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Free style
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The FUSION programme lies within a long and complex history of artistic collaborations in medical settings. The earliest collaborations have their roots in the anatomical mapping of the body – a project that for centuries involved surgeons and artists creating images that were both scientifically meaningful and culturally resonant. In this history scientists have often been seduced by the art of representation and artists, in their turn, have become fascinated by the technology and insights of medicine.

For at least as long, there has been another history of medicine and art. In the depiction of melancholy and depression, the artist is also the one who experiences the illness or collaborates closely with others who have encountered it. While the anatomical illustrators more often succeeded in producing work that was useful for science, this second history produced something more intangible – works of art that could range from Burton's Anatomy of Melancholy to Shakespeare's Hamlet, or Lawrence Sterne's Tristram Shandy, Goya's Caprichio's, Munch's The Scream or the rich history of the blues.

As technology advanced, however, medicine and art gradually parted ways. Anatomists now find it more useful to distribute computer enhanced photographs of the body on the internet, or to employ magnetic resonance imaging to explore the functions of the brain. Drawing, painting and eventually even photography were seen as too imprecise for the needs of contemporary science. For artists, opportunities to work in the world of science or medicine became increasingly rare.

Equally, as the twentieth-century avant-garde passed from cubism to surrealism, from abstract expressionism to minimalism, there seemed little that art could usefully contribute to any collaboration beyond its own world. Not only that, but the idea of collaboration itself became suspect. Unlike the renaissance 'masters', who employed teams of workers in their various schools to contribute to the overall effect of a painting, the modern artist was seen as a lone individual. Each work was perceived to be an intimate expression of a unique personality. In this new context the notion of collaboration simply created confusion and anxiety. In a collaborative art work it was difficult – if not impossible – to distinguish the work of each of the artists. Each artist's unique form of expression was seen to be diluted by its combination with the work of another – an elimination of potential rather than a positive creation. Even in the career of Andy Warhol (an artist who returned to the factory concept of production), his attempts to collaborate on joint paintings with Jean-Michel Basquiat were met with confusion and hostility. As collaborations the paintings could not be sold for as much as a solo work by

either artist, and they were persistently dismissed as publicity gimmicks rather than art.

Oddly, the unstoppable rise of the artist as 'lone genius' was paralleled by the appearance of the 'outsider' artist. 'Art brut', or outsider art, was a genre pioneered by Jean Dubuffet, a French artist inspired by the work being produced in psychiatric hospitals in Switzerland in the late 1940s. Outsider artists were seen as beyond the constraints of the academy and the rules of contemporary art practice. Drawing on the melancholic tradition, this new conception of the artist mirrored the development of the unique loner in the mainstream art world, and in some ways provided a foundation for that development. The outsider artist was seen to be equally individualistic, to the point that the art work was obsessive, flowing compulsively from the artist's deepest instincts – almost beyond rational control. The image of such artists was neatly summed up in a description of one of the first stars of this genre, Adolf Wölfli, who claimed, "He was completely free to express himself, entirely uninhibited by rules. That results in a nearly wild mode of expression"¹.

Dubuffet and Wölfli were to establish a pattern that continued to repeat itself throughout the second half of the twentieth century. When the sculptor Jean Tinguely discovered the primitively made machines of Heinrich Anton Müller in the courtyard of a psychiatric hospital, he declared "They impressed him as much as Müller's story... It was no longer a question of art as merchandise or art as a material object, but art as a pure form of expression, an art that was free of social rank"². What's interesting in Tinguely's assessment is his fascination with Müller's illness, which is as important as the art work itself, confirming its unique and exotic roots. The objects too are seen as 'a pure form of expression' free of social and artistic constraints.

Such a position couldn't be held for long. It was clear, even from their subject matter, that these 'pure' artists were just as much influenced by the society around them as anyone else. Once they gained critical attention and fame, as Wölfli did, it became even more obvious that they then began to think of themselves as 'artists' and the issue quickly evolved into one of where to place them in relation to the mainstream.

For curators such as Harald Szeemann and Pontus Hulten the answer was to incorporate art brut into exhibitions with other contemporary artists, highlighting similarities in their formal approach or in their process of making. For Szeemann, this was a way of, "giving value to individual expression and dispensing with the presentation of a case"³. In this new context, the artist as individual maker was still confirmed, but at least now it was admitted that cultural influence and artistic thought did not stop at the entrance to a hospital.

