Vital Signs/Art and Wellness:
The Hospital as a Mediated Site

Miranda Jane Lawry

BVA 1979 SCA
BVA (Honours) 1981 SCA

An exegesis submitted in support of creative research for the degree of

Doctor of Philosophy (Fine Art)

The University of Newcastle
September 2013

Declaration

The thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to the final version of my thesis being made available worldwide when deposited in the University's Digital Repository **, subject to the provisions of the Copyright Act 1968.
**Unless an Embargo has been approved for a determined period.

Miranda Lawry
September 2013

Acknowledgements

My special thanks go to the staff from The Royal Newcastle Hospital who allowed me into their working lives and their histories. I would particularly like to thank the following staff who committed their time and energies to the 'Moving the Royal' program and who have all acknowledged the value of the Arts Health program to their lives: Kerry Cooper, David Huff, Julie Noble, Suzanne Martin, Sharon Michison, Denise Owen, Rhonda Partridge, Nerida Robinson and Liz Thwaites. I would also like to acknowledge the vision of Marily Cintra and Pippa Robinson, who have both been instrumental in developing Arts Health strategies to assist staff and patients in their daily lives within demanding health environments.

My thanks also to Dr Marguerite Johnson, who as my supervisor provided her expertise with generosity and thoughtfulness.

Finally, and most importantly, thank you to my husband Tony and my three daughters Jessica, Matilda and Arabella who have always believed in me and fill my life with love and adventure.

Contents

Appendix - The DVD situated at the back of this exegesis contains: staff interviews, official project documentation, newspaper reviews and articles.

Abstract

As photographers give people an imaginary possession of a past that is unreal, they also help people to take possession of space in which they are insecure.
(Susan Sontag 1990:34)

This thesis is the outcome of original inquiry that focuses on substantiating 'Practice as Research or 'Practice-led Research' as a means of generating and identifying 'authentic experience.'

The 'space,' as Sontag names it, is 'the hospital;' in particular, the hospital as a vulnerable, threatened and, ultimately, destroyed space. The theme of interacting with such an insecure space in order to record and articulate an 'authentic experience,' namely the experience of the staff who have worked in one hospital in particular, the Royal Newcastle Hospital (NSW), forms the foundation of this exegesis.

The research is situated within the area of Arts Health and is a theoretical and, at times, personal reflection on my time as artist-in-residence at the Royal and my relationship with the staff as they prepared to leave a much loved place of work.

As a photographic artist, the research was realised by using the photographic image as a primary visualising agent and, principally, the window as the prevailing encoded form. The resulting images and the process of creating them are recorded herein and have left the people of the Royal with a series of 'imaginary possession[s] of a past' that is now intangible in a material sense, and thus 'unreal.' Nevertheless, the images, some of which are now permanently housed in the new precinct, The Royal Newcastle Centre at Rankin Park, and memorialised in the first of the three portfolio books, *Pathologies of Time I - Royal Newcastle Hospital*, were created with the intention of working with the staff in order to contribute to their journey towards taking 'possession' 'of space in which they felt 'insecure.'

Preface

'Moving the Royal, Framing the Memories' was an art project funded by a collaborative grant between Hunter New England Health and The University of Newcastle. The project was designed to provide an approach to navigating change through an embedded artist practice and assessing the viability of such an approach to relieving the stress and loss felt by staff at the demolition of their hospital and their subsequent relocation. It focused on the dual aspects of change: the institutional desire to move forward after the closure of the hospital and the staff's loss of identity. The overarching project 'Royal on the Move' (which included a diverse program of events and publications celebrating the hospital and its achievements) was conceived firstly by the 'Arts for Health' staff at the John Hunter Hospital who were deeply aware of the grief and subsequent anger that had overtaken many hospital staff at the Royal Newcastle Hospital as the date for the hospital's closure drew closer. Beyond the official programs to celebrate the history of this iconic institution the regular staff felt marginalised and forgotten. My colleague Professor Anne Graham and I had already worked on several small research projects at the John Hunter Hospital in Newcastle from 2000 to 2003 where our installation works, which also dealt with institutional issues of engagement, had been well received.

This project's aims centred on assisting an organisation to navigate change. The artists participating in the multi-layered structure were also interested in assessing the viability and form of the approach and the intrinsic value of a permanent commissioned artwork in supporting the workforce in times of institutional restructure. The intention, therefore, was to publicly validate the minor but very important aspects of the daily working life in the hospital and the intrinsic role of the staff. The project therefore engaged with questions such as:

- How could an Arts /Health project navigate this deep sense of ownership and disappointment that was evident in conversations with the staff of the hospital?
- How could a project serve to provide an 'authentic experience' while also being commissioned (and funded) to officially acknowledge but navigate the future direction for the institution from a determined policy perspective?

As the project evolved from early discussions and planning, the two initial projects, incorporating an archive and photographic installation, grew to include a procession from the Royal Newcastle Hospital to the new hospital facility on the John Hunter Hospital campus at Rankin Park. Therefore the project incorporated three University of Newcastle researchers, Anne Graham (Fine Arts), Dr David Watts (Drama) and myself (as chief investigator). For the purposes of this research I will describe the structure of the research project to include reference to my two collaborators, without whom the project and its lasting value would not have been possible. I do however wish to specifically define my practice within the research, which is highlighted in the studio component and detailed in this exegesis. It is perfectly plausible for me that a collaborative process (in the Arts) can combine the expertise and vision of a team of practitioners generating creative interplays that transcend disciplines. The duality of practice, manifested in collaborative engagement, is what gives my practice an embedded voice.

Portfolio: Pathologies of Time I, II and III

The accompanying books in the portfolio case represent the creative work produced for this practice as research thesis. Each book documents the physical structure of an iconic hospital in the throes of closure and demolition or repurposing. It is recommended to view the books as a prelude to the exegesis.

Pathologies of Time I - Royal Newcastle Hospital is the primary case study. The photographic images map the body of the hospital through each stage of its demise using the windows and staff voices as the poignant framing devices. This extensive project, created over five years, also documents the commissioned art installation and related exhibitions.

Pathologies of Time II – Hospital Laennec describes the closure of an iconic Parisian hospital that had operated on the same site for over 350 years.

Pathologies of Time III – Hospital de la Santa Crue I Sant Pau images the Modernist hospital in Barcelona, Spain famed for its pavilion architecture, underground services and elaborate tiled interiors. This World Heritage listed facility will be transformed into a unique cultural centre.

The second two books represent an extension of the initial and principal project, 'Moving the Royal, Framing the Memories' (as depicted in Pathologies of Time I - Royal Newcastle Hospital). They provide the element of universality that reinforce one's understandings of, and contemplations on, the values implicit in what is ultimately and irrevocably lost in the progress of modernity - especially, in the instance of this research, the progress of medicalization, governmental imperatives and, ironically yet intertwined, property value.

Introduction ~ Examination

> **Vital Signs** Often called "baseline vital signs" or simply "a set of vitals" by health care providers, vital signs are the outward signs of what is taking place inside the body. Medical signs are not the same thing as symptoms. Signs are indications of a medical condition that can be seen, heard, felt, and measured not only by the patient, but also by others. Symptoms, on the other hand, cannot be seen, heard, felt, or measured by anyone but the patient; they are his complaints or description of his condition in his own words. (Kirk:unpaged)

Identifying the hospital I was born in always referenced my traumatic birth. Perhaps that was a way for my parents to acknowledge that without the expertise of a large city research hospital I may not have survived. Surgeons at Crown Street Women's Hospital in Sydney removed a large benign growth from my temple shortly after birth and monitored my progress in fighting off a Golden Staff infection with large doses of antibiotics. This antibiotic intervention presumably saved my life and left me with a minor affliction of no enamel on my baby teeth. This in itself defined my growing years and my link to the hospital, as my mother dutifully collected my baby teeth as they were expelled, for the purpose of research.

My memory of being driven past the hospital on each regular visit to Sydney from the country town where I grew up is intact. As a homage to great buildings of the world, I was connected through my parent's traumatic experience to the wonder and expertise of a hospital. The pilgrimage continued for years until the hospital fell foul of its funding masters (and a new technological era) and the site was sold off for urban re-development. The high-rise apartment dwellings no longer represented the authentic experience of my life story, and so the building reverted to just another urban site hardly worthy of reference.

By chance, and in keeping with tradition but not of my making, the hospital in another suburb of Sydney (Paddington) where my two eldest children were born in the 1980s was also closed and redeveloped as a high-end apartment complex in the late 1990s. Although their births were without incident and my memory of the institution was pleasant yet fleeting, it also represented to them a place of significance; a building that identified their entry into the world in a geographic and formative sense. Their joy at

having it identified each time we drove past reverted to questions of why the hospital had closed.

My initial conversation regarding the potential of a project to memorialise the closure of the Royal Newcastle Hospital in Newcastle in 2005 was, therefore, in some respects readdressing some of my own experiences. Here was another hospital entirely but with many familiar emotions associated with it.

This research is as much about land and site as it is about a building. Arts Health research underpins the work which engaged a hospital and its closure but also the site on which it stood. It is therefore appropriate to begin the exegesis with the story of the site.

In 2006 The Royal Newcastle Hospital in Newcastle, Australia was closed and finally demolished in 2008. This was a hospital that had existed on the same site for over 140 years. In part, the community of Newcastle linked its sense of history and identity with this iconic institution, and its loss reverberated across the region.

Since 1817[1] hospital buildings had graced the hill between the ocean and harbour in the city of Newcastle. The first penal hospital was replaced by a larger institution in 1866; following this another hospital was built on the expanding site in 1913 and was followed by subsequent buildings: Hannell Wing (demolished in 1924), North Wing (built in 1915), York Wing (built in 1927 and demolished in 1990) and the Royal Newcastle Hospital Wing (opened in 1950). While a number of the hospital buildings had been previously sold and restored as inner-city apartments, the Nickson Wing had continued to be utilised for allied services among other roles.

The announcement of the planned closure of the Royal Newcastle Hospital in 1989, and its subsequent demolition in 2008 was regarded by opponents at institutional and

[1] "Newcastle Hospital has stood on a hill between the Pacific Ocean and the Port of Newcastle for nearly two centuries. Newcastle Hospital is one of the oldest hospitals in Australia and the second oldest in NSW." (Marsden 2005: 1).

community levels as an injustice and a grab for cash by the State Government, which proposed to redevelop the site. This, however, had to be balanced by the limits of this facility to meet the needs of an increasingly decentralised community, the costs of maintaining a facility constantly impacted by salt spray and storm fronts. The other compelling concern was the damage caused by the 1989 earthquake that compromised the hospital's services immediately afterwards and made necessary plans to provide medical services from other facilities. In 2006 the majority of services had been moved to the John Hunter Hospital campus at Rankin Park, 10 kilometres west of the city centre in an adjoining new hospital building officially named the Royal Newcastle Centre.

The hospital's geographical location and physical setting were significant, both symbolically and in terms of psychological and/or emotional well-being, in addition to implications of healing or recuperation, and exerted strong influences on the individual and broader community. As Susan Marsden writes:

> Newcastle was marginal in relation to Sydney and Sydney-based government. The ill effects of physical isolation lasted much longer than the relatively short sea trip (60 nautical miles) warranted. Hospital committees and the press perennially complained of government neglect. The hospital enjoyed a well-situated site and hospital stays have been sweetened for generations of patients by the beautiful views and fresh sea breezes. (2005: 3)

Although Marsden goes on to note that "there have also been endless problems caused by this setting, ranging from sand drifts, and salt borne rust to snake infestations and earthquake," (2005:3) the location and the design of the hospital combined to enhance healing. Designed along the pavilion model favoured by Florence Nightingale (who had great influence in hospital design in Australia and Britain in the late 19th and 20th centuries), it consisted of buildings being arranged around a central courtyard to encourage airflow and maximise light. Nightingale "believed that miasmas from stagnant air caused disease and the design allowed cross-ventilation" (Marsden, 2005: 8). This design, with its emphasis on air flow, led to staff having to navigate long corridors, but large windows and external balconies enabled not only staff but also patients to track time, seasons and weather by looking through, out of, the windows overlooking Newcastle Beach. Indeed, research has identified the Biophilia Effect

where environments rich in natural views and imagery reduce stress and enhance focus and concentration; as articulated in the research of Nancy Wells and Stephen Kaplan.[2] Indeed, (importantly) the first direct research identifying hospital patients and the role that certain visual stimuli had on illness and consequently on wellness was by Roger S. Ulrich, when, in 1984 in the journal, *Science* he published findings from a research trial entitled 'View from a Window May Influence Recovery from Surgery.' In 2009 Ester M Sternberg in *Healing Spaces*, cites Ulrich's response to the question about his motivation for the research:

> "It just seemed like common sense," he said. "And the patients were already there, already being monitored for all sorts of things – heart rate, EKG, blood pressure, temperature – everything you could imagine. So we used those numbers to measure whether or not the windows had an effect on healing. We did it. And it worked." (2009: 2)[3]

Ulrich's emphasis on common sense is an important point of reference, and his research on the healing properties of windows of direct relevance to the Royal Newcastle Hospital. The effects of such a building with its vistas onto natural beauty via windows, and their positive impact on the lives of staff and patients, are significant issues. For example, from the windows of this beachside hospital, doctors were called back to work by nurses strategically placing towels out of windows, visible from the beach:

> In summer some of the staff used to go down to the beach in their lunch hour to swim and it could be a problem if they were swimming and lost track of time, there is an urban myth, oh not a myth but there were stories that what we would do is hang towels out windows as a signal for staff members to come back. That it was time to leave the water and come back and have a shower for the afternoon rush. There were a lot of theatre staff who would go down, some staff out of radiology they would literally walk down with their swimmers on, towel over their shoulder and go and swim at the beach and they would look back at the Royal and if there was a white towel hanging out of a certain window it was time to come back. It was always mentioned that it was urban myth but I know

[2] For example, in a longitudinal study following 7 to 12 year olds through housing relocation, children who experienced the greatest increase in nature views from their windows made the greatest gains in standard tests of attention (see Wells). A comparable effect was observed with college students based on the nature views from their dorm windows. Studies that examined the effect of gardening, backpacking, and exposure to nature pictures versus urban pictures corroborate the effect. One interesting finding is that the effect does not seem to require real plants in the environment, but mere imagery – window views, posters on the wall, and so forth seem to suffice (see Kaplan).

