



FUNCTIONSUITE

ISSUE 2 SPRING 2004

ARTLINK HOSPITAL ARTS

FUNCTIONSUITE sees the Hospital as a community. We provide a space for exchange between members of this community and artists.

ARTISTS RESEARCH PLACEMENTS SPRING 2004

FUNCTIONSUITE is commissioning research by artists with NHS staff and patients in four hospitals in Edinburgh and the Lothians. Through this research the artists will identify ways of working with groups or individuals in the following areas:

- The Royal Edinburgh Hospital with **Anna Best**
- Courtyards in St. John's Hospital, Livingston with **Paul Carter**
- The Western General Hospital with **Adam Chodzko**
- Privacy across four Hospitals with **Steve Duval**
- Ways of Involving Individuals, Courtyards in St. John's Hospital, Livingston, and Bereavement services across four Hospitals with **Anne Elliot**
- Neurology in the Western General Hospital, Services Staff in the basement of the New Royal Infirmary, and Designs for the Royal Edinburgh Hospital with **Kate Gray**
- Accident and Emergency in New Royal Infirmary with **Ilana Halperin**
- IT departments across four Hospitals with **Graham Harwood from Mongrel**
- Sterilising Unit in the New Royal Infirmary with **Mick Peter**
- Courtyards in St. John's Hospital, Livingston with **Ross Sinclair**
- Across four Hospitals with **Sarah Tripp**

These research projects will underpin proposals to work co-operatively, collaboratively or with co-authorship

FUNCTIONSUITE
 Andrew Duncan Clinic
 Royal Edinburgh Hospital
 Morningside Terrace
 Edinburgh EH10 5HF
 t: +44 (0) 131 537 6127
 f: +44 (0) 131 537 6128
 e: functionsuite-artlink@macunlimited.net

The proposals will be posted on the website in late Spring

FUNCTIONSUITE team
 Anne Elliot-Artist Team Leader
 Kate Gray-Artist
 Caz McIntee-Programme Manager
 Charlotte Collingwood-Gallery Manager
 Justin Kenrick-Social Anthropologist

www.functionsuite.com

:please keep in touch and have your say



Images: front page; Storm. Inside page; documentation from meetings between Dr Adam Zeman and Kate Gray, illustration from "Consciousness a users guide" by A Zeman and a sketch by Kate Gray



Electrical storm: A rumble from the beginning of a conversation.

I was nervous. I was heading towards Dr. Zeman's office with a large cupboard housing an electrical storm. How could I explain this strange behaviour? Dr. Zeman's areas of interest are cited in his recent book as "disorders of behaviour, memory and awareness". On a pin board inside his office there are many postcards of beautiful, quiet paintings. I am fascinated by neurology, it seems to be trying to answer some fundamental questions about who we are and what makes us the way we are. One of these questions is what is art and why do all cultures seem to have a version of it.

We talk about what Functionsuite is and what it hopes to achieve, about Science art collaborations and what each party might gain from them and about metaphor and how it is used between staff and patients in Hospitals to explain procedures, illnesses and areas of work/study. This leads me to the cupboard. During our last meeting Adam explained a kind of epilepsy, to explain it to myself I made the information into a metaphor: to me it was a kitchen with an electrical storm in one of the cupboards. I decided to make it as a way of carrying on our conversation about metaphor.

It is a nondescript wooden cabinet. Inside are two shelves, on one a glass bowl contains the illusion of a storm (swirling mist with flashes through it, thunder etc.), on the other are the tools which are used to make it; the strobe light, the mister, the CD player and speaker and accompanying wiring.

Neurologist and author Dr. Vilayanur S. Ramachandran has proposed a link between Synaesthesia (a condition in which a person quite literally tastes a shape or sees a colour in a sound due to "cross wiring" between areas of the brain) to metaphor. He wonders if a version of this "cross wiring" may have led to our use of metaphor and that this may be a precursor for creativity.

Adam and I discussed how in art history, cabinets have been used as a symbol of the head and how the mixture of illusion and mechanics could parallel the mind/soul debate. I left feeling insensible but excited. The 'sketch' of the storm in the cupboard was my way of trying to find and negotiate common ground. I see it as part of a conversation which is still in progress.

onsultant Neurologist Dr. Adam Zeman and Artist Kate Gray

are currently having research meetings in order to develop a proposal. The following excerpts are taken from one such meeting and reveal two perspectives on the developing collaborative relationship. The texts were written in response to research methods suggested by Social Anthropologist Justin Kenrick.

Kate's breathing thunder box.

Kate and I had failed to meet a couple of times through bad luck: on the third occasion I had managed to forget all about the plan, but, happily, arrived at my office only a few minutes after our rendezvous, to find Kate and a large box in waiting. It was a while before Kate would reveal the contents of her box, but as we chatted beforehand she gave me a useful clue, mentioning that my explanation of epilepsy a couple of months before - in terms of abnormal electricity pulsing away in a corner of the brain - had made her imagine a kitchen cupboard containing an electrical storm. And so it was - her box contained a cupboard which opened to reveal two shelves: on the upper shelf, a glass bowl bubbled and flashed with a lurid blue light; on the lower shelf, electrical equipment lay in jumbled disarray. The bubbling and flashing had an accompaniment which I took to be breathing, but Kate told me was thunder. I have suspected that I am going deaf for quite some time. I felt honoured that our conversation had inspired this installation. Did I find it a thing of beauty? Not exactly. But I caught myself thinking about it later in the day - and the following one. When I described it to my ten year old daughter, who isn't too worried about the nature of art, she said that it sounded cool. I hope Kate will let me show it to her. And what would one of my patients make of it? I wonder. It might possibly induce epilepsy, or indeed migraine, in a few. But I agree with my daughter: it's cool.

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, sound, cooking and creative writing to name but a few.

I now see my task as enabling, understanding and learning 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?

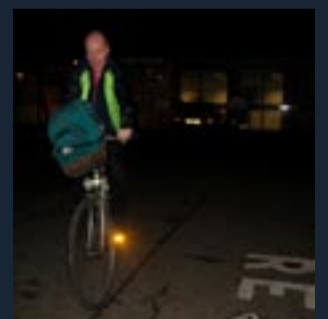


Coming to work with artists, patients and staff on this project feels much more like returning to the rainforests of Central Africa than engaging in applied social policy research in Central Scotland. This is because of the absolute centrality of the imagination and of co-ownership to the well-being 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 extraordinary effort and 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. 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?



Justin Kenrick is a Social Anthropologist and lecturer at Glasgow University