Despite Szeemann's useful separation of art from case history, many questions still remain around the placement of art and artists in hospitals today. Is art

therapeutic, for example, or is the process of making art therapeutic? Should the completed object be the focus of such work, and should it be judged by the same criteria as any other contemporary art? And, vitally, what is the status of collaboration in such circumstances? Do we try to separate the artist from their collaborator or do we see the relationship as an equal creative partnership? Is the collaborative process primarily therapeutic or can it be a real creative enterprise?

Just as importantly, such collaborations force viewers of the work to consider their own expectations and viewing habits. In museums and galleries we constantly see objects abstracted from their original context, purpose and environment. Not only that, but many of the images we consider art – such as Giotto's murals – are known to most of us only as reproductions, divorced from their proper viewing conditions. In these circumstances the object becomes the focus of attention, and, in a reductive process, art is reduced to being a finished product. What is lost is a sense of the communal process that a work of art is engaged in. Giotto's murals in the Arena chapel in Padua were never conceived of 'just as art', but as art that decorated the walls of a space where religious rites were conducted and spirituality was expressed. Likewise a Vermeer, a Stubbs or a Cézanne was a work that was designed to be incorporated into different styles of domestic life. All of these works acknowledged the world beyond art, and the creation of the object was just one stage in an artistic process that went on to include the work in its eventual location.

With the gradual rise of the white cube gallery, this context and sense of communal process was lost. Without it, the artwork as commodity gained increasing importance and the production of objects was seen as a 'career'. Since the 1970s there have been a succession of artists who have rebelled against these constraints. Robert Smithson, in his essay 'Cultural Confinement' (1972), famously argued against the 'fraudulent categories' imposed on contemporary artists and the clinical qualities of the white cube, stating that:

A work of art when placed in a gallery loses its charge, and becomes a portable object or surface disengaged from the outside world. A vacant white room with lights is still a submission to the neutral. Works of art seen in such spaces seem to be going through a kind of aesthetic convalescence. They are looked upon as so many inanimate invalids, waiting for critics to pronounce them curable or incurable.⁴

It is ironic, then, that today it is the hospital itself that offers an escape from this cultural confinement. Hospitals thrive on continuous process, on communal values and a system designed around essential human situations of health, life and death. For an artist entering such an environment, the usefulness of their occupation is immediately questioned and art is forced to confront a raw world. To collaborate in such situations becomes even more compelling, and often for reasons that are seldom mentioned. Anyone who has been seriously ill knows

the invisibility that descends on the sick – to be ill in our society is to be irrelevant. If any gain can be taken from this, it is probably the space that it allows for breaking the rules – to make art in such a situation is not a career strategy, and therefore the pressure of the marketplace and the critics are lessened.

The Mozart Effect

The possible health benefits of the music of Mozart were assessed in the April 2001 edition of the Journal of the Royal Society of Medicine. There has been controversy about the benefits ever since researchers claimed that listening to the K.448 piano sonata improved spatial reasoning skills. Later research suggested that K.448 can reduce the number of seizures in people with epilepsy. Professor John Jenkins assesses international evidence on the effect of music on the brain, and calls for more work to be done to discover the key ingredient in the 'Mozart Effect'.

The original Mozart Effect study in 1993 assessed volunteers' spatial reasoning after listening to sonata K.448, relaxation tapes or silence. Results suggested that just ten minutes of Mozart's music improved their performance on tasks such as paper-cutting and folding. Later studies found that rats negotiated a maze faster after hearing K.448 than rats who were played white noise, silence, or minimalist music. Elsewhere, children taught a keyboard instrument for six months, learning simple melodies (including Mozart), did better on spatial-temporal tests than children who spent the same time working with computers.

In a collaborative video work by Dougie Lawrence, Robert Bridges and Michelle Naismith, we see two images: one of a young man stripped to the waist, conducting an invisible orchestra in a formal garden; the other of a woman seen only from the back in a freeze-frame pose in front of a small orchard. Her arms are raised as if to conduct, and at a certain point the video releases her into movement, while the alternative image of the young man freezes in mid-motion. Mozart's K.448 continues to play throughout as the screens alternate between movement and stasis.