[3] In 1992 an article was published in the *Healthcare Forum Journal* titled 'Healing, design and the Planetree model' in which Urich extended his research findings to look critically at the design of contemporary hospitals. He cited an increasing acknowledgement that modern hospitals were noisy and disorganised and may be compromising patients' physical and mental health. The stress associated with institutionalised facilities seemed to be at odds with the care and support that patients had been observed to need to assist them in their healing.

> of cases where it did happen. That is a memory I won't forget, it just makes us laugh. It was just a part of the Royal. (Interview 8)[4]

Additionally, nurses recorded the annual migration of whales in intricate detail on yearly schedules that also drew staff to those windows to watch the pods and identify the breed more accurately.[5] On the one hand these migration records linked the staff to their work routines but the recognition of seasonal changes and the nurses' care and respect for the natural vistas right outside their windows elevated these amateur records to objects of poetic reflection. As artist Leslie Duxbury relates in her research, "Some texts were much more mundane, such as daily weather reports but when absorbed in a certain way become poetic proclamations" (2009: 59).

As Newcastle Hospital grew and expanded over the inner-city site its prominent features (up to 10 storey buildings), including nurses' quarters and outpatient facilities, became embedded in the life of its inhabitants. As Marsden states:

> Newcastle's hospital and beach have always been inseparable. The hospital is celebrated for its seaside location, scenic outlooks from the wards and benefits to recuperation of sea breezes. (2005: 48)

The reference to the sea was prominent in design features incorporated in the Nickson Wing by architects Stephenson and Turner (Marsden, 2005: vi) with "design features representing the seven seas in the main foyer of the post-World War II building and in paving on the ocean-facing entrance off Shortland Esplanade. These artistic representations of the world's oceans are a reminder of the hospital's early role in providing care for mariners from almost every country of the world (Marsden, 2005: vi).

The windows of the Royal Hospital symbolically and physically showed and reminded patients and staff of the world outside the walls and, as attested in the interview above, provided its inhabitants with a personal connection to the ocean and the nourishing effects of a natural, beautiful view. Ironically, the window in contemporary hospital design is compromised by both the cost of usable space and the need for hospitals to

[4] This is an excerpt from one of the interviews conducted for the project, 'Moving the Royal, Framing the Memories' (a discussion of the methodologies employed, including the interviewing process is discussed in chapter 2).

[5] Please see Appendix 1 & 2, for examples of the records of whale migrations given to me by staff.

house and facilitate high-end computerised equipment that requires stable consistent temperature control. To this end many older hospitals, as was the case with the Royal, are struggling to update facilities for new high-end technological equipment and adhere to occupational health and safety requirements. In new hospital design, while windows and natural light are prioritised, this often means that patients *not staff* are given priority to accessing views and natural light, which has been proved to lessen elevated blood pressure and anxiety. Accordingly, when the Royal Newcastle Hospital was closed and the facilities relocated to The Royal Newcastle Centre at Rankin Park campus, patients were housed in wards and rooms that had access to views of the outside landscape (minor window views) while the nursing staff were housed in offices without views.

The relocation of staff from The Royal Newcastle Hospital to The Royal Newcastle Centre at Rankin Park and their staff responses led to the 'Moving the Royal, Framing the Memories' installation, which directly referenced their memories of the role the windows had played in their lives at the original beach side location. This art installation is the primary focus of the research and is detailed in Chapter 2 along with an earlier and influential case study.

The project drew on previous studies that have explored the relationship between place and personal and communal well-being**,** using in particular**,** the work of Peter Read in *Returning to Nothing**:** The Meaning of Lost Places*, as well as the research of Glenn Albrecht who created the term **'**the age of solastalgia.'[6] Read's work was particularly useful as the move from the original site of the Royal Newcastle Hospital to its new home was both a cause of celebration but also trauma for its community (of staff, patients and connected communities) who expressed their pain at the loss. For this community, The Royal had a special place in Newcastle's history and its memory was not to be obliterated by the determinations of government policy. As Read writes:

> ... feelings about lost and destroyed places rouse our deepest emotions. We pour so much of ourselves into our houses, suburbs, towns and landscapes that

[6] As Albrecht comments: **"**The built and natural environments are now changing so rapidly that our language and conceptual frameworks have to work overtime just to keep up. Under the intertwined impacts of global development, rising population and global warming, with their accompanying changes in climate and ecosystems, there is now a mismatch between our lived experience of the world, and our ability to conceptualise and comprehend it".(2012:unpaged)

> they not so much represent our lives they become our lives. Losing a home or a suburb or leaving a homeland can be like losing a loved one. (1996:35)

Albrecht's research focus was on small rural communities where the expanding mining industry was forcing dislocation and stress for the population who witnessed their landscapes being irrevocably changed. As with my own project, Albrecht examined the Newcastle region, namely the mining communities in the Upper Hunter Valley. There is some irony in the transference of circumstances that have, and continue to, change the landscape of this region. With the closure of BHP in 1999, Newcastle is being redefined as a post-industrial city. The emergence of a large service sector driven by the two largest employers, Hunter New England Health and The University of Newcastle, has seen consolidation and expansion of facilities to serve an expanding community and a revitalisation of the industrial heartland and civic centre to reflect this new urban consolidation. The Hunter Valley over this same period is rapidly evolving from a broad-based agricultural community into a region pressured by the increasing development of coal mines and coal-seam gas exploration. This increasing pressure on communities to navigate change brought about by circumstances beyond the individual's control provides clear opportunities for engagement in multidisciplinary research.

This project established a methodology to study the nature of attachments to the workplace through an embedded practice that engaged the staff of the hospital through conversation, stories, anecdotes, artefacts and photographs to create evocative artworks. In *Creative Arts Research*, Elizabeth Grierson and Laura Brearley describe Arts-based and Arts-led projects that "involve imagination, invention, speculation, innovation, risk-taking" (2009:6). Additionally, they argue that:

> New knowledge is made possible through the materiality of practice itself. Such practices can be of the most challenging order intellectually and technologically, the most revealing and moving emotionally, the most embodied physically, or the most disquieting politically. Often they expose the cutting edge of imaginative ideas and new forms of thought as they reveal uncertainties in the human condition or subvert known systems of language, text and social practices. (2009:6)

In relation to my project, the process involved relevant archival material being identified by staff invited to contribute their stories of working life at the hospital. From this material, major themes were identified, which informed an understanding of

attachment to place. As artist-in-residence I produced a questionnaire and several staff completed it, either in face-to-face interviews or, in the case of one participant, in written form. The questionnaire comprised the following:

> 1) Could you begin by describing your involvement with the Royal? When did you first begin that involvement and what roles have you occupied?
> 2) Are there any significant events in the history of the hospital that you would like to tell us about?
> 3) Do you have any special memories of people, places or things associated with the Royal?
> 4) Are there any significant people associated with the Royal that you would like to tell us about?
> 4a) Can you describe the old Royal hospital building and the new Royal Newcastle Centre building?
> 5) Do you think there is a value to having artworks in a hospital environment?
> 6) Do you think the artwork, to which you contributed for 'Moving the Royal-Framing the Memories' has had any impact on your relocation?
> 7) Was the collaboration between the staff and the artists in choosing the windows and objects an important factor in making the project meaningful?
> 8) Have you any further stories, which you might like to contribute to the documentation of the process? [7]

The final interviews with staff (held in the new foyer of the Royal Newcastle Centre), and with the 'Moving the Royal, Framing the Memories' installation as a backdrop, provided the researchers with personal stories that consolidated the staff's memories of the old hospital, their personal window view and the value of the project in engaging them in a purposeful process that assisted in navigating change and created a meaningful and permanent artwork as a touchstone for settling into a new home.

In *Take Place: Photography and Place from Multiple Perspectives*, Kitty Zijlmans states:

> Contemporary art makes extensive use of photography. Photographs often form part of (multimedia) installations in which fascinating intersections are created. The remarkable thing about them is the way photography problematizes the concept

[7] See Appendix 3 for the complete transcripts from the staff interviews.

of ‘Place.’ The theme of place is self evident. After all, photographs are usually seen as referring to the place they were taken, but in many contemporary art installations this relationship is far more complex. (2009: 220)

These words have increasingly resonated with me since completing the ‘Moving the Royal, Framing the Memories’ installation that is now housed permanently in the Royal Newcastle Centre, Rankin Park campus. As a photographic artist my practice has been defined largely by projects that describe the ‘trace’ or imprint of the place long after it has disappeared. My vision is to describe emotionally through gesture, light and form, the power of presence in the absent site. My regular ongoing visits to the Royal Newcastle Centre to hang exhibitions of students’ work or to judge art prizes (as part of the Arts for Health program) engages me constantly in the success of this art work. From entering the building, there are always large numbers of people sitting within visual range of the work. Staff who see me tell me how much the work means to them and how often just looking at the window views calms their stresses and provides a moment of deep reflection (as had occurred naturally in the old hospital by the sea) For an artist, audience is a crucial part of the creative process and in this environment each year more than a million visits are recorded.

My role as a photographer extends beyond the purposeful practices of documentary photography and is informed by the possibilities of using the camera as a device to see beyond the observed reality. As Susan Sontag explains:

> As photographers give people an imaginary possession of a past that is unreal, they also help people to take possession of space in which they are insecure (1977:9)

Artists, and in particular photographers, have long been concerned with the idea of absence and the way in which cultural objects (buildings/landscapes) are haunted with immaterial traces of memory. Additionally, then, this research has aimed to provide a theoretical and methodological framework within which to reframe various ways in

which the trope of absence has been expanded within contemporary, socially-engaged and relational artistic practices.[8]

As an artist my practice fits within the definition of 'research as practice.' Graeme Sullivan in *Art Practice as Research, Inquiry in Visual Arts* referenced 'The New Adventures of Mark Twain: Coalopolis to Metropolis 2007,' in terms of an Arts research project, as a model. As both an artist exhibitor and curatorial manager of this project I consider the following reference as a powerful endorsement in positioning the artist as researcher. This exhibition was first shown in Newcastle in August 2007 and opened by author Don Watson before being shown in New York at Pearl Street Gallery in Brooklyn. It was inspired by a local anecdote relating to Mark Twain's visit to a dentist in Newcastle in 1895. Sullivan writes:

> The imaginative and intellectual intensity of the ideas being opened up by these artists serve as an opportunity to look in new ways at art, culture, history, and research, among other things. The themes and issues that underpin their creative enquiry take many forms and offer many insights. Disrupting the known by facing the unknown is precisely what the creative and critical practice of artist-researchers achieve in exhibitions such as the New Adventures of Mark Twain because the past never stays the same. (2010: 231)[9]

Sullivan uses two images from the exhibition including one of my works, 'Excursion 2', to further elaborate on studio-based research within the context of contemporary art practice, asking:

> How is the knowledge created by artist-researchers who through their studio practice investigate historical moments by creating artworks? First there is an unequivocal creative impulse that is an essential starting point in looking beyond what is known. Irrespective of whether the province of knowledge is stable or shaky, there is a need to move beyond prevailing attitudes, assumptions and assurances. Second, there is acceptance that traditional systems for constructing knowledge that rely on probable estimates or logical and plausible outcomes cannot fully respond to the challenge of new possibilities. This is where the artist can take us-to where we've never been, to see what we have never seen. (2010: 232)

---

[8] Relational art or relational aesthetics is a mode or tendency in fine art practice originally observed and highlighted by French art critic Nicholas Bourriaud. Bourriaud defined the approach as "a set of artistic practices which take as their theoretical and practical point of departure the whole of human relations and their social context, rather than an independent and private space. (2002 : 113)

[9] This project has also been cited in *Practice-led Research, Research-led Practice in the Creative Arts*, edited by Hazel Smith and Roger T. Dean (2009: 51)

The hospital as edifice has rarely been the subject of artistic enquiry (beyond the decorative), in fact this specialist institution operates historically to isolate itself by means of identifying trained staff and patients in need of care and attention as being those sanctioned to enter. Socially held in high esteem, hospitals rarely function as a truly open public facility but rather as an institution valued at times of need but otherwise doomed to be relegated to a politicalised necessity that bleeds money. Artists moving outside the constraints of the gallery system are intrigued to explore environments that offer opportunities to decode systems that define and construct belief systems, life experiences and social and political ideals. In a world saturated with images it is the artist who redefines meaning and offers new interpretations of old histories. The current fascination of photographic artists with recording the decay of post-industrial buildings in cities such as Detroit in the USA (Marchand and Meffre 2013) goes to the heart of the artist's desire to represent a past with some hope of understanding a future. The Royal Newcastle Hospital disappeared from view but the artists' inventive dialogue with its inhabitants draws rich and resonant stories.

The exegesis in divided into four chapters whose headings not only relate to the medical terminology of diagnosis but refer directly to the structure of the primary creative output entitled 'Pathologies of Time I,' which maps the inevitable decline of the physical structure of the hospital from its last days to closure and then eventual demolition. This deliberate framing device is crucial to the research which claims a direct and embedded structuring of the building to its inhabitants: the staff.

