLE

The artists' role was simply to come in as professional sculptors and let the potential of what they might contribute be an open-ended question. In the chapters, Views and Reactions and Other Comments, we have attempted to gather together some of the answers.

However, both artists felt disappointed that the comments of many of the people they had spent time with and who had been important to them in terms of their responses, both positive and negative, were not included, while some of those who were interviewed seemed very remote. In turn, we as evaluators realise that our research methods had limitations and leave gaps. There are a number of important areas beyond the scope of this report which would be well worth examining. For example, it seemed to the artists at St John's that generally the elderly responded more to their work than the middle-aged and, therefore, the whole question of age would be a subject worth exploring. Nevertheless, we believe our findings provide ample evidence to make a number of recommendations and enable us to make some strong assertions, concentrating first on the two artists and their work and then on the people with whom they came into contact, before summarising our overall conclusions.

For the artists to make a success of the residency, it was essential that they should participate as fully as possible in the hospice and understand its nature. It is indisputable that both sculptors were extraordinarily sensitive and perceptive, that they entered into and followed through the entire residency in a spirit which was absolutely in keeping with the nature of the environment. The artists certainly could not have been more conscientious, more willing to discuss their work, or more open. Both artists have undoubtedly benefited in a number of ways from their association with the hospice.

At the most basic practical level, for artists who will be dealing increasingly in the future with commissions and exhibitions, it has been helpful to gain experience of working within constraints: in terms of time, a budget and in addressing a particular audience. Of all the arts, it is the area of fine arts which has had the least formal collaboration between artists. It is therefore interesting to note that both artists said they gained enormously from the fact that it was a *joint* residency. They found it constructive to exchange ideas about their work and they enjoyed making a piece collaboratively. It was also useful in a practical sense. They were able to help each other to collect the materials needed and to support each other during the more difficult times.

After working for several years in the fairly enclosed and specialised atmosphere of an art school, it has been invaluable for them to be in a situation where art is not the central activity. They have had to communicate with people who had no grounding in art history or technique, and who believed that art should be solely decorative, representing conventional notions of beauty and appropriateness, rather than challenging, demanding and thought-provoking. Breaking down barriers, encouraging people to use their imagination and defending their own positions were, for the artists, very positive experiences.

The artists benefited from discussing their work with people passing by and from receiving an immediate response to how successful or otherwise the forms and images they used had been in expressing ideas.

The artists, quite understandably, found some of their experiences daunting and upsetting. Despite the very real possibility that they might be stultified, the reverse has proved to be the case. The artists themselves made the point that they were continually stretched, which was rewarding in terms of their work. Ideas which came directly from working at the hospice were fed into the work with a speed and intensity which boosted their creativity.

The residency has definitely widened the perspectives and perceptions of both the artists. This benefit should not be underestimated; it is very considerable and will inevitably influence their work long into the future.

THE WORK AND ITS EFFECTS

We felt the introductory exhibition and the use of a visual diary were extremely effective in engaging people's attention. The exhibition aroused some counter-productive responses, but also some very positive ones. The adverse reactions should not deter powerful images being introduced into similar situations in the future, with the proviso that there should be strong support where needed (see Recommendations).

In terms of the work itself – the installation – we have decided not to engage in weighty polemics. Much has already been said about the sculpture in terms of appropriateness and effectiveness. We felt there was poetry, relevance and directness in the work – the pain and the compassion came across. However, there *are* lessons to be learnt. Clearly there is a need, which has been frequently voiced, for written explanation to accompany the work. Indeed before they left the artists provided a statement (see page 23) which is displayed near the work. However, it would have been useful if a statement explaining what was happening had been provided from the very beginning to cover the times when the artists were not present. It would also have been advisable to have introduced the artists, their work and the project into the hospice much earlier and much more effectively than was the case. All parties seem to agree this would have been very constructive.

One further criticism was that many of the patients, because of their illness and immobility, did not have access to the artists, and that the artwork was enclosed in a single room. However, as already mentioned, it is also to the credit of the artists that they did not impose their work on people. Everyone who potentially could see the work and talk to the artists did so freely. The enclosed room, the bathroom, had a positive advantage in that it could be used as a retreat, a sanctuary, but at the same time it was literally, and in terms of the content, in the midst of the hospice.

EFFECTS OF THE RESIDENCY

When we move on from the artists to examine the effects their presence had on people in the hospice, we are acutely aware of the difficulty of drawing firm conclusions from a comparatively small amount of evidence from just one project. Here the chief lesson we learnt is that the whole area is even more complex than we anticipated.

The nuances of the impact the artists made have hopefully come across in the chapters Views and Reactions and Other Comments. What follows now is a summary of the *patterns* of response which provide some clear rationale for examining any future projects.