Certainly the work alludes to the newly discovered improving effects of Mozart's music on spatial reasoning, but it quickly goes beyond this to reflect on the making of the videos themselves and the dynamics of collaboration. It is possible to interpret the videos as an expression of the common belief that in a collaboration one ego will dominate the other as one figure freezes and another acts. The work is much richer than that however and it is equally possible to see one collaborator supporting the other, taking up the task when the other stumbles. More than that, the video pushes beyond the tidy boundaries of the medical research on Mozart. Robert, stripped to the waist outdoors, recalls the techno scene more than the classical concert hall – an image that highlights the researchers' decision to use classical music in the experiment. Somehow the discovery that Mozart and Bach are good for us is predictable and carries the

implicit suggestion that music such as techno probably won't help our spatial awareness. All of which brings us back to the issue of art as therapy and the danger that art which disorientates us may be considered less important.

Just as K.448 neatly frames these questions, so many of the other FUSION projects address issues of structure, order and the questioning of art and its role in the world. This can be seen most clearly perhaps in the collaboration between Jocky and Anne Elliot, *As Art is to be Criticised*. There Jocky's paintings are accompanied by two videos – one in which he explains the work and another in which a panel of critics discusses it. These videos shift the emphasis of the piece away from the notion of a finished object to a more fluid concept of art in constant process, changing with time, the viewer's subjectivity, and the environment in which it is shown. In this context, the painting as object is simply one stage in a longer process that includes the critique and continuous redefinition of art.

Kate Stewart's collaboration with Kate Gray approaches the issue of criticism and environment from the opposite direction. Here, the art work acts as critic through a series of ikebana installations in various recreational areas of a hospital. Ikebana – the Japanese art of flower arranging – draws on and critiques the space in which it is shown. One history of the form describes it as follows:

The various ikebana styles include countless methods of selecting flowers and vases. But they all involve a flexible decision-making process that emphasizes harmony with the situation, such as the purpose of the ikebana arrangement, the nature of the space where it will be displayed, the season and the weather. In ikebana, vases serve as the earth for the plant materials, and they are vitally important factors that help to determine the beauty of the ikebana arrangement.⁵

It is this critical decision-making process that is the key element of Ikebana. Kate Stewart and Kate Gray assessed the environment in which the work was displayed, and produced installations which highlight the shoddy and impoverished nature of contemporary institutional architecture and decor. Their ikebana combines beauty with rebuke.

What links so many of the collaborations in FUSION is this sense of critical framing which demands that we consider the context as well as the work. Kate Gray's projects with both Jeanette Bell and AS also demonstrate this point. In one monologue accompanying the dolls in *Knowledge the voice* states that, "Knowledge of the brain and the body relate to each other in common sense... the nervous system helps you relate to other people and relate to your surroundings". Jeanette's other piece, *Cover*, reproduces forty-six of her drawings on felt badges which are then sewn onto a second-hand blanket, transposing the original work and reframing it on a blanket, and subsequently on a photograph of the blanket in a landscape. *Knowledge* here is being filtered and framed, removing it from the easy classification of art brut, and blurring the distinction of each of the collaborator's contributions. Likewise, in *322 x 285*, the bricks shaped as hospitals are used to reconstruct the dimensions of AS's current room in a knowing, fractal autobiography.

Perhaps the two most explicit collaborations in terms of self-awareness and spatial expression are those involving Anne Elliot and Michelle Naismith; firstly with Sandra Kinsey and secondly with Evelyn White. In Elliot and Naismith's project with Kinsey – Sandra, portrait of a bargain hunter – we find ourselves watching a video in which the three collaborators discuss a schedule for the making of the film we are now viewing. To complicate matters further, they are themselves looking at some footage of Sandra Kinsey, which will appear later in the same film. At this point time seems to be folding in on itself, but the most striking moments of the video are the various shots of Sandra singing old standards such as 'Bye Bye Blackbird'. Here, the work captures the other-worldly rhythm of residency in a hospital where illness removes you from the urgency and pressure of contemporary life. The beauty and simplicity of these moments echo Elliot and Naismith's other collaboration with Evelyn Whitefield – The thing to remember in this is balance. Again, the focus on order is important in their video of two tango dancers dancing in a caravan at sunset within the hospital grounds. The lyricism of the piece, the serenity of the scene and the use of 16mm film to provide depth and luminosity all combine to imply a sense of mental space and harmony – a personal order that can be found within the larger context of the hospital.

Interestingly, this desire to construct a more peaceful inner space runs through almost all of the artists commissions in the FUSION project. It is perhaps most apparent in Dalziel + Scullion's specially designed Sanctuary Furniture which has its origins in their recognition of the emotional dislocation experienced by many hospital visitors:

By the end of our visit we had become aware that for many of the people who will enter the Chaplaincy / Sanctuary space, their ordinary day to day lives may have somehow been put on hold – a suspended animation if you like – whilst the immediacy of the challenges they face take precedence.

For many of the artists placed within hospital departments, the engagement with FUSION meant that their own daily working habits were placed in a kind of suspended animation as process began to take precedence over production. Speaking of her project at the Royal Infirmary, Michèle Lazenby stated:
Realising that the process of engagement could have a greater impact on some people or be more meaningful than the final artwork has made me re-evaluate ... and resolve to take a Zen approach (i.e. endeavour to stay focused on the present and open to what is happening...)

Similarly, for Zoe Walker and Anne Morrison, the busyness of dedicated and caring health workers forced a reassessment of art's role in such an environment. The importance of the work they were seeing – in terms of life, death and pain – demanded a more urgent response to their environment than any gallery or artworld situation. For some of the other artists, this situation

generated a utilitarian approach – Rachel Mimiec thought, “it feels very much like starting a new job...” while Catriona Grant pointed out that, “the staff accepted me as a worker with a valuable role to play within the department”.

What is immediately clear from all of the Commissions is the willingness of the artists and medical staff to work together, and their belief in the potential benefits of the Commissions. Effectively what we are seeing in such situations is a renegotiation of the centuries-old collaboration between doctor and artist. Now, however, the situation is more diffuse. Rather than one doctor or anatomist working in relative isolation, the artist encounters teams, departmental networks and a technological infrastructure.

Stephen Skrynka’s Bladder Music offers one example of how the FUSION artists formulated a creative response in this environment. Skrynka begins by gathering the patients’ urine flow charts which are then converted to musical compositions, combining the patients’ favourite tunes with the flow graphs. The result – a series of ‘signature’ tunes for each patient – is played through a ‘family’ of small sculptures reminiscent of urine flasks and other paraphernalia of Urology. The sculptures were sited throughout the department, broadcasting this new, hybrid music.

In making this, Skrynka evolved a working process that seems to shadow that of the departmental staff. He starts from the same database of information – the patients’ flow charts – and then interprets and transforms the information with the help of Alistair MacDonald, working on the electro-acoustics and composition, and Bob Farrell on computer programming and chart mapping. The data undergoes a metamorphosis – a lateral move that would not normally be possible in scientific procedure – to create music for staff and patients alike. The notion of a ‘signature’ tune, in particular, gains importance, reaffirming the patient’s identity in a hospital context – which is an environment that, even unwittingly, can undermine the patient’s sense of worth. There is also a lightness of touch to the project that helps to carry it off as Skrynka converts urine into music – an alchemical sleight of hand that would arouse envy amongst medieval doctors.

Bladder Music is typical of the FUSION Commissions in the inventiveness of its response to an unusual context. This is one of the great strengths of the project. What all the FUSION works share is a displacement from the standard preconceptions of today’s artworld, and a self-awareness that also manages to elude the usual categorisations of the ‘outsider’, or art as therapy. The different rhythms of hospital life have had a clear influence on all of the artists, opening up a new creative space for them. This has been reinforced by the networks of people and the continuous medical process they have encountered. What is perhaps just as striking, though, is the enthusiasm of the medical staff for these projects – indicating changes in medicine that now seem to offer new collaborative opportunities for artists. Perhaps the role of technology has changed in some significant way to permit this, or perhaps the scientists’

awareness of the limits of technology have become more acute. Thus, while it is possible to see a critical edge to almost all of the FUSION projects that challenges the narrow confines of the contemporary art experience, they can also help chart the evolving relationship between art, doctor and scientist.

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1 Per Norgard recorded by Jean-Pierre Amann in Concert du monde, Radio Suisse Romande, 2 February 1993

2 Pontus Hulten, Jean Tinguely, Meta (Paris, 1973) p. 171

3 Harald Szeemann, Ein neues Museum im Lausanne. Die 'Collection de l'Art Brut', Individuelle Mythologien (Berlin, 1985), p.46.

4 Robert Smithson: The Collected Writings, Ed. Jack Flam,(University of California Press, 1996) p.154-55

5 Daniela Jost, Ikebana Training and Accessories website (www.geocities.com/roman.jost/Ikebana_History_English.htm)