Chapter One: Vital Signs provides a theoretical and philosophical perspective on the nature of the hospital as an institutional structure. The historical underpinnings of Arts Health are investigated and detailed in a contemporary context.

Chapter Two: Life Support described the major case study 'Moving the Royal, Framing the Memories' in a detailed analysis of its structure, purpose and outcomes. The secondary case study 'Vulnerable Bodies' is described by way of referencing the initial collaboration at a hospital in Newcastle which established the purpose and benefit of Arts Health innovations.

Chapter Three: Last Breath situates the research within the context of related contemporary artistic projects with an international focus. For these artists the hospital is a powerful and political institution that reflects broader human and societal issues. The second section of the chapter describes two related projects where I have identified and imaged other significant hospital sites in decline. The sites, a. Laennec Hospital in Paris and the Hospital de la Santa Crue I Sant Pau in Barcelona, b. have more in common with hospitals in Newcastle Australia than could have been imagined and I will discuss.

Chapter Four: Post-mortem details the findings of the research and describes a multi-layered methodology that identifies a structured practice for future institutional partnerships in Arts Health. Along with this, emphasis is given to recent findings related to the arts and their place in hospital design. This more objective summary is balanced by details from the staff interviews to emphasis the power and resilience of the voices of the witnesses to the death of a hospital.

Chapter One ~ Vital Signs

> Water and air. So very commonplace are these substances, they hardly attract attention - and yet they vouchsafe our very existence.
>
> The beginnings of life are shrouded in myth: *Let there water and air*. Living phenomena spontaneously generated from water and air in the presence of light, though that could just as easily suggest random coincidence as a Deity. Let's just say that there happened to be a planet with water and air in our solar system, and moreover at precisely the right distance from the sun for the temperature required to coax forth life. While hardly inconceivable that at least one such planet should exist in the vast reaches of universe, we search in vain for another similar example.
>
> Mystery of mysteries, water and air are right there before us in the sea. Every time I view the sea, I feel a calming sense of security, as if visiting my ancestral home; I embark on a voyage of seeing.
>
> (Hiroshi Sugimoto)[10]

Theoretical and Philosophical Perspectives:

This practice-led project began from research that was primarily concerned with assisting in a process of navigating change. It evolved into a deeply engaging journey where the broader narrative of institutional change was consumed by the narrative of the staff and the building itself. The hospital is described through a theoretical, political and methodological framework (trope) for visualising notions of absence. Institutions charged with the responsibility of caring for communities from birth to death are defined by history and increasingly constrained by government policy and restricted budgets, and increased expectations of cure and longevity. This research questions how hospitals can be seen within a public discourse and community consciousness and what is the place for creative engagement (not intervention) within a complex, demarcated institution that is the lifeblood of a community.

Several theoretical and philosophical tenets underpin this research project. Of particular relevance is the work of Marc Augé and his concept of the anthropological site. The hospital, for example, may be viewed as an anthropological site where the staff inhabiting such a complex environment describe, through their voice and body, the

[10] Hiroshi Sugimoto is a Japanese photographer who uses the expression 'time exposed' to describe his fascination with the transience of life and the conflicts that arise between life and death.

intrinsic mechanisms and images that form a powerful connection to the aura of place (Augé: 2008:42). Augé describes such an anthropological place as "a principle of meaning for the people who live in it, and also a principle of intelligibility for the person who observes it," further suggesting that such an "anthropological place functions on a variable scale" (42). He suggests that "these places have at least three characteristics in common. They want to be – people want them to be –places of identity, of relationship and of history" (43). These three characteristics are particularly relevant to the hospital, for "To be born is to be born in a place, to be 'assigned to residence'. "(43)

The collaborative spirit that brought this work to life connects the need for the inhabitants to give meaning to a lived place and for the artist to translate potent and emotive memories transcribed onto the physical structures of a rapidly disappearing edifice, re-imagined and transposed into their new facility as a means to navigate change.

Hospitals by their very nature are daunting edifices with a powerful and imposing presence. Institutions charged with the role of caring for the sick and dying, they exist outside of the consciousness of the majority. In this sense, Foucault's work on 'heterotopia' (1984:3)[11] is useful. The hospital, as cited by Foucault, is an example of a society next to, for instance, prisons and walled gardens. Places determined by one's extreme circumstances, observed only by those from within. He describes these places as beyond places, even though it is possible to describe their location. Heterotopias always presuppose a system of opening and closing that both isolates them and makes them penetrable. In general, the heterotopic site is not freely accessible like a public place. Either the entry is compulsory, as in the case of entering a barracks or a prison, or else the individual has to submit to rites and purifications.

The emphasis on hospitals from a community perspective is determined by each person's own experiences of engagement, as a patient, carer or visitor. This engagement

[11] In *Of Other Spaces* (3-5), Foucault goes on to discuss the *heterotopia*, a form of utopia that has been enacted: an attempted, constructed space. Through production, the utopia has become real (reflecting both its society's hopes and unwanted defects that enter the projection) yet remains unreal exactly because it has been undermined by the interference of reality, society, and practicality. In this way, the utopia is both absolutely real and absolutely unreal, rather like a mirror. It is a heterotopia.

is transitory and usually effected by the level of stress and anxiety present and the final outcome of the experience. The staff's association with the building and its operation is defined by the physical space and the powerful yet subliminal enculturation of practices derived from a historical context, medical imperatives and social-cultural mores that define and delineate individual staff's motivations and actions**.** The words 'space' and 'place' appear to be interchangeable in describing a specific location within a constructed environment, however within this framework Lucy Lippard's definition provides an established position from which I have operated: **"**Space defines landscape, where space combined with memory defines place". (1997:9)

In a sense, the hospital mechanisms are mirrored to a point in our understanding of the body, where each specific facility (and specialist) engages in a process of activating, monitoring (skin) and supporting the primary functions (organs) of the institution. In his essay 'Walking in the City' Michael de Certeau theorises on the way that the inhabitant of the city navigates the formal constructed edifice with an individualised and 'poetic' manner. The purposeful determination by civic authorities to design buildings for utilitarian purpose is overridden by the serendipitous meanderings of the individual in physical and emotional experiences that occur randomly or in routine sequence throughout the lived experience. "Memories tie us to that place…. It's personal, not interesting to anyone else, but after all that is what gives a neighbourhood its character. There is no place that is not haunted by many different spirits hidden there in silence, spirits one can "invoke" or not" (1984:108).

Mark Kiddel queries in his film 'A Hospital Remembers' ('les hopitaux meurent aussi'), a documentary about the closure of an iconic Paris hospital, why staff leaving decommissioned hospitals mourn the very buildings that have given and sustained life. This poses the question: Why is it important to understand and facilitate opportunities to consider these institutions as being missed for the reasons beyond those mandated by their official roles? As a nurse from the Laennec Hospital in Paris commented in the film: "I'm going to miss the sort of village aspect and the human contact. It's a real community. It's alive, it's human, it's warm."

In addition to such theoretical approaches are more practical issues. Structurally, for example, hospitals have always operated with efficiencies in design to manage illness

and its related consequences through strict protocols and specifically determined environments. These environments are increasingly compromised by the reliance on advanced technology, their costs and installation requirements and government pressure to work within tighter and tighter budgets. Significant issues with staff work satisfaction and patient health outcomes have seen initiatives put in place to assist in redefining the hospital as a facility were the broader human life experience can be reflected and illness is to a degree balanced by processes and practices that instigate 'wellness.'

The structures of hospitals are predicated by strict procedures that maintain on the whole an efficient, effective mechanism to achieve the best possible outcomes for patients. A hierarchical structure (both from a physical and staffing perspective), evident from the first visit to a hospital, shows that staff develop mechanisms to counter this rigidity and form very powerful connections to their workplaces.

Arts Health – Historical Background:

Much has been written describing the history of art in hospitals. It is referenced in Greek history where art installed in temples was an aid in the healing process. In Italy, the fresco, 'The Care for the Sick,' from Santa Maria della Scala in Siena is described by John Henderson:

> a tradition in Italian art of representing the poor in hospitals as part of their program of advertising their good works. The best known of these are the patients in the frescos in the Pellegrinaio, or pilgrims' ward, at the hospital of Sanat Maria della Scala in Siena" (2006:131)

Henderson's research on Medieval and Renaissance hospitals clearly identifies the role that art or iconography played in the foundation and design of centres to house and treat the sick poor from the c.1450 to the 1600's. In the 1600s news of these institutions was spreading across Europe and references to architectural and sculptural features were being implemented into institutions treating the poor.

The earliest Italian medical school opened in Salerno in the ninth century AD, and, as the place where the streams of classical, Arab and Jewish medicine flowed together, was the predecessor of the medical Renaissance. A number of medical texts have survived from the Salerno school on various aspects of medicine. The best known is the *Regimen Sanitatis Salernitanum* (the *Salerno Book of Health*). The book is filled with

practical suggestions for maintaining health at a time when medicine was largely ineffective in curing sickness. It was translated by Sir John Harington, who is also credited with the invention of that most useful, and comforting of devices, the water closet, the seat of civilisation. Argué quotes from the book:

> Air, rest and sleep, pleasure and food,
> If taken in moderation, keep man in good health.
> Abuse of them turns these pure ingredients into poison
> Which ravages the body and disturbs the mind"
> Salerno school in the 11th Century (1995:185-6)

Dr Jillian Gates, in her PhD thesis *Aesthetics for Visual Arts in Hospitals,* describes the commissioning of artwork in the 1400s:

> The quality and aesthetic of art during the fourteenth century was based upon civic function and high quality artisanship, and was usually commissioned by wealthy patrons, the church, or large community organizations. The monasteries or hospitals exhibited works of art that indicated an intention to create an environment conducive to healing (23)

Florence Nightingale's notes and references to the aesthetic needs of patients highlighted a set of principles in the mid nineteenth century around which hospital design was determined:

> The effect in sickness of beautiful objects, of variety of objects and especially of brilliance of colour is hardly at all appreciated. I have seen in fever (and felt, when I was a fever patient myself) the most acute suffering produced from the patient not being able to see out of the window and the knots in the wood being the only view.
> I shall never forget the rapture of fever patients over a bunch of bright coloured flowers. People say the effect is only on the mind. It is no such thing. The effect is on the body, too. Little as we know about the way in which we are affected by form, by colour and light, we do know this, they have an actual physical effect. Variety of form and brilliancy of colour in the objects presented to patients are actual means of recovery. (1861:82)

Arts Health in Contemporary Perspective:

It is within these contexts that this research evolved. Artists were invited to participate in a program of community events celebrating the life of a unique hospital and its consequent closure. Having participated in a number of hospital art commissions leading up to this invitation (although not at this particular hospital), the initial and understandable concerns of the constraints on a project operating from an institutional environment, such as hospitals, were minimised. The induction processes, work

protocols and internal structuring of a health setting were familiar enough to overcome any initial reticence.

With the evolving area of Arts Health, the hospital in a western context has progressively (since the mid 1980s) engaged in new research and planning initiatives to integrate the Arts into the hospital's primary role in advancing patient care and outcomes, and providing health environments that minimize stress and disorientation for patients, visitors and staff. Arts Health projects therefore aim to reconnect staff through the broader focus of their health community by providing opportunities to exhibit and perform and engage in activities that promote inclusion and identity.[12]

The evolution and integration of Arts Health has been identified within three broad areas of practice:

a) The communities of carers, medical and allied health staff and Arts Health coordinators who facilitate engaged experiences that support the hospital community;

b) The architects, designers and hospital planners who have increasing be called on to design and facilitate buildings that integrate services to maximise positive health outcomes for all participants through evidence-based design;

c) The health professionals who have, through evidence-based research and knowledge of the value of training in the 'Medical Humanities", engaged in and advocated such partnerships.

The policy framework for this new discourse has been driven broadly by both research findings in medicine that have identified correlations between views of nature and healing rates (see Urlich) and architectural research in the area of the 'sick building.' It

[12] A small number of studies on art in hospitals have yielded findings parallel to those from nature research. Results suggest a consistent pattern wherein the great majority of patients respond positively to representational nature art, but many react negatively to chaotic abstract art (Ulrich & Gilpin, 2003). For example, Carpman & Grant (1993) studied the preferences of 300 randomly selected inpatients and concluded that the patients consistently preferred nature images but disliked abstract art. Although nature pictures and other emotionally appropriate art elicit positive reactions, there is also evidence that inappropriate art styles or image subject matter can increase stress and worsen other outcomes (Ulrich, 1991). It should not be expected that all art is suitable for high-stress healthcare spaces, as art varies enormously in subject matter and style, and much art is emotionally challenging or provocative. The pitfalls of displaying emotionally challenging art in healthcare environments are revealed by a study of psychiatric patients (Ulrich, 1991). The unit was extensively furnished with a diverse collection of wall-mounted paintings and prints. Interviews with patients indicated strongly negative reactions to artworks that were ambiguous, surreal, or could be interpreted in multiple ways. The same patients, however, reported having positive feelings and associations with respect to nature paintings and prints. ;

has also been driven by governments who have increasingly become anxious about depleted health funding options and an aging population dependent on medicine to manage their illnesses. The challenges of meeting the environmental needs of increasingly sophisticated technological equipment also has meant that hospitals are constantly compromising the internal layout and use of the hospital facilities, where state-of-the-art machines are rapidly encroaching on the workspace of staff and the public areas. Not only do hospitals in Australia, the UK, Canada and the USA reflect these initiatives through their operational plans and development strategies but a vast majority have Arts Health programs (with paid coordinators) in operation, providing and initiating a broad cross-section of programs, events and commissions throughout the hospital.[13] In the morgue at the John Hunter Hospital, a facility shrouded in fear and loss, artists were commissioned to provide two meaningful works to assist in soothing the anxiety of loved ones performing final acts of farewell. These include a wall mural to soften the institutional facility and a hand-made quilt to maintain a semblance of connection to the warmth and caring of a family group. These small, unobtrusive acts of compassion matter at a time of great stress, in an institution too focused on primary care to necessarily consider this need.