Firstly, it should be said that we completely agree with the view expressed by two of the patients – that a scheme of this nature should not be (and, of course, was not) an alternative to other embellishments to the environment (paintings, flowers, and so on). Patients who chose to ignore the work completely were absolutely entitled to do so and were quite rightly not coerced into having to respond. Indeed, some were unable to respond because of their illnesses.

The inpatients as a group illustrate how an initial response can alter and that the *length* of exposure to new experiences and ideas is a crucial factor.

Three of the inpatients very obviously benefited from their contact with two new young faces in their environment. At its simplest level, this acted as a diversion and that in itself could be regarded as therapeutic in the broadest sense. The fact that these patients then developed an interest in Benthe Norheim and James Thrower as *artists*, and in their work, goes one stage further. The patients talked in considerable depth and were themselves interested in trying to define the benefits, which ranged from amusement to excitement.

The exercise was very positive for patients who were mobile and interested. As a group, their receptiveness is very probably directly related to their having come to terms with their disease. It is obviously unfortunate that those who were not so mobile were unable to become properly involved, and for these patients the residency was clearly not appropriate.

The response of the day patients as a group was uniform in its negativity and therefore markedly different from that of the inpatients. We felt there were some clear reasons for this which lie beyond the artists' control.

The day patients suffered even more than other groups from the fact that they were not given a formal introduction to the artists or their work at the beginning of the project. Furthermore, the nature of their visits to the hospice simply did not allow them time to develop a meaningful contact.

At a deeper level they were still coming to terms with their illnesses, and the artists and their work was just another unsettling factor at a time of their lives when everything seemed unsettled. Seen in this context it was therefore not surprising that their immediate reaction to some of the exhibits in the initial exhibition was indifference, dislike or distaste. The figures were a potential source of painful confrontation which they were not yet prepared to experience. The hospice clearly believes that confrontation can be a positive factor when coming to terms with a terminal disease, and the artwork featured to varying degrees in this process. The problem here seemed to be that peoples' experience did not develop beyond an immediate initial reaction.

It appeared to us that the visitors, who were often bereaved, responded to the creativity of the artists both in the literal sense and in that the subject matter of the artwork dealt very much with life as well as with death. This seemed to help them deal with their sense of loss; it gave form to feelings and helped to overcome barriers of communication. It was interesting that no comments were made about intrusion.

Again, one might draw a number of conclusions from this, but without further parallel projects we feel they would be speculative. Perhaps while the day patients were trying to escape from the situation, the visitors actually seemed to be seeking attachment, solace and support. The artists and their work may have provided a focus for their anxiety and grief and, importantly, one means of helping them to come to terms with the future.

In general, the scheme was beneficial to the permanent staff. As a group they were already professionally attuned to a spiritual view and some, through their religious background, had been brought up to express their spiritual feelings. These seemed to us crucial factors in their response to the artists and their work. Plainly, three of the staff thrived anyway on an inner capacity to derive benefit from all around them. They found the experience of being confronted with a new form of art a rewarding challenge and then used their experience of it to help them in their work as carers.

The reaction from the volunteer staff was more mixed than any of the other groups and spanned a gamut of feelings. One volunteer thought the atmosphere of the hospice had actually suffered. Two were initially antagonistic, but the character of the artists changed their views and they ultimately regarded the combination of the artists' presence and their work as an important talking point and distraction. The three other volunteers were also actively opposed to the project at the beginning but ultimately benefited enormously from their positive acceptance which generated an important emotional experience.

The volunteers as a group felt very protective towards the patients and visitors who were upset, and this takes us back to the area, already mentioned, of differences in how to help people come to terms with death. To what degree should there be confrontation as opposed to escapism? Obviously, this is not a question we can answer, but it does seem to us to have considerable bearing on people's responses to the work.

Generally, given time and proper introduction, we believe that *all* categories would have come to gain understanding of the artwork and therefore have had the potential to benefit from it to a greater or lesser degree.

FINAL REMARKS

We feel the artists made a very particular contribution which can be explained by defining what it was not. The residency was never conceived as art therapy; the artists were not acting as paramedics, although the resulting sculpture is currently being used as a tool for therapeutic purposes. A distinction should be made between these artists and someone who is crafts based (a potter, for example) who might have spent a similar time encouraging occupational therapy, doing something functional and creating decorative pieces. While in no way saying that this is less important, the two artists supplied something different. Their task was to take in the context, to experience the situation, and attempt a level of communication which goes beneath the surface of things, with no promises of what the outcome would be.

It is clearly evident that there was dissent and disagreement, as indeed there always will be with artwork which is not bland. Some of the negative aspects could perhaps have been avoided with more in the way of support and explanation. Such negative aspects should not be used, however, as reasons to abandon the development of further projects.

