

We usually think of artists working in isolation in their studios, away from the world. But for nearly a year now, a number of artists have been spending time in four hospitals in Edinburgh and the Lothians, taking in their surroundings and talking to patients and staff.

They were invited by Functionsuite to come and open themselves up to this experience – and to propose how they might work creatively with the people and places they encountered. It would not be enough simply to respond to what they saw as outsiders; Functionsuite stipulated that their whole artistic process would need to become part of the life of the hospital.

The artists submitted their proposals and Functionsuite recently decided which of them will go forward. A keynote to all of the selected projects is collaboration. In different ways, all of the artists are opening up the creative process to others in the hospitals. What follows is a description of several of the projects at an early, tentative stage in their development. Due to their open and collaborative nature, they are certain to evolve and change.

Several of the selected proposals are concerned with how people use the spaces of the hospitals, and with the ways in which the architecture affects how people feel and how they interact. Two of these projects will take place at the Royal Edinburgh Hospital, a psychiatric hospital which will soon be redesigned and rebuilt under the controversial PFI (Private Finance Initiative) scheme. The two artists involved, and the patients and staff they are collaborating with, are seeking to engage creatively with this moment of imminent change.

One of the two artists, Kate Gray, is interested in ‘thinking about hospitals in ways which do not designate them as outside of the “normal” sphere’, seeing them instead as ‘a dynamic part of the culture of a city’. She is developing this project with Albert Nicholson, a former patient of the Royal Edinburgh Hospital with architectural training, and Paul Barham, an architect. They currently have plans to create a self-sufficient, temporary pavilion from materials discarded by the hospital, which will be sited within the hospital grounds. They also propose inviting community groups to come and take part in events and activities (such as yoga and spinning) in the pavilion on May Day 2005.

Paul Carter’s proposal also involves ‘direct action’ on a hospital site, this time at St John’s Hospital, in a dreary and inaccessible courtyard next to the children’s ward. He will ask children there ‘to make drawings and maps and write descriptions of houses, buildings and landscape features that they consider to be ideal’. The children’s designs will then ‘be treated as complete architectural drawings and followed to the letter and built (on a small scale) within the courtyard’, creating an artwork which will be called ‘The New Republic’. He is interested, he explains, in the potential for the children to ‘take ownership of the space through the act of creation’.

By contrast to the ways in which the other Functionsuite artists are gradually developing partnerships with people at the hospitals, Graham Harwood (from the artists’ group Mongrel) plans to ambush unsuspecting members of staff and demand their involvement. His idea is to create ‘a robot telephone system that interrogates the different departments and individuals’. The strange and unexpected phone calls his system generates will, he hopes, become part of the talk that circulates within the hospitals, creating a new ‘urban myth’.

Several of the other artists’ projects will look at ways in which people at the hospitals socialise and support each other – and many are concerned with nurturing an appreciation of the individualities of patients and staff.

Ilana Halperin is collaborating with staff at the New Royal Infirmary’s accident and emergency department. She is interested in ‘the different tactics people use to cope with working in a high stress environment’, and is asking staff to talk about how they ease that stress. Together, they are exploring how a shared interest in hill-walking, for example, and the camaraderie within the department might be ‘combined into one narrative, bridging the gap between indoor work life and daily life/daydream life that happens outside’. Ideas such as organising talks by geologists and group walking events, and possibly producing a ‘weekend supplement magazine’, are currently in discussion.

A project by Anne Elliot, called 'Ways of Involving', is likely to result in a series of film portraits of patients and staff. The films will focus on the interests of the participants, and on what it means to share an interest. Jeannette, a patient at the Royal Edinburgh Hospital, is knitting squares for blankets, together with Margaret, a retired pathologist; Anne will make a film with them, 'using the blankets as props in imagined scenarios'. With another patient, Stewart, Anne Elliot is 'having a dialogue about family trees, mannerisms and interests adopted from parents. Looking at what makes us" in the non medical sense. We are interested in working with actors playing about with the idea of "us" on video.' Working with David, a consultant at the Western General Hospital, she will make a film about his hobby of bee-keeping.

Anna Best sees herself as a 'wanderer' in the hospitals, a state of being which allows 'disarray and intuition and illogic' into her working process. She likes 'the idea of trying to collage together the very unconnected departments and services and people and facilities into one extensive incoherent event or narrative'. One possibility she is exploring is to print and embroider a collection of stories on hospital sheets and pyjamas.

Sue Robertson, a Clinical Development Nurse who gives training to staff to help them support patients who self-harm, is collaborating on a second project involving Anne Elliot, called '... and the Trainees'. They are developing the idea of making a film which will complement other resources used within staff training.

The projects will all be finished by the end of summer 2005. Some of them will have been a living part of the hospitals in a fleeting way. Traces of others will remain for years to come – within the actual physical environment, in the memories of individuals, and in the collective imagination.

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