The majority of Arts Health projects to-date have focused on the plight of the patient in the hospital context, whether it is implementing Arts projects in treatment rooms, surgeries, high dependency units or hospices, or providing space for curated exhibitions and, in some settings, the display of art collections purchased by the hospital in public spaces of the hospital (waiting rooms, corridors and foyers and coffee shops). A little known aspect of this Arts Health initiative in hospitals is that the staff (who spend the most time in the facility) have become advocates for the benefits of these programs. As custodians they value the defined research outcomes and recognise the intrinsic benefits of the Arts as they observe these interactions with artwork in the corridors, in waiting rooms and treatment areas and in the scheduled programs of art exhibitions, performances and recitals.

[13] In Australia hospitals such as Westmead Children's Hospital , Randwick Children's Hospital and St Vincents Hospital in Sydney, N.S.W, Flinders Medical Centre in Adelaide, SA and the Royal Melbourne Hospital in Victoria have devised innovative projects focused on Arts Health engagement.

An example of one Arts Health initiative is the 'Blue Yarn' project, which in 1989 mapped socio-political-financial-health dilemmas in a hospital in the USA. The Virginia Mason Medical Center in Seattle was losing money through what was determined to be substantial inefficiencies. C.E.O. Dr. Gary Caplan drew on advice from a rather different field. In fact he approached a Toyota car plant in Japan that was using innovative practices to build efficiency and productivity into its factories. For an evidenced-based medical institute this break with a science-based protocol was at one level daring and at another symptomatic of a culture constrained by rationality:

> The entire, multiyear overhaul started with a ball of blue yarn. The staff met with a Toyota Production System sensei and he took out the ball of blue yarn and a map of the hospital and told the staff to trace the path a cancer patient would take on a typical visit for chemotherapy treatment. When they were finished, it was an immensely powerful visual experience for everyone in the room. They all stared at this map with blue yarn snaking all over the place, doubling back on itself and making complicated twists and turns from one end of the building to the other. They understood for the first time that they were taking their sickest patients, for whom time was their most precious resource, and they were wasting huge amounts of it. (99% Invisible: Episode 30)

This practice of using the ball of yarn to map the physical constraints of the hospital space identifies a creative approach to imagine time and space and a person's engagement within that territory. Here creative visioning was called on to assist in re-interpreting an increasingly compromised technological environment that clearly had implications for the patients and staff.

In the foyer of the Royal Newcastle Centre, the replacement facility located ten kilometres inland from the original hospital site and surrounded by bushland, a baby grand piano takes centre stage, the music that emanates from it surprises and comforts people as they enter and move around the entrance to the hospital. The volunteer musicians are as varied as the public entering the hospital: retirees, music therapists, children of staff practising for music exams and sometimes surgeons or interns escaping the rigours of the operating theatre for a moment to unwind and reconnect with the world around them. This piano was funded by the Pink Ladies organisation who provide their time to support patients in hospitals by providing allied services and fundraising, it was inspired by a similar program at Chelsea and Westminster Hospital in London. Soon after the Royal Newcastle Hospital was opened, the headlines in *The Newcastle*

Herald proclaimed the value of such a piece of equipment in engaging the hospital community in activities to sustain them in their stressful working lives.[14]

It is crucial to have an understanding of the institutional framework from within which this research and other creative collaborations within a health sector environment operate. This relationship can be defined by examining the dynamic nature of the constructed space from which the narrative is derived and transformed. For example, from an ethnographic perspective, the deeply felt connection of the hospital staff to the physical dimensions of the building they were leaving, and the landscape within which this building derived its unique character and ownership, were acquired through conversations describing their work histories, visits to particular rooms and facilities, and acquiring collective stories of the site. The identification and documentation of meaningful views and the collection of objects recording the personal engagement with their workplace were also undertaken. The building became a mapped site differentiated by the individual floors and the orientation to the sea. Common abbreviations for rooms and clinics were familiar to the staff but created a task in orientation and communication for researchers.

Through an embedded practice this Arts Health project enabled hospital staff (who were often overlooked in these interventions by the need to identify practices and processes to support the patients, carers and families) to reflect on their connection and identity within a work place, to trace and articulate these memories of place and to then have this art installation prominently displayed in their new hospital work environment.

The 'Framing the Memories' installation imagines the façade of the Royal Newcastle Hospital by way of revealing the negative spaces of the windows. The views are subverted by the lack of clarity for the viewer through the salt encrusted, rain marked glass. Each view is at once recognised by the staff member who revealed its location to the photographer and who carries their own physical orientation through that once grand building by the sea. For others with no direct association to that 'place' these windows carry the acknowledged effect that the landscape can have to lessening anxiety and feelings of displacement. Just as French theorist Roland Barthes argues that "the image

[14] See Appendix 11

and referent are laminated together, two leaves that cannot be separated (landscape and the window frame for instance).” (Edwards on Barthes 2004:2)

Arts Health in Australia:

As a means to locate the Australian perspective on Arts Health research, community and Arts engagement the following summary will describe initiatives, institutional champions, government policies and Arts Health programs in specific hospitals from a framework of current determinants.

In early 2013, ‘Create Australia,’ the Australian Federal Government’s national cultural policy was released. In it there was acknowledgement that the government ‘recognises the centrality of creativity and culture across the society and all of government and identifies ways government can enable it to flourish.’(‘Creative Australia’: unpaged)

It was further emphasised that culture is created by community, not government and that this new policy was designed to engage with and enable communities to prosper through creative engagement at all levels of society and with a determined commitment to supporting diversity, identity, excellence in artistic and creative pursuit of ideas, strengthening the capacity of the cultural sector to contribute to national life, community well-being and the economy and supporting innovation and new knowledge and creative industries.

Situated within the policy framework of community well-being is an independent Australian organisation established in 2006, the Arts for Health Foundation, and recently renamed the Institute for Creative Health. This body’s primary goal is to establish long-term support for Arts and Health advocacy, research and practice paradigms across health areas in general and to embed the arts in all aspects of approaches to health and wellbeing.

Its mandate is to provide ongoing support for the new national framework on Arts and Health (identified in the ‘Create Australia’ policy), broadly focused on the Australia Council for the Arts’ Arts and Health strategy report published in 2006, entitled ‘Strategy Options in Arts and Health.’ The latter was prepared for the Australia Council by the Faculty of Architecture, Building and Planning and the Program Evaluation Unit,

School of Population Health at the University of Melbourne and The Brotherhood of St Laurence.

In the summary of the project report it highlighted the intention of a national approach to the Arts and Health:

- Provides evidence to highlight the proven role for the arts in delivering positive outcomes in health care
- Builds awareness of the benefits of arts on health, within arts organisations and medical/healthcare/community service providers
- Provides access to practical information and advice on this topic, and on services available across Australia (including Indigenous health)
- Promotes research into the area, and encourages the evaluation of arts activities in health care settings
- Identifies new opportunities for artists and arts organisations to work in health care
- Promotes Australian arts in health practice.[15]

Another major submission to government was the National Cultural Policy Discussion Paper written by Deborah Mills on behalf of the Arts Health Foundation in 2011.[16] Entitled 'Joining the Policy Dots: Strengthening the contribution of the Arts to individual and community health and well-being,' it sought to describe the Arts Health framework within an Australian context, providing and practice framework policy context and case studies.

In June 2012 The Institute for Creative Health convened the National Arts and Health forum in Parliament House in Canberra. The forum arose from an invitation to facilitate national consultation on the draft national Framework initiated by the Australian Governments Standing Committee on Health and endorsed by the Cultural Ministers Council. This National Framework is intended to provide Australian Governments with the tools and impetus to assess their existing Arts and Health programs.

[15] Measuring health outcomes of engagement in the arts: the Arts Health Strategy for the Australia Council.

[16] Joining the Policy Dots: Strengthening the contribution of the arts to individual and community health and wellbeing. National Cultural Policy Discussion Paper by Deborah Mills.

At a state level The Victorian Health Promotion Foundation (VicHealth) has been for 25 years instrumental in engaging communities and individuals in addressing health issues through innovative activity that has included sport, education and the arts.

Examples of Arts Health initiatives throughout Australia identify best practice models that reflect the policy framework and funding options available in each state. Each hospital program identifies their primary needs. For example Westmead and Randwick Children's Hospitals have differing environments and programming than hospitals with a broader demographics and specialisations. Flinders Medical Centre at Flinders University in South Australia has one of the longest running Arts in Health programs of its kind in Australia. Started in 1996 and providing an extensive program of exhibitions, performances, workshops, art-based therapies, environmental and public art works it is now based within the department of Allied Health.[17]

Arts Health in Newcastle, New South Wales, Australia:

Marily Cintra established the Health and Arts Research Centre Inc. in 1999 in Australia and as an executive officer, artist and community cultural worker she has been engaged in programs with the health sector in NSW for over 20 years. The Health and Arts Research Centre Inc. has offered strategic consulting, including arts and heritage planning and strategy development for healthcare facilities and conceived and facilitated the development of Arts and cultural programs to support health and well-being of communities. Cintra convened 'Synergy: Arts, Health and Design, International Symposium' in Sydney in 2003,[18] a conference that attracted experts and practitioners from 40 countries.". At this conference artists, community arts practitioners, arts policy advisers, health researchers and architects specialising in Design and Health presented models for practice and evaluation across the sector. Included were internationally renowned researchers such as Dr John Zeisel, President of Hearthstone Alzheimer Care in the USA, Dr Yeunsook Lee, the Director of the Institute of Millennium Environmental Design and Research, at Yonsei Uni in Seoul,

[17] Arts and Health at FMS – Program Report and Arts in Health at FMC- Towards a Model of Practice. As a recognised leader in the field of arts health programs Flinders Medical centre has published two papers that outline their 'model of practice'. This evaluation drew on the knowledge and experiences of a broad cross section of people within the hospital who had facilitated and engaged in arts health programs across a high dependence facility.[17] These publications identify varied approaches to art practice within a hospital setting.

[18] 'Vulnerable Bodies', the first case study in this exegesis was delivered as a paper at this conference.

Korea, and Dillon Kombumerri, an architect and the manager of the Merrima Aboriginal Design Unit in Sydney.

Cintra's impact in the Hunter region was marked by her visioning and co-ordinating of the public art and cultural planning for The John Hunter Hospital and the Royal Newcastle Centre along with 16 other health care facilities in Australia: Henry Fulton Nursing Home, Lemongrove Gardens Hostel, Wyong Mental Health Centre, Gosford Hospital, Wyong Hospital, Nepean Hospital, Camden Hospital, Campbelltown Hospital, Fairfield Fairfield Hospital, Corella Lodge Detoxification Unit, Braeside Hospital, Bankstown Hospital, Sydney Children's Hospital, Liverpool Hospital and Canberra Hospital. Of the 11 health care facilities where she implemented arts Health plans 10 have continued with ongoing programs.[19]

Closing the Royal – the Event and the Research (Windows):

If the body of a hospital can be described through the vision of its occupants by way of mapping the building through the void of the windows (now demolished) is it possible to imagine other ways of mapping transient processes such as emotion in the construct of a substantial urban space? In interviews conducted with the staff there was consistent reference to the windows and, more importantly, to a sense of "breath":

> I mean we had the most beautiful location and it was really therapeutic, if someone stressed you out or made you angry you walked to a window, took a deep breath, looked at the view - and there you go, you were fine.
> (Interview 6)

> For sure there would be times when I needed time out for myself if I was dealing with a difficult situation, it was quite relaxing to look out that window and get my breath back and just re evaluate how to approach a situation. Look out the window and do that and then I was able to go back into a room and discuss the situation with a patient which really helped myself, I was able to approach people in a calm manner which might not have been the current situation and I found that so helpful.
> (Interview 8)[20]

This 'breath' is manifest in this project as having been expressed (physically) by the hospital staff who used the windows to reflect, refresh and re-engage and the external

[19] In 2006 Marily Cintra was awarded the Australia Council prestigious Ros Bower Award which honours the achievements of an artist or arts worker with a proven record of high achievement in the field of community arts and cultural development. I had the great pleasure of being a nominator and referee for Marily for this award.
[20] Taken from the staff interviews conducted at the end of the project (see Appendix 3)

atmospherics that once projected the dynamics of wind, rain, salt and breeze onto and through the hospital. These atmospherics imposed more permanent physical effects on the structure, and more temporary effects on the physiology and psychology of the patients and staff.

As hospitals have moved to facilitate increasingly sophisticated medical technologies their priorities have altered to focus on secure air-conditioned, controlled lighting and spaces where windows (and natural light) are compromised. As discussed in the Introduction, the work of Roger S. Ulrich is important here. Ulrich has critically examined the design of contemporary hospitals, citing an increasing acknowledgement that modern hospitals are noisy and disorganised and may be compromising patients' physical and mental health. The stress associated with institutionalised facilities seemed to be at odds with the care and support that patients had been observed to need to assist them in their healing.