We believe we have found and provided here sufficient powerful evidence to show that the residency greatly benefited a number of people and the signs point to the effects being long-lasting. This leads us to urge the continuation of the project, to commend highly the participants and to say that we ourselves reaped substantial rewards from our own association with an absorbing and creative scheme.

RECOMMENDATIONS

STRATEGIES FOR A WAY FORWARD

1 *To appoint a development officer and establish a central working committee*

It is recommended that a development officer be appointed to undertake the tasks listed below; the contract to be for a 12-month period initially. The development officer, reporting to a central working committee, would:

- establish further connections with prospective hospices;
- establish contact with prospective artists;
- develop contacts with additional potential funding sources;
- develop contacts with regional arts associations and local art colleges;
- organise further pilot studies;
- assess their success;
- seek publicity for the scheme;
- administer the programme generally (in terms of organisation, finance, and so on);
- develop a hospice art collection.

It is also recommended that a central working committee be established which would include:

- representatives from the respective funding bodies;
- a representative from the medical profession (with experience of art in health care facilities);
- an administrator (with experience of art in health care facilities);
- an artist (with experience of art in health care facilities);
- co-opted members to be involved with individual projects.

2 *To continue the project at St John's Hospice*

It is recommended:

- that the effects of the project be assessed in six to twelve months' time, and periodically thereafter, to find out if a ten-week period of intense activity has a sustained and worthwhile impact;
- that the installation, the diary and/or other work should remain in the hospice for an extended period (with the agreement of the artists) and that a means is provided for people to leave a record of their responses to the work;
- that the artists be invited to return to make further work and/or invited back at regular intervals over the following year to give the hospice an insight into how the project becomes part of a wider context. The artists might thus make six subse-

quent visits and be paid a day rate and travel expenses;

- that (an)other artist(s) be appointed to continue the scheme at the hospice.

The recommendations above would help to consolidate the positive aspects of the initial residency and prevent a sense of anticlimax.

3 *To conduct further pilot studies*
Before launching a national scheme, it is recommended that further pilot studies take place. These would be used to:

- provide more information on which to draw general conclusions as to the various pros and cons (that is, gauge responses from more 'users');
- explore the use of other art forms (for example, music, drama, literature, dance, the crafts) in association with the fine arts;
- gain experience of working situations in a range of hospices;
- try out other forms of assessment (by supplementing interviews with questionnaires, for example).

It is recommended that written into these is a follow-up project involving the artists on each residency in maintaining some links with the hospice concerned (see 2 above).

4 *To establish a hospice art collection*
At St John's, a strong case was made for the art to remain at the hospice for a longer period so that it could be 'imbibed and understood more thoroughly'.

It is therefore recommended that, where possible and appropriate, this should be the case in future projects. The length of time would have to be negotiated and would vary from hospice to hospice, depending on whether the space was required for other purposes or the work itself was appropriate.

In addition, and as part of the brief for each residency (and reflected in the fee), it is recommended that two works of art be provided by each artist: one to be permanently sited at the hospice concerned; the other to become part of a central core of work which could be used for touring exhibitions. This would provide opportunities for a far wider audience to become acquainted with the work. However, it is recognised that there are major and possibly insurmountable hurdles to overcome in the realisation of the second suggestion. Two major problems are storage when the work is not being exhibited and organisation when it is shown. The budget implications of transport, framing, plinths, documentation and insurance are considerable.

GENERAL GUIDELINES

1 *Setting up individual residencies in hospices*

Selecting hospices to participate in future projects should depend on the level of enthusiasm and support available, and on the facilities. It is vital that the enthusiasm is not simply the enthusiasm of one member of staff; the hospice should be made absolutely aware of exactly what a residency entails. It is always helpful if a major part of the finances for a project comes from outside the institution concerned; this diffuses negative lines of argument (for example, kidney machines versus art). Further information regarding budgets generally may be obtained from Public Art Development Trust.

On each project, it is recommended that the development officer will introduce the artist(s) by:

- giving an initial talk to which all staff, patients, relatives, volunteers and visitors are invited to attend with the objectives of: explaining the residency in its wider context; showing slides of the artists' previous work and talking about the subject matter and techniques; explaining the artists' function and how people within the hospice might be involved.

It is suggested that wherever applicable (that is, in the case of fine arts) the artist(s) would be asked to mount an exhibition of their previous work, either prior to or at the beginning of a residency.

In terms of introducing artists at the beginning of a residency, one possibility, if both hospice and artists agree, may be for the artists to work in a practical capacity for the first few days (by serving food, for example). In some instances this has helped to integrate an artist and also give him or her some insight into the day-to-day workings of an institution.

It is imperative that the hospice is made aware that art is potentially provocative and that there should be staff available to talk through people's responses. It is strongly recommended that there should be a *senior* person designated (ideally a person who has volunteered for the task) to act as an intermediary throughout a residency. It is important that this person has a recognised position of authority and respect within the hospice. When there are queries, or the artists are not available, it would be invaluable to have someone acting as a link, an interpreter, and a practical help.

