

Social Anthropology in Functionsuite. By Justin Kenrick.

Why has Functionsuite brought in a social anthropologist to work with its programme of building collaborative arts projects between staff, patients and artists in the hospital 'communities' in Lothian? What, for that matter, is anthropology and what am I doing here? Or, as someone once said: "where are we going, and why are we in this handbasket?" For me, that joke reflects some of the central questions that anthropology leads us to consider.

The conventional definition of anthropology is that it is the study of the cultures and societies of the world, and that it seeks to understand the nature of being human in general, through studying the extraordinarily different ways of being human in different societies. Anthropology as we know it now is based on fieldwork - the attempt to understand peoples lives, society and culture in a particular local context, through living with them over a period of time. This fieldwork approach emerged in the early 20th century in the interaction between European colonial power and local cultures. Anthropologists were thought of as objective social scientists who could analyse local societies dispassionately to help the colonial authorities to understand and better control the locals.

In fact, anthropologists see their task as being to understand the world from the point of view of the people they live with. This tends to involve allying themselves with local people; and often working with policy makers to improve development and social projects so that they have a greater chance of enhancing rather than disrupting peoples lives. Instead of analysing local societies to enable better control by western power, anthropologists have increasingly been demonstrating what we can learn from the worlds rich diversity of lifeways, and asking "why do we in the west assume that our way of living is the best, and how can we stop it from destroying other peoples lives? What can we learn from other cultures about the nature of being human and how to go about solving our social problems?"

Anthropology takes you to diverse contexts. For example - in trying to understand social problems and make policy recommendations - I have spent a year and a half moving with Mbuti hunter-gatherers through the rainforests of Central Africa, have hung out for months with sex workers on the streets of Leith, with networks of drug users in the Borders, and with service providers dealing with issues of domestic violence in Glasgow.

When I first arrived at Functionsuite's tiny buzzing office and creative art workshop in the Andrew Duncan Clinic to discuss the possibility of my involvement, I assumed that the projects focus was on psychiatric patients. I therefore assumed that I would be drawing on my experience of working in contexts of sex, drugs and violence, where I sought to enable health projects to reach and support those involved. In fact, it turns out that my task bears a striking resemblance to being back in the rainforests, since the project is focused not on a particular marginalized group, but on the whole hospital 'community'. Functionsuites arts projects involve (i) staff - from hospital porters to consultants - and (ii) patients - from psychiatric to A&E contexts - creating (iii) collaborative artwork focused on as diverse issues as privacy, invisibility, pain, healing, alienation, integration, hospital layout, or courtyards, through (iv) engaging with artists who may be using media as diverse as films, fairs, music, paint, poetry, and sculpture to name but a few.

I now see my task as simply being to enable, understand and learn from this process of collaboration. How can we engage in truly collaborative artwork? How can an artist really include others in a way that does not simply use the others words, images and experience as the raw material for the artists own production? Is co-ownership and co-creation possible? How can the art projects begin and develop not simply as an idea in the head of an artist or of a Functionsuite facilitator, but actually start from and engage with the lives, situations, interests of patients and staff themselves? Is it possible for art to be a living medium that is centre stage in the everyday of peoples lives? Something we collaboratively engage in as a way of reflecting on, developing and changing our own lives and the contexts we are in? Or does it have to remain something which we idealise as genius or devalue as a waste of time; something which other people do and which simply hangs - however beautifully/ movingly/ powerfully - as a painting on the wall, a film on the box, a track of music in the cafe?

Coming to work with artists, patients and staff on this project feels much more like returning to the rainforests of Central Africa than engaging in applied social policy research in Central Scotland. This is because of the absolute centrality of the imagination and of co-ownership to the well-being and everyday lives of the Mbuti hunter-gatherers I have lived with. Their whole way of life is based on establishing and maintaining an equality in which everyone is included and respected. That sounds 'nice', but in fact it requires an extraordinary effort and extraordinary inventiveness, humour and ritual to build up and maintain trust, not only between the people themselves, but also between the people and their environment, the forest, which is experienced as alive, benevolent and powerful. Their main artform is song, which they engage in not only in the evening by the fires, but also during the daily net hunt that involves men, women and children of all ages socialising with each other - through story-telling and banter - as well as socialising with the forest - through song, movement and the hunt itself.

The Mbuti practice what anthropologists call demand-sharing - which in practice means that if you have an excess of something, anyone else lacking that thing can demand their fair share of it. We tend to think of qualities such as trust and sharing as civilised add-ons; but for the Mbuti they are essential - and hard work. Their rituals, stories and ways of engaging with the forest are all intended to bring disharmony and conflict into the open and deal with it collectively in order to re-establish trust, healing and well-being. What we here would call physical or mental illness, deviance or crime, are there seen as being the consequence of disharmony amongst the whole group, rather than as something which requires the individual to be isolated from others to have their condition 'solved'.

Does the processes of developing co-ownership, partnership and collaboration require the same attention to human relationships (the

physical and social environment which we shape and which shapes us) and the same attention to the imagination, whether in the rainforests of Central Africa or in the hospitals of Central Scotland?

Functionsuite seems not only to be asking what is needed to enable people to create art as a collaborative partnership, but also whether it is possible for art to involve true co-ownership, partnership and collaboration? What shape would art and hospitals and social relations have to take if they were to really strengthen community through working to restore trust and a sense of co-ownership? Can the process of highlighting and giving voice to hidden connections and hidden disruptions through collaborative creative arts projects play its part in strengthening community? Does such a process involve not only recognising how we are shaped by our social and physical environment, but also that we can be the authors and creators of that environment?