The hospital as a narrative and as a structural framework is described visually both in the time in which it operated on its historic site, through the difficult transition of the closure and finally demolition. The device that I have adopted to provide this extended narrative with its multi-layered structure offers a new mode for the dissemination of this research. I consider this crucial to the integrity of my creative practice and an extremely valuable role for practice as research in future interdisciplinary programs.

The research outcomes have been constructed through a phased process which includes:

a) **Public Installation:**
'Moving the Royal, Framing the Memories' installation commission installed in the foyer of the Royal Newcastle Centre (Rankin Park campus) of Hunter New England Health – of primary significance to the participating staff and hospital community who had so passionately and generously engaged in the process;[21]

b) **Exhibitions:**
'Charting Memory Framing Memory,' an exhibition at The University of Newcastle Gallery (2007)[22]

[21] Please see Appendix 4 – Hospital Public Arts launch.

[22] Please see Appendix 5 – 'Charting Memory Framing Memory' exhibition catalogue.

'Art and the Archive,' an exhibition by Fine Art researchers from the Arts/Health Research & Practice Centre at The University of Newcastle, John Paynter Gallery Newcastle (2008)[23]

'A Fine Line, Podspace Newcastle,' in conjunction with The Second Arts/Health Conference, Newcastle (2009)

'Healing: space and place Podspace, Newcastle (2010) in conjunction with the 2010 ArtsHealth Symposium: Arts/Health Pain/Pleasure - the image music text of pain and healing' (6-7 October 2010), The University of Newcastle .
Feature in the Research, Connecting Research & Community UoN (2006) (of primary significance to creative arts researchers, ArtsHealth researchers, interdisciplinary researchers)[24]

c) Publication:
A published artist book, *Pathologies of Time 1*, which narrates the life and death of a hospital and the visual links to that site that can sustain and nurture its original inhabitants – of primary significance to the staff of the Royal Newcastle Hospital and broader Hunter community, historical and archival institutions.

Ethics in Socially Engaged Practice:

The ethical considerations and requirements in research such as this were structured within the framework of The University of Newcastle's Ethics guidelines together with the broader understandings and practices of artists. The first stage of such a process was to develop a research proposal, which outlined the proposed methodology and any ethical issues. This research proposal was reviewed by the university Ethics committee and was not required to be referred onto the Medical Ethics Committee (HRMI) as there was no direct engagement with hospital patients nor a project that proposed any medical interventions as part of an evidenced based project.

The primary ethical consideration was the intention of the researchers to interview hospital staff and volunteers about the history of the hospital and to collect stories of individual's most treasured memoirs of a building that was to be demolished. In line with the committee's requirements letters were sent to staff inviting their participation and all contributing hospital staff viewed and confirmed their interview as being appropriate to publish. Researchers provided participants with accurate information about the purpose, methods, demands, risks, inconveniences and discomforts of the

[23] Please see Appendix 6 – Newcastle Herald review.
[24] Please see Appendix 7 – Exhibition floor sheet.

study.

As an Artist Residency this research project was fundamentally about establishing relationships between the artist and the host environment which required an understanding and respect for the fundamental ethical and practical processes under which each organisation operated. As Arts Residencies vary dramatically across organisational structures there has been increasing interest in developing models that suit a hospital setting and deliver the best practice outcomes that large funded institutions require. Flinders Medical Centre in South Australia was instrumental in developing a model in 2012 entitled Arts in Health: Towards a Model of Practice which provides the Australian Art Health sector with guidelines and projects.[25]

The hospital induction protocols were required to be completed by the artist researchers before starting their residency (and research project). A detailed orientation session was held when health and safety procedures were outlined and appropriate communications practices within the hospital were discussed. Police checks were processed and each artist was photographed for their identification cards (required for entry to both hospital sites). As there were two hospital sites in question: The Royal Newcastle Hospital site on Newcastle beach and The Royal Newcastle Centre at the John Hunter Hospital campus, specific orientation procedures were required to understand and work within the constraints of a building being prepared for closure and demolition and on the other hand a new building site construction site, where site visits were a regular occurrence.

The hospital's protocols also included clear guidelines concerning issues of privacy, confidentiality and access within the hospital complexes. Having received the official induction the artist researchers were offered generous access to most of the hospital facilities, usually negotiated by a hospital employee on behalf of the artists. As this research project extended over a number of years the artists built a strong bond with the hospital staff at an administrative and medical level and as such the research project adapted in a seamless way.

The role of the Arts for Health coordinator at John Hunter Hospital was crucial to the ultimate success of this project. Their expertise in the day-to-day coordination of

[25] Arts in health at FMC : Towards a model of Practice Christine Putland 2012

meetings, introductions and access arrangements to specific wards, treatment rooms and administrative offices and their familiarity in negotiating with management offered the artists a truly embedded and authentic experience. To have a professional within the hospital organisation who is recognised for their expertise and diplomacy promoting the value of the arts to overworked, stressed and highly trained medical staff is of such value to any interdisciplinary project and at a broader level a value to the institution in the many ways that the arts can assist in creating more liveable environments.

Chapter Two ~ Life Support

We may live without [architecture], and worship without her, but we cannot remember without her. (Ruskin cited in Hornstein 2011: cover)

Our perception of place changes not only with our location, the weather, and the time of day – the physical elements of space – but also with our moods and our health. Our sense of where we are is continually being created and re-created in our brain, depending on current conditions and on our memories of what went on there. (Sternberg: 2009:15)

This chapter outlines two case studies – 'Vulnerable Bodies - Art, Architecture and the Public Body in the Hospital Environment' (2000-03) and 'Moving the Royal, Framing the Memories' (2004-06). Both projects illustrate my practice-based enquiries into the Arts/Health nexus as it applies to two Newcastle hospitals: The John Hunter Hospital [JHH] (Rankin Park) and the Royal Newcastle Hospital (Newcastle). 'Vulnerable Bodies' dealt with the Medical Imaging Centre and public and office spaces on the ground floor of the JHH. 'Moving the Royal, Framing the Memories' dealt with the closure of a historically important hospital in the centre of the city of Newcastle and the redeploying of staff to a hospital facility (The Royal Newcastle Centre) on the John Hunter Hospital campus.

> Arts Health is the connection or interface between the arts and creativity, and health, science and wellbeing. There is tremendous interest in research that explores the nature and effectiveness of the interface between creative arts, health and allied disciplines, and for artists and fine arts academics to work with those in the community involved in promoting health and well-being across all groups and in a wide range of contexts. Areas of interest include the interface between the arts and developments in therapies, educational strategies, treatments, technologies and environments that aim to promote and enhance individual health and healthy functioning communities[26]

[26] Mike White's introduction to a workshop held at the University of Newcastle in 2007. Mike White at that time was the Director of Arts in Health at CAHHM, Durham University UK. The University of Newcastle was looking to establish a research centre in the Arts Health field. This initiative along with several conferences and symposium in 2007,08,09,10 assisted in developing many projects, programs and policies across the Australian sector.

This research used a number of strategies to describe and theorise the role of the artist in shaping memories. It is situated within a reference to site or architecture and uses the 'hospital' as the armature through which to describe the power of the image to describe absence and presence.

Case Studies

Case Study 1: 'Vulnerable Bodies: Art, Architecture and the Public Body in a Hospital Environment' (2000-03):

Background:

'Vulnerable Bodies, Art Architecture and the Public Body in a Hospital Environment' was a funded project undertaken between 2000 and 2003 that identified the opportunity to develop collaborative practices that engaged the expertise of professionals within the hospital with artists to investigate and develop creative solutions to the institutional barriers that left staff isolated and disengaged with their surroundings. The project was predicated by the developing area of Arts Health research that was identifying the benefits of research being undertaken in a multi- disciplinary context within the health sector. The multidisciplinary team included artist researchers Anne Graham and myself from The University of Newcastle and from the John Hunter Hospital, Dr Paul Thomas, Head of Nuclear Medicine, who was joined by Marily Cintra and Pippa Robinson both instrumental in devising and running the Arts for Health program at the hospital. This project was the first of many Arts Health collaborations over the past decade.

The John Hunter Hospital's Arts and Cultural Plan was initiated by the hospital in 1999 having been successful in obtaining a Community, Environmental and Design grant from the Australia Council in 1998. The initial plan, facilitated by Marily Cintra's organisation, Identity, Environment and Art, was formed through extensive discussions

and interviews with over 500 hospital staff, visitors and patients and local community representatives. This plan was staged to roll out over several stages (1999-2000, 2001-2002 and 2002-2004) and engaged all areas of the hospital in initiating Arts and cultural activities and commissions. With the success of this plan, substantiated through evaluations and recognised visual improvements in the hospital's interior spaces, Hunter New England Health initiated a second phase in its arts and cultural plan by implementing a similar plan in 2003 for the new hospital planned for the same campus (after the closure of the Royal Newcastle Hospital). Anne Graham and myself were asked to submit a brief for a major art installation in the foyer of the new hospital facility, which was accepted (detailed in case study two).

1. Research Plan and Aims:

The project proposed that the installation of interactive art works, which relate to the architecture and interior design of the Imaging Unit at John Hunter Hospital, would significantly reduce the stress levels of both staff and patients. The Imaging Centre was composed of mainly windowless spaces with a massive presence of equipment. Patients endure a long period of immobilisation while undergoing examination. The artworks would be interactive, allowing patients and staff the possibility of some control and choice in the nature of their environment. The project was seen as a pilot project exploring interactive public artworks and their relationship to architectural spaces.

The primary aims for this first project centred on the Medical Imaging Centre that Dr Paul Thomas had identified as needing attention in providing patients and staff with visual stimuli appropriate to the centre in which patients spent long timeframes receiving treatment and staff worked in windowless spaces. Dr Thomas' concerns relating to the inadequacies of certain facilities within his centre to support the needs of staff and patients, including dull, lifeless waiting rooms, corridors and internal windowless offices was instrumental in encouraging the hospital's approach to commissioning art works.

The Research Plan sought to provide a number of key reference structures within which the research project could reflect and evolve:

- Conduct a literature review to identify current developments in the field of the Health Environment;
- Conduct a review of interactive art to identify current developments which may have application for the field of the health environment or other public spaces;
- Reference the spaces of the Imaging Centre and their uses and occupancy by staff and patients. Document all the existing graphic interventions (photographs, cartoons, posters) located in unusual places in response to the physical location of patients undergoing tests;
- Analyse existing graphic interventions in relation to subject matter, placement and age of users of particular spaces, cultural backgrounds and gender;
- Develop further criteria for assessment of material through consultation;
- Develop prototypes for the three series of artworks: video projection; images supported by existing fixtures; moving parts. Select three pieces, one from each area, for further development in consultation with staff and patients in the Imaging Centre;
- Fabricate and install the three works;
- Develop a questionnaire to establish the effectiveness or otherwise of the works.

A number of projects were identified and discussed with the staff. Some of the projects included innovative uses of technology to animate artworks specific to the physiological needs of the users while others suggested small visual interventions to offer patients visual stimuli while lying motionless in their beds.

Proposed projects:

1) An interactive artwork in the waiting room that worked with motion detection to change the rhythm of the work (quiet movement during the day when the hospital is chaotic and fast movement in the 'after hours' to stimulate the environment of cleaning and night staff) (images page 54);

2) Photographic images placed in the head boards of the beds on the wards, utilising the night lighting provided and offering patients an image library from which to select works. This modulated design, making use of the existing wall and ceiling structures, was proposed to integrate images (of the sky and landscape) into the corridor ceilings, giving patients lying on trolleys being moved endlessly from bed to procedure room, a

more stimulating visual experience than that offered by the flat featureless ceilings (images page 55);

3) The Sky Windows which were suggested for the internal corridor offices that had windows curtained-off due for privacy. As Dr Paul Thomas was also a well-known landscape photographer, we determined to create a series of abstracted landscape images (with his encouragement) that provided all the office windows along the public corridor with a unified facade and each individual office window with a private, personally-selected landscape view. (images page 56 & 58)

Process:

Early discussions with hospital staff and tours of the Hunter Imaging Centre, initiated by the Arts for Health Coordinator had allowed the researchers to familiarise themselves with the crowded facilities. The issue of windowless spaces was paramount to address, as was the concern that random decorative devices (posters, framed prints), and hospital signage provided the only visual element in waiting rooms and treatment centres. In other scenarios waiting rooms and general office spaces were crowded with superfluous medical and office equipment.

Feedback from staff encouraged the researchers to look at other methods of adapting the recognised role of static art work in such environments (reported as personalising the space, creating a vision that takes you away from the reality of 'now'). As Professor Roger Ulrich identified:

> As general compass points for designers, scientific research suggests that healthcare environments will support coping with stress and promote wellness if they are designed to foster: 1. Sense of control; 2. Access to social support; 3. Access to positive distractions, and lack of exposure to negative distractions;A growing amount of scientific evidence suggests that nature elements or views can be effective as stress-reducing, positive distractions that promote wellness in healthcare environments'. (1991 : 3-97-109)

Working in a truly engaged, collaborative process Dr Paul Thomas was encouraged to offer his images as the visual component for the project. Paul's landscape photographs were already hung in his office and patient waiting areas and he had been invited to hang his work in a number of exhibitions within the hospital. His reputation as a medical specialist and photographer within the hospital made his work a perfect choice

with which to work. It was immediately recognisable and the staff respected and admired his dual roles.

Outcomes:

Of the five or six projects envisaged for development and installation in the hospital only two (the Sky Windows and Sky banner project) were eventually completed in this pilot. The nature of the projects to include interactive elements, e.g. using electronic processes (such a motion detectors) or placing images in environments that required light to be passed through them (transparencies) where seen to compromise the medical equipment or procedures, such as being able to find veins on patients being transported through corridors on trolleys. These issues, along with the budget limitations, meant that the additional projects, scoped to visual modelling phase were mothballed. Ironically, in the years since that project was completed, there have been many commercialised projects that took as their base the ideas with which we experimented. (images page 59)

Sky Windows was installed along one of the busiest access corridors of the hospital. The large picture windows were fitted with slim-lined, double-sided light boxes that were then loaded with duotran[27] images. On the outer, public corridor side, abstracted images of seascapes and skies in enhanced colour were installed. These images offered a visual ground that delivered colour and intensity to the architectural space and captured the brief attention of the passing traffic. On the inside of each office space the light-box inserts featured calmer landscape themes of tranquil rainforests and creeks. Again these views were abstracted to focus on the forms and colours of quiet contemplative environments. The light-boxes were installed to allow staff to change the images regularly to suit the seasons, or a need to revitalise a space with minimal impact but maximum effect. The use of Dr Paul Thomas's images provided a way a sharing and collaborative engagement (for the research artists, hospital staff and patients) and the original photographs were acknowledged on the wall in the main corridor on a plaque that outlined the project.

[27] Duratrans material is intended for large format, full-colour display of photographic content in a controlled, backlit environment, so that light passes through and illuminates and brightens the graphic display. Most common applications for Duratrans are retail, advertising and promotional, where maximum colour saturation and contrast are desired.

These window scenes had the option to be changed regularly by the office staff in the internal spaces to match their particular moods or preferences. The exterior images that were integrated into a flow of all six windows would be changed as a set. The concept of an image bank library designed for the staff to select alternate images over time to be replaced in the light boxes was greeted enthusiastically by the staff, but unfortunately with increased priorities within the hospital for primary care there is neither the time nor a staff member to action this. (images page 57)

The Sky Banners, an additional installation, was realised and installed outside Intensive Care on the second floor with the remaining funding. Ironically this art installation did meet the interactive brief in that the fourteen individual blue fabric banners (imprinted with clouds) were hung on an armature secured to the wall and just below an air-conditioning vent. The air movement from the air conditioner activated the banners and provided the movement to suggest an open sky that mirrored the large glass atrium roof above. Located outside the ICU unit of the hospital anxious family and friends awaiting news of their loved ones' condition had an artwork that calm rhythms (in the flow of the fabric cloud banners), rested the eyes and offered an opportunity to project beyond the hospital walls. (images page 60)

The Sky Window project, one of two devised and realised as part of the grant is still in situ in the hospital twelve years later.

The major outcomes from this initial project was to validate the use of installation artwork in the environment of a 'windowless' institutional building to inspire in the occupants a sense of connection to the outside world and hence to alleviate acknowledged stress. It was primarily focused on working collaboratively with staff at the John Hunter Hospital (Medical Imaging Centre) to the extent that the decisions about subject matter, media and placement were arrived at jointly. Art in this context was taken out of the museum and given an active role in a challenging environment where the associated staff was able to articulate their concerns, ideas and artwork. The project built an initial model that provided a framework to envisage further Arts Health projects as research where the methodology was framed by a commitment to strategies

of conversation, communication and collaboration. The interactive modular artworks were intended to be accessible to a diverse audience (general staff, specialist professional staff, patients, visitors, administrators) and to foster a sense of ownership, identity and community in the potentially inhospitable environment of the Imaging Centre but also of the modern hospital facility.

This project was reported in a paper at the international Art and Health Conference (Synergy) in Sydney in February 2003.[28]

Case Study 2: 'Moving the Royal, Framing the Memories' (2006):

> Like our intimate social bonds, particularly the first, our relationship with the larger world is built from countless sensory interactions between our settings and us. In a real sense, the places in our lives get "under our skin" and influence our behaviour in ways we often don't expect. (Gallagher 1994:129)

This was initiated by a partnership between The University of Newcastle and Hunter New England Health, and included Anne Graham, David Watts and myself from the university and Marily Cintra and Pippa Robinson from the JHH Arts for Health. The draft Memorandum of Understanding (MOU) was signed by both organisations in September 2005 detailing the project, its funding, scope and purpose. In summary the document outlined a project envisaged by the hospital and the artists to navigate change and assess the viability of such an approach and its possible use in a range of varied circumstances.[29]

The research built on previous projects by the individual members of the team, namely the 'Vulnerable Bodies – Art Architecture and the Health Environment' project completed at the John Hunter Hospital in Newcastle, Australia in 2003.

[28] Conference Presentation: "Reflection on Public Body and Hospital Environment" Synergy: Art Health and Design World Symposium. UNSW Feb 2-5 2003 A forum for sharing and further developing the critical debate in the field of art, design and culture- within the context of health and wellbeing.

[29] See Appendix 8 – The MoU between the University and Hunter New England Health.

This new project had an added complexity in that it involved two sites: taking photographs of the old site (the Royal Newcastle Hospital) and incorporating these into the new building at the John Hunter Hospital campus, as well as creating installations and wall texts that acknowledged the history of the Royal Newcastle Hospital (1817-2005). The intention was to add a layer of history and familiarity over a new place. (images page 61)

When the artists were approached to consider a brief for the new Royal Newcastle Centre in 2005 the opportunity to reflect on the 'Vulnerable Bodies' project, installed in the John Hunter Hospital, proved worthwhile. In this instance the art projects being commissioned were being planned from the outset to be included in the James Wallis Building (original name) Arts and Health Plan commissioned by Hunter New England Health and developed by Health and Arts Research Centre HARC in 2003. Owing to community concern regarding the official name for the replacement hospital the James Wallis Building was renamed the Royal Newcastle Centre in early 2006 in respect to the original hospital on the beach.

Overview:

The original concept for this project was primarily a response to the location and to memories of the doctors, nurses and patients of the beautiful views through the windows of the hospital. It is clear in reading and hearing some of the autobiographical comments of the doctors, nurses, specialists and ancillary staff just how important the environment was to their general wellbeing and ability to cope with their difficult, and at times very stressful, jobs. The artworks created through this project therefore aimed to provide a tangible reminder that all was (is) not lost and so aimed to alleviate some of the difficulties inherent in change. The project sought to provide an opportunity for

people associated with the Royal to share memories and preserve a part of Newcastle's history. [30]

Aims:

The aims of the project were:

1. Views: looking through the windows of the Royal featured strongly in the memories of the medical staff and the patients. A major aim, therefore, was to document these views and take them to the new location in order to preserve an intangible sense of the beauty of past place;
2. Artefacts and objects: another aim was to document the artefacts and objects associated with the hospital to be used as source material to develop artworks that evoked a sense of past nursing and medical history.
3. A specific artefact – nurses' uniforms: another aim was to develop artworks from this research. For example 'nurses' bows' featured (after two years of training, provided the trainees passed their exams, they wore blue stripes instead of mauve and the shape of the cap changed. A stiffy crocheted bow was tied under the chin. The bows were the pride and joy of senior nurses and were usually tatted, crocheted or *broderie anglais* motifs worn on an angle over the left ear);
4. Display: The project also aimed to develop a flexible transparent system for displaying archival objects and new artworks as well as a flexible hanging system;

[30] See Appendix 9 – Newcastle Herald article on the closure of the RNH

5. Interview: Another major aim was to develop innovative artworks based on information derived from the interviews and research into the Royal Newcastle Hospital and its communities;
6. Explore: Artwork with a universal appeal was also a motivating factor and stories and memories that inspired such work was developed. The aim was to produce work with a universal appeal in its focus on matters relevant to us all: birth, loss, and recovery, and to provide an opportunity for individuals and the community to express notions of belonging, identity and society.

In accordance with these aims, the project was designed to invite staff to:

1. Provide an object (artefact) from their working environment that they would like to see displayed permanently in the Royal Newcastle Centre. Items were specified to be no more than 50cm square (larger items were considered where space allowed);

2. Speak in an interview that was filmed in order for them to outline the history and significance of the object, which will form part of the archive;

3. Identify a view from the building (from a particular window etc.) or particular place in the hospital that they would like to be photographed to form part of a visual display at the new hospital site;

4. Participate in the planning, development and evaluation of the Procession.

Methods and Techniques:

In order to achieve these aims, the project was conducted in five stages:

Stage 1: Photographic documentation of the old site of the Royal commenced immediately as the site was due for redevelopment. A search for documents relating to the Royal was conducted (including media releases and newspaper

clippings, coverage of the opening ceremony, photographic records). These documents were used to establish a timeline history of the Royal and assisted in formulating questions to be used in the interviews. Artefacts were collected at the same time and some archival photographs were used and interpreted in the final display with the artefacts. The written and visual material formed the primary source for the subject matter of the artworks.

Stage 2: An ethics application was developed, which sought consent from the interviewees to be taped, transcribed and stored by The University of Newcastle. The interviewees were selected in collaboration with the research project manager at the Royal Hospital, Marily Cintra, and included a selection of staff members from all levels of hospital management, such as administrators, doctors, nursing staff, allied health workers, technical and office staff, catering and cleaning services and volunteers. Community members involved in fund raising activities, lobbying for the original construction and upgrading of the hospital were also invited to participate. The interviews were informal although they were conducted using approved ethics committee guidelines; interviews of this type can sometimes take an unexpected direction so the role of the interviewer had to be flexible.

Stage 3: The interviews were transcribed although it was not expected that this would result in an independent publication, but used primarily as a source to generate artworks and to provide wall texts elucidating aspects of the place and its history.

Stage 4: The oral histories were collated with the written documents and visual images. They were used to establish a chronology of events and to explore any common themes revealed. The production of the artwork then commenced.

Stage 5: The artworks were installed at the Rankin Park campus (new facility) as one of the major design component of the art commissioning devised for the new hospital complex.

Outcomes:

'Moving the Royal, Framing the Memories' provided an approach to navigating the sometimes disruptive and unhappy process of changing location. Employees of the Royal were invited to look again at their workplaces leading up to the closure. I photographed their selected favourite views from the office, ward, kitchen and rooftop, and these views were then mounted on aluminium and installed in the foyer of the Royal Newcastle Centre as a permanent artwork along with Anne Graham's artefacts. Anne collected meaningful objects and artefacts which encapsulated the personal and public activities of the Royal population. The objects were mounted in transparent cabinets alongside the photographs adding to the implied architectural memory on the original site (the photographs scaling the atrium wall and the display cases sectioning out the wall space to suggest an imprint of a building structure.

David Watt organised a celebratory procession from the old location to the new. The performative element was developed and intended to provide the relocated personnel the opportunity to experience a sense of passage from the old to the new. An audience of over 2000 on the day of the procession walked or lined the processions path from the hospital to the foreshore where displays from the hospitals past were intermixed with social venues where old and new staff could reminisce. The procession provided a symbolic collective link between the Royal and JHH;[31]

The photographs and object stimulated conversation, memories and a sense of shared history. The dislocation of moving was clearly eased for the participants who acknowledged their voices through the vision of the site and the artefacts. The project provided a model to assist in similar situations of urban change, making change and renewal a positive rather than a negative experience.

[31] Not Going Quietly The Royal on the Move Procession Place, History, Memory and Community-Based Performance. Kerrie Schaefer and David Watt. About Performance, No 7 2007 Pub Sydney University

As the project drew upon the relocation of the clinical services unit of the Royal Newcastle Hospital to identify, capture and portray the connections that exist between a sense of identity associated with place and communal well-being, these connections were unquestionably established as again and again interviewees lead the researchers to particular viewpoints from the windows of their workplaces, or related stories of special things seen and remembered, for example: the changing seasons and the impact of light on the ocean and the intervention of calendars to alert staff to the seasonal passing migration of the whales. Perhaps even more notable is the continued impact of the installation in the cafeteria of the Royal Newcastle Centre. I continue to collaborate with the staff at the RNC and have had the opportunity to observe the relocated staff's ongoing relationship with the images and objects installed in the public foyer space, where every year over 1 million visits are recorded.

The installation continues to evoke memories but it also brings the other places into the present, the photographs of the ocean become windows in the vast architectural space of the new facility, the sound, light and smell of the ocean remains a tangible presence. The objects, some of which were invented, handmade artefacts are even more tangible in the remembered, bodily experience of holding these things. The installation has been known to induce tears, but these tears are not so much of sadness but healing.

The project also resulted in related conference presentations:

1. Pippa Robinson and Miranda Lawry, 'Reflected Visions,' The 2nd Arts Health Conference proceedings, Newcastle NSW (2009);
2. Miranda Lawry, 'Moving the Royal, Framing the Memoires,' Taking Heart: A Quest for Medical Humanities Conference, Byron Bay NSW (2006).

Large institutional buildings are challenging to negotiate and they operate on so many levels depending of the occupants requirements. These public spaces in hospitals serve to provide an entry point to navigate from, a service point to acquire information and sustenance (food and drink) or a waiting space to while away time between appointments and procedures. These spaces have their own energies and place challenges and demands on artists. Artwork can influence a sense of a space through the overall ambience and culture determined by its use. Artworks can either occupy a space of be fundamentally about the space.

'The Royal on the Move' project provided the artists/researchers with a rare opportunity to participate in a project from the initiating phase.