It is important that the development officer is available to give advice when needed.

It would be extremely helpful if a short video was made, based on the residency at St John's Hospice.

This could be used to serve as an introduction to subsequent residencies. A copy would be lent to the hospice concerned and could then be circulated to the different groups which meet in any hospice. It might, for example, be shown at staff meetings, volunteers' meetings, and special lecture evenings.

2 *Selection of artists*

The success of a project will depend on the suitability of the artist(s). It is crucial that when artists are being considered for selection, the following are taken into account:

- the form and appropriateness of their work;
- their personal potential in terms of working in a particular environment (enthusiasm, sensitivity, strength, and so on);
- their ability to communicate clearly with a wide public.

It is suggested that no rules are laid down concerning the age or level of experience of a given artist, other than that they should have *some* experience (that is, not be undergraduates). There are potential benefits for recent postgraduate students as there are for older, professional artists.

It is recommended that for each residency two artists are appointed, to provide mutual support.

Artists working in different media and art forms should be considered (potters, glassworkers, poets, dancers, actors, photographers, painters, musicians).

It would be interesting to develop the potential of two artists from different disciplines working together (for example, a poet with a painter).

To employ local artists would have obvious financial and practical advantages. It would be particularly useful if artists and hospices are interested in doing reminiscence work.

However, there are also advantages for artists, as was the case at St John's, coming from further afield: they can devote a very intensive period to the work; they are fresh and more objective.

While the artwork should be invigorating, it should not be intentionally disruptive, alienating, brutal or upsetting in a situation such as a hospice.

In one of the pilot projects it would be interesting to have artists who made abstract rather than figurative work and assess any difference in impact this might have.

However, as one visitor remarked 'you only get the chance to die once', and it is extremely important that any fascination with experimenting is very rationally weighted against the hospice context. At the end of the day, the hospice and the central working committee should be fully committed to any proposal before it is introduced.

3 *Brief to artists*

The artists should be supplied with a clear written brief detailing:

- their function and role;
- what facilities will be available;
- any peripheral activities they will be expected to be involved in from the hospice's point of view;
- the budget and precisely what it is expected to cover;
- accommodation;
- the situation as regards public and personal liability insurance;
- whether they will be asked to put on an initial exhibition, give lectures, workshops or any other related activities;
- who will own the work created during the residency;
- the amount of time and the flexibility of the hours devoted to the project.

Judging by experience with previous residencies, it is realistic to expect artists to be involved in what Rob Olins (SHAPE) has described as 'a public relations exercise'. This is true throughout the period of the residency, but is particularly intense during the first few weeks. It should therefore be made very clear to artists who have not had experience of working with the public that a great deal of the time will be spent talking to them and not actually working on their art.

It is vital that all those involved, and particularly the patients, are given a choice as to whether or not they participate in any way in an arts project. While every effort should be made to involve people, there should be no form of coercion, however subtle, and artists must agree to this.

4 *Facilities*

It is important that essential facilities are defined and then earmarked for each individual project.

These will obviously depend on the art form but might include:

- accommodation for the artist(s);
- adequate work space;
- storage space for tools and materials;
- transport for the artists themselves, and for collecting materials;
- adequate light, water, power points;
- an area set apart for heavy, dirty or noisy work;
- the provision of meals, snacks, hot drinks.

It is recommended that artists are allowed as much choice as possible in terms of designating a work place. Their response to the entire situation is very much involved here.

5 *Length of residency*

The length of each residency should not necessarily be uniform. Different art forms and ways of working might dictate varying lengths of stay.

It would be part of the development officer's brief to put forward specific recommendations for how long a residency should last depending, of course, on how much money is available.

The length of a residency will necessarily alter what an artist does, but much may be gained by keeping it fairly short, as the experience of the artists at St John's clearly shows. However, it is recommended that ten weeks for a fine arts project should be the minimum, and that in future pilot studies longer periods should be tried.

For ten weeks in 1987, two artists took part in an 'artists in residency' scheme at St John's Hospice in Lancaster. The purpose of this report is to evaluate the scheme from the point of view of all concerned, to assess the effect, beneficial or otherwise, which it had on the patients, staff and visitors at the hospice and, in the light of that assessment, to recommend whether the experiment should be repeated in other settings or extended in any other way.

The report explains the background to the project, how it came to be set up at St John's Hospice and how the artists were chosen. There follows a description of the scheme and its evaluation. The evaluators wish to record their deep gratitude to the patients at the hospice and to their relatives, to the hospice staff and to the professional observers from the art and medical worlds for the immense amount of help they gave. The comments of all these people helped the assessment in very great measure and therefore form an important part of this report.

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