The James Wallis Building Arts and Cultural Plan was developed in 2003 as a precursor to the closing of the Royal Newcastle Hospital and the building of a new facility at Rankin Park to delivery specialist services and community access to broad based medical support.[32]

The aim of the original consultancy by the Health and Arts Research Centre was:

"To create a cultural and public arts plan with significant involvement of the Royal Newcastle Hospital staff, visitors and patients, and that contribute to the wellbeing of users of the new James Wallis Building". (2003:4)

The recommendations from this arts and cultural plan where framed around supporting all users of the hospital in providing environments that offered positive engagement and avoided harmful impact. This was envisaged and actioned through including artwork in all public spaces and waiting rooms that referenced nature and history. As a second priority areas where people were suffering high stress (for patients, staff or visitors) such as interview rooms, procedure rooms, and pre-operative and post-operative areas would have areas prioritised for art works. The hospital commitment was made for basic funding for the implementation of the plan and included coordination of the projects (2003: 10)

The vision that was shown by Hunter New England Health and the expertise of the consultant devising the plan reflects on the capacity of the health system to acknowledge, support and identify the values of this developing field of art and health in establishing strong bonds for connection of staff and patients in navigating the contemporary hospital environment. The broad based partnerships between the regional hospital sector, the arts community and the University of Newcastle has seen The Hunter region creating arts and health synergies in facilities such as John Hunter Hospital, The Mater Hospital (Mental Health Redevelopment) and The Royal Newcastle Centre for over a decade.

[32] James Wallis Building Arts and Cultural Plan, Health and Arts Research Centre HARC 2003 – a cultural and public arts plan created for Hunter New England Health to assist in the integration of the arts into the new facility at Rankin Park.

‘Vulnerable Bodies: Art, Architecture and the Public Body
In a Hospital Environment’
(2000-03)

An interactive artwork devised for a waiting room, using motion detection to change the rhythm of the work over the 24-hour access period.
This work was not completed due to funding.

'Vulnerable Bodies: Art, Architecture and the Public Body
In a Hospital Environment'
(2000-03)

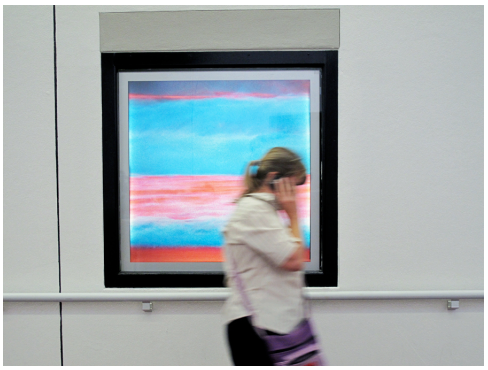
Bedhead images for hospital wards. This project was not realised due to OH&S issues at the time (above).

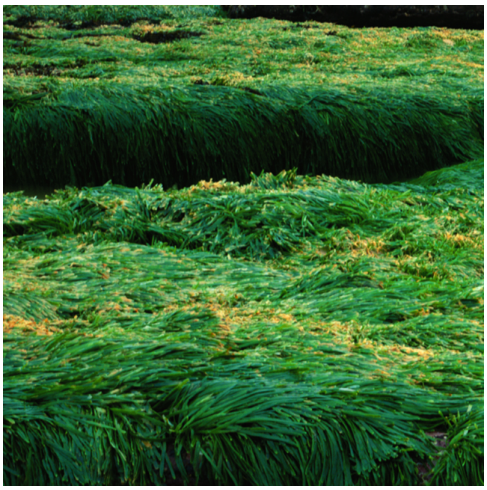
'Vulnerable Bodies: Art, Architecture and the Public Body In a Hospital Environment' (2000-03)

Dr Paul Thomas's original image (left) and the creative abstractions used to create the final light box transparency images (above) for the external corridor.

'Vulnerable Bodies: Art, Architecture and the Public Body
In a Hospital Environment'
(2000-03)

Sky Windows Project
John Hunter Hospital
(External corridor)





Vulnerable Bodies: Art, Architecture and the Public Body
In a Hospital Environment' (2000-03)

Dr Paul Thomas's original image (bottom left) and the creative abstractions used to create the final light box transparency images (below) for the interior offices.

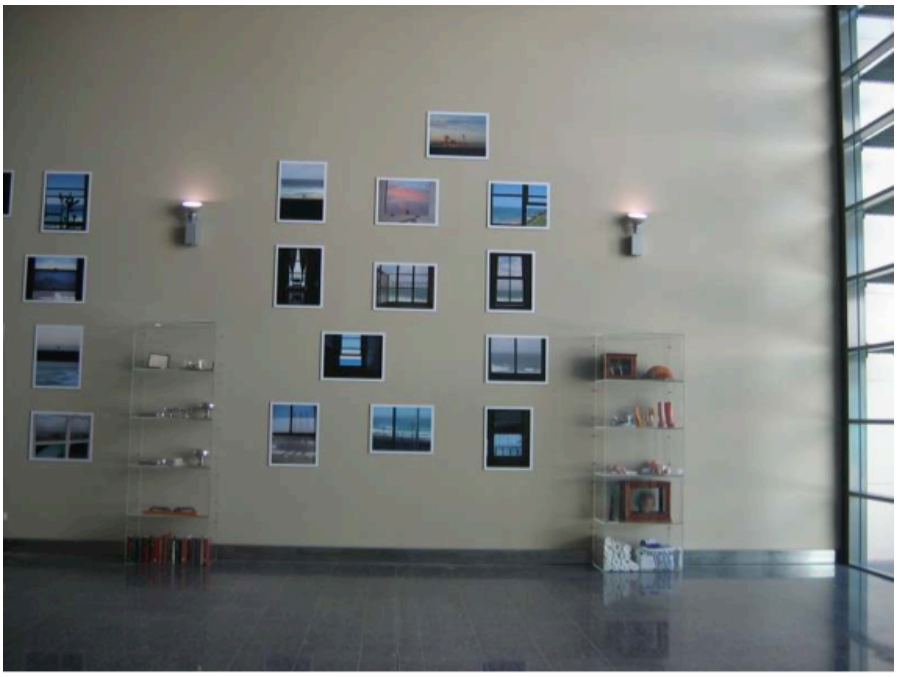
'Vulnerable Bodies: Art, Architecture and the Public Body
In a Hospital Environment'
(2000-03)

Proposed images for the ceilings of the hospital corridors to improve the visual experience of patients being moved on trolleys (above). This project was never realised due to OH&S issues at the time.

Commercially available 'SkyCeilings' that have since been marketed (left).

'Vulnerable Bodies: Art, Architecture and the Public Body
In a Hospital Environment'
(2000-03)

Sky Banners, blue fabric imprinted with clouds that is strung along a wire frame installed under a air conditioner that provides animation with the air flow.



‘Moving the Royal, Framing The Memories’
Installation (2006)
The Royal Newcastle Centre, Newcastle

This project is documented in the book ‘Pathologies of Time I’ – The Royal Newcastle Hospital (2013)

Chapter Three ~ Last Breath

This building I believe to be the first that was ever known to have drawn its own picture. (Talbot: 1859)[33]

More than any other medium, a photograph tends to evoke questions on where it was taken and whether the world depicted involves the "real" or constructed place. But what is the difference between the experience of a place in real life and in a photograph? (Westgeest, 2009: 2)

This chapter situates my work within the context of related contemporary artistic projects addressing the environment of the hospital. Key artists include: Mark Kidel (UK) Maria Elvira Escallon (Colombia), George Hadji-Michalis (Greece) and Denis Roche (UK). The second part of the chapter describes two related projects of mine, 'Pathologies of Time II - Hospital Laennec, Paris', and 'Pathologies of Time III - Hospital de la Santa Crue I Sant Pau, Barcelona'.

The above words of Fox Talbot refer to his first successful camera image, a photograph the size of a postage stamp showing the oriel window in the south gallery of his home, Lacock Abbey in 1839. This primitive image captured the rays of bright sunlight bleeding in through the diamond-paned windows. In the fragile impermanent vision of that window image the first recognition of the power of photography to record life without the human hand was established. These words, this description, and – significantly – the tiny photograph of the oriel window, an image attempting to look in, not out, typifies the connections between the view of the camera's lens and the views afforded by windows. These views offered by the camera are empowered and consolidated with meaning dependant on the original reference the view had to that exact location. Within a personalised subjective reality the images describe a truth that links the individual to a timeframe perhaps already past but with a deep engrained physicality The photograph intensifies the looking to draw out small insignificant elements of the known as if reconceived by the photographer as a constructed place.

[33] Talbot in a letter to the editor of the *Literary Gazette*, written January 30, published February 2, 1859 (cited in Geeenough, 1991: 54).

As a photo artist it has always fascinated me, while in institutional buildings, that the variety of images on display are completely disengaged from the environment in which they are placed. There are the 'chocolate box' Swiss chalet images, the Tasmanian wilderness images, the tropical island photographs and prints. While some, particularly in hospitals, have often been donated by thankful families in memory of patients and are accompanied by plaques, others in dentist surgeries, for example, are purchased from commercial print runs profiling the magnificence of nature. While understanding that nature serves to soothe and control anxious behaviour the lack of a more directly personalised reference to place has intrigued me.
The possibility as an artist to imagine institutional spaces where people were able to discover their own ideas through referencing their own creative potential, to create liveable self-sustaining and stress-free environments that reference personal, shared histories and landscapes, seemed to be worth investigating.

Having been entirely re-consumed by my sense of purpose in working as an artist-in-residence on Arts Health projects, the delineation between the human experience in the health context and the physical structure of a hospital, and how the impact of one was articulated through the other, I began to consider the 'hospital' as a powerful metaphor to consider quality of life in a seemingly overly complex and contested world.

If the Arts are to by valued as an approach to assist in the management of the effects of environments compromised by funding shortfalls, specifically in hospital institutional settings, then perhaps it is also the role of the artist to describe the body of a hospital. In a manner this offers an opportunity to reappraisal the very nature of the physical structure of the environment that sustains life or manages the implications of illness. To question where the technological apparatus of the post-human hospital has determined new priorities that challenge the very nature of the human interface.

Artists have situated their practices within many demarcated sites; the focus on 'affect' and sites of war, confinement and torture, for example. Artists such as Christian Boltansky and Racheal Whiteread articulate history, contested sites and contested people to replicate and contemplate memory as it pertains to the human condition.

Boltansky has explored sites of memory, human mortality – most expressly death – to express responses to the lives of the lost and forgotten and the spaces they once occupied. In works such as 'The Reserve of Dead Swiss' (1990) the repetition of anonymous faces sourced from obituary notices in Swiss newspapers form a soulful visual grid. The beams of spotlights focused closely onto each face suggest notions of interrogation and disappearance. His 'Monuments' series (1985-93) describes loss and death through the memory. Using photographs and utilitarian objects such as light bulbs Boltansky implies truth can resinate with the viewer dependant on their own intimate and personal histories and trauma. (images page 78)

Whiteread's seminal work 'Ghost' (1990) described the signs of a house that had been lived in. Paint from the walls and wallpaper fragments are welded not onto the material surface of the structure of the house however, but are fused into the moulding of the negative space of the room (and house) revealed in concrete that had been pumped into the dwelling. Acting as form-work, the armature of the house (the original frame, walls) was then peeled away to reveal the void as a palpable space, thus privileging it as a work that not only describes the intimacy of space but also speaks to concerns of the decisions made to reinvent places. This first intentional demolition by the artist of the original house was followed somewhat later by a decision by the local council to demolish the artwork to make way for further development. Its significance as an early highlight in Whiteread's career has been dependent on the documentation of the work during and at the end of the artistic intervention. (images page 79)

Themes of loss and identity are manifested through the empty spaces, the longing gaze and voids described in Whiteread's work by the materialisation of forms that describe the spaces encased in building structures. In the photographic imagery of 'Moving the Royal, Framing the Memory' this manifestation of the void is dramatised by the individual views framed by windows that no longer exist in a building whose detailed structures are only recalled in detail by those who worked there.

Boltanski and Whiteread's identification with visual images that suggest the potency of remnants also powerfully describe the human experience and the potential disasters that are mirrored through lived experience. It is this resonance of loss and grief that focused my thoughts on entering the hospital marked for closure and demolition. How have

contemporary artists explored the hospital as a contested site, a politicised environment that has increasingly determined the struggle by government legislators to find increasingly expanding funds for 21st century hospital budgets? How does the artist interact with organisational attempts to balance the costs and efficiencies of technology practices with the well-being of patients and the stress levels of a destabilised and disengaged workforce?

My enculturation as an artist-in-residence in the hospital environment had profound effects on my understanding of, and interest in, describing place as a powerful and meaningful construct. Working at an institution increasingly focused on treating the disease not necessarily the patient, engaged me at a deep and fundamental level. The privileged knowledge I gained in this extensive interaction with the staff of the hospital over a number of years provided me with individual narratives that described elements of each person's life within their structured workplace. For the staff, whose first priority was their patients and the efficiencies within which they operated, their survival was predicated by the sensory and visual elements of the site that serve to distract, engage and heighten their sense of belonging and well-being.

Hospitals (as a frame) can describe more potent and fundamental concerns of a society and the artist is well placed to project these by using the hospital as an architectural space and the inferred medical references to assist in adding knowledge.
As sociologist Charles Landry makes clear, and by way of their size and status hospitals, can be described as having a recognisable physiological structure that references that of the human body.

> The city comprises both a hard and a soft infrastructure. The hard is like the bone structure, the skeleton, while the soft is akin to the nervous system and its synapses. One cannot exist without the other. In contrast to the vast research, expenditure and expertise accumulated on the physical aspects of place making there is very little common knowledge about the softer aspects. Yet this knowledge is available if one looks hard enough (Landry 2006: 6).

Landry goes on to explain the role of the artist in this task.

> Importantly it is artists who make it their business to understand the sensory landscape, the emotional life of the city, the effect of the physical environment on well-being and the need to understand how culture drives the shape and life of a place. They might ask: What do things look like? What colours do you see? How far can you see? What do you smell? What sounds do you hear? What do

> you feel? What do you touch? The city is an assault on the senses. Cities are sensory, emotional experiences, for good and for bad. But we are not accustomed to articulate in this way. Smelling, hearing, seeing, touching and even tasting the city are left to travel literature and brochures. (2006: 7).

Contemporary artists Mark Kidel (UK), Maria Elvira Escallon (Colombia) and George Hadji-Michalis (Greece), have used the hospital as an architectural trope to describe institutional inertia and a loss of identity and its this specific focus that has drawn me to their practice. I have outlined specific projects by all three artists where the scope, intention and outcome have varied and the audience has been defined by the artistic medium, installation and dissemination choices. More specifically the potency of the window in all these artists' works recall the past, frames the present and reveals through its light the strange nuances of life, death and displacement. Thus the reflective dialogues with these three artists' work, using photography, video and artefacts have assisted me in locating my work and articulating its primary concerns.

Mark Kidel:

In 2000, independent British filmmaker Mark Kidel[34] launched a film entitled *A Hospital Remembers* ('les hopitaux meurent aussi'). One of Paris's oldest hospitals, the Laennec Hospital (l'Hopital Laennec), on Rue De Sevres in Paris's 7e arrondissement was being decommissioned with all its services moving to a new 'state of the art' facility nearby. Its physical design incorporated the essential features that have come to identify the hospital of the Enlightenment, particularly large wards framed by windows that projected life-sustaining light and ventilation through the spaces. Its buildings were arranged around eight courtyards with wells centred within each, originally providing fresh water for the hospital's many requirements including sustaining the many trees and plants that were a feature of the courtyards. Apart from the gardens that provided a reprieve from the institutional setting for patients, staff and visitors had designated areas to grow vegetables and fruit trees. (image page 80)

Kidel's film, which runs for seventy-seven minutes, is a powerful and poignant narrative on the demise of an institution through the voices of the staff. Shot over two

[34] Mark Kidel is well known for making films on 'melancholia': Kind of Blue (1992) a meditation on the notion of melancholy itself and the five part series The Architecture of the Imagination (1992) His ongoing concerns examine the way that buildings can embody how life and death coexist and nourish one another.

years, the film sets up a dialogue between the staff who are coming to terms with the hospital's closure and a visual layering of the buildings in which these lives have been lived.

Kidel uses the camera to slowly permeate the entire facility, suggesting liquid permeating a membrane or human life being slowly diminished. He uses the window as a structural device to add poignancy to the reality of the closure of such a respected facility. The interior views of the wards and specialist rooms in their dark and chaotic moods are lit by the windows that serve to describe visually the loss of this hospital with its caring communities, humanised proportions and integration of the interior and exterior world.

This film – as with the Royal Newcastle project – has an authenticity made manifest in the sincerity with which each staff member speaks about the death of the hospital and their concerns for a way to commemorate the event. The dialogue between the staff we are introduced to at this point centres on such statements as:

> "The death of the hospital shocked me in as much as a hospital is a place where we keep people alive. A hospital is a place where people come for a short time and are then reinstated back into their lives, not a place for storing the dead."

This idea that the hospital is not just a workplace, but also a place of life is visually integrated into the film by the camera constantly panning out the windows to locate the exterior environment as being seamless. Ultimately the film describes the humanity that saturates the hospital and speaks to the complexity of purpose in the healing process:

> "I'm going to miss the sort of village and the human contact. It's a real community. Its alive, its human, its warm".

It's not in essence the individual's mortality to which the staff speak of but the mortality of all who have passed through a hospital.

Maria Elvira Escallón:

Maria Elvira Escallón is a Colombian artist who uses photography, video and installation to powerfully represent the politics of marginal groups and communities disempowered by the ruling elite. My first connection with this artist was a series of photographic images that had been purchased for the Art Gallery of NSW and were on display as new acquisitions. This series of works document the terror of people escaping a bombing in a nightclub in Bogota in 2003.

The nightclub had been bombed by terrorists and the explosion had destroyed the power sources in the building, filling it with smoke and soot. For the young patrons the only way of escape was to feel their way along passageways, some leading to exits but many, it is presumed, leading to their eventual death (having not found a way out). The imposing handprints were found on the stairs, surrounding the phone booths, on the lift doors and anywhere that suggested an escape path in such an inferno.

Escallón's photographs are imposing in their scale, having been printed life size. For the viewer, it is instantly clear that not only are the hand prints identical in scale to our own but we stand before the traces of their agony exactly where they stood. There is something more empathic about this contact than we would ever experience seeing news photographs of the bodies of those that did not survive. Her practice engages with memories and symbolic values of places in decay. She employs the tactic of working in the 'local' as a means to explore broader issues related to displacement, control and intentional neglect. (images page 81)

Since 2007 Escallón has been working on projects in Colombia that address the public health system. Her practice described as reflecting the concept of 'art as document' uses photography and sculptural interventions to discuss the politics of place. She critiques the current practices of the government in Colombia to express her concern for the lack of respect for the broader population, the condescendence of the ruling elite and the loss of the city (through militarism and the breakdown of a civil society).
Escallón was made aware of a hospital in her city that had been closed in 2001. In fact it had never opened. It was commissioned by the government it then fell foul of a new law that required all state hospitals in Colombia to be self-supporting. The free hospital then

languished in a 'comatose state' as Escallón described it. This project for Escallón was multi-faceted and included a number of interventions (within the hospital), including filling a hospital ward with soil and reappropriating hospital equipment such as beds that were cut into pieces and rearranged to seemingly be squeezing out the walls and contorting the perceived reality of the bed hosting and nurturing the patients. Other beds had their mattresses planted with grass seeds and then watered to reveal, in the isolation and hermetically sealed wards, grass shoots appearing as if to defy the politics of the hospital and the politic. Escallón uses the camera as a device of surveillance, monitoring this perfectly formed but lifeless hospital as a way of determining a political voice. The photographs of the actual wards, corridors, theatres and waiting areas are quiet and soulless, the years of static non-use are evident in the dust and imprint of the atmosphere of the place focused by the light coming through the windows to reveal an institution defined by its sterility and order in a state of marking time. Her practice explores the relationships of nature to culture, and construction to destruction. This project documenting the unopened hospital San Juan de Dios sees photography used as a recording device (as document) but also privileging the power of the photographic image to describe 'place' within the context of the past, present and future. The inaccessibility of this politicised institution or indeed of any hospital offers the artist the potential to envision powerful narratives that pertain to the human, and the fragility of the body to prosper in inaccessible terrains. As Lucy Lippard states:

> Photographs are about memory – or perhaps about the absence of memory, providing pictures to fill voids, illustrating our collective memory. So they are an excellent means with which to trigger concern and soothe anxieties about history and place. (1997: 20)

George Hadji-Michalis:

> Hospitals, according to Hadji-Michalis are like the art world, a part of everyday life, but at the same time they are apart from it. (Westgeest, 2009: 118)

George Hadji-Michalis is a Greek artist whose project entitled 'Hospital' was profiled in the book *Take Place*, edited by Helen Westgeest. Exhibited at the 2005 Venice

Biennale his work deals primarily with the word 'hospital.' This word is translated to mean the same thing in every culture; citizens of every culture become familiar with this edifice that to some extent monitors the birth, life and death of the populous. For Hadji-Michalis the act of placing a Red Cross and Red Crescent flag on the Greek pavilion, proclaimed the transference of site complete. The political dimensions of this act refers to the fact that the Geneva Convention protects all hospitals:

> The sick, wounded and shipwrecked must be cared for adequately. Belligerents must treat members of the enemy force who are wounded, sick or shipwrecked as carefully they would their own. All efforts should be made to collect the dead quickly; to confirm death by medical examination; to identify bodies and protect them from robbery. Medical equipment must not be intentionallydestroyed and medical establishments and vehicles must not beattacked, damaged or prevented from operating even if, for the moment, they do not contain patients.[35]

The hospital for Hadji-Michalis is a contradictory term, a building or system that stands within a societal structure and plays a vital role but conversely it is outside of the society operating to its own rigid set of rules and mores. The four installation components of 'Hospital' explore for the viewer the strange and disassociated experience of a person navigating the hospital spaces for the first time. Unlike the staff of a hospital who become encoded with the layout and differentiation of places within this framework the viewer (as patient or visitor perhaps) approaches this daunting task with a foreboding and ominous presence. Each of the four installations, 'The Building,' 'The Plan of the Building,' 'Views from the Windows' and 'A Moment in the Mind of Mr AK' all are associated to memory and its relationship to time. (images page 82)

The photographic is a powerful medium in this installation work. Particularly in 'A Moment in the Mind of Mr AK' where a looped projection features a vast collection of photographs that describes collective memory of a society. The representation of social practices and portraits of unknown people constantly reappearing on the screen suggests the internalised musings within a patient's head. The second installation references again, the window but if you as the viewer are convinced that the projector illuminating

[35] The first Geneva Convention ("for the Amelioration of the Wounded and Sick in Armed Forces and Field") and the second Geneva Convention ("for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea") are similar, covering land and sea respectively. They embody the main idea which led to the founding of the Red Cross: if a member of the armed forces is wounded or sick, and therefore in no condition to take an active part in the hostilities, he is no longer part of the fighting force and becomes a vulnerable person in need of protection and care.

these images will reveal a changing scenery as if (from a holiday slide show) then you would be mistaken. The window view is repeated endlessly, reflecting the monotonous life for a patient within the hospital. 'The image is of the "Eternal Return of the Same'" (Westgeest 2009:120) This image is further dissociated for the viewer as it is rendered in black-and-white, expelling any sense of the vision of a familiar landscape to locate the viewer back to reality. The two remaining installations feature a manifestation of the hospital as a closed directionless void.

To date I have detailed the work of artists primarily describing the physical and embedded identity of the hospital within a broader societal framework. As this research has established, within the new framework of Arts for Health, hospitals are increasingly identifying opportunities to engage the creative arts in a number of priority areas that include: Medical Evidence-based collaborative projects, environmental "placemaking projects' and community arts engagement. The final project describes the Evidence Based model but has at its core an understanding of the power of photography to emulate place and with it provide the patient with options to re associate with the real world while in a environment of disassociated experiences (the hospital).

Denis Roche:

Denis Roche's 'Open Window Project' was one of the first evidence-based (clinical) projects that really set me off on considering options for my own projects within a hospital environment. The appealing and engaging premise for this project was: Could a person being hospitalised for an extended period and often in isolation bring images from their own 'place' that could be projected onto the wall opposite their bed on demand? Could this then facilitate a patient's re-association with their own reality, lessening anxiety and stress and assisting with healing? (images page 83)

The 'Open Window' project refers specifically to patients in the National Bone Marrow Transplant Unit at St James Hospital in Dublin who captured, stored and then accessed images from their own personal environments for use in their isolation rooms once they were admitted to hospital. Using mobile phone technology, art images, video, music and photographs they could create a 'virtual window' in their rooms.

Professor Shaun McCann, Director of the centre had appreciated a need to respond to his patients' complaints regarding the compromised views from their treatment room windows (these views included looking directly into air-conditioning plants or to lifeless wastelands surround the unit). In either case for patients spending extended times in isolation for treatments for such conditions as leukaemia, Professor McCann knew that their conditions could not be assisted by soulless institutional spaces necessarily designed around technological efficiencies and sterility.

The 'Open Window' project followed strict medical research protocols, including a randomised clinical trial and the findings have since been published. The most interesting findings showed that there were significantly reduced levels of depression and anxiety in the group of patients who took part in the 'Open Window' project. The intriguing aspects of this research was the artist's understanding of the need to engage with the architectural reality of the hospital (one with focus on function, of the treatment delivery systems and not necessarily the patient's immediate response to the reality surrounding them) and the need to establish guidelines that serve to engage the artists with the hospital staff in the most productive and collaborative spirit to advance both the integrity of the artistic work and the values of the hospitals professional staff.

The report from this influential study outlines this structure as defined by 'A Clinically Useful Artwork? Part 1' and 'A Clinically Useful Artwork? Part II.'[36] The essential aspect of this project is the invitation by the artist, after a short discussion with the patient to ascertain, for example their favourite art, music, or landscape, to place a camera in a location that has significance to the patient. The artist installs the camera with the assistance of the patient or family and images are then transmitted back to the foot of the patients bed every 15 minutes. The placement of these cameras in the trial was varied and included favourite walks or the construction site opposite the patients apartment. In all instances the patients remained the centre of the experience and through the 'virtual window' they maintained a perception of the lived experience beyond the confinement of the hospital room, lessening anxiety and stress and maintaining a strong connection to personal reality.

[36] A Clinically Useful Artwork?: Between a Dialogical and a Relational Approach to Art in a Clinical Environment. Denis Roche, Philip Napier, Brian Macquire and Shaun McCann The International Journal of the Arts in Society Volume 3 Number 2 2008

Pathologies of Time II & III:

The research expanded beyond the initial brief of creating commissioned works for a specific hospital complex and subsequently evolved to include two projects published as separate books that employ the camera to explore other decommissioned hospital sites.

Pathologies of Time 1I and III involved imaging old hospital sites in Europe (with histories of their original sites dating back up to 350 years). Both hospitals had met the same fate as the Royal Newcastle Hospital when in the late 1990s and mid 2000s both institutions were closed and earmarked for redevelopment. These sites were not photographed with the intention of using nostalgia as a device to transport the viewer back to another time or place. The images seek to render the physical imprint of buildings that provided medical care to generations with a direct engagement with the atmospherics of light, air and atmosphere that sustained both patients and staff and that still permeates the stricken sites.

Pathologies of Time II: Hospital Laennec

As if by serendipity (or fate) The Laennec Hospital and Mark Kiddel's film, 'A Hospital Remembers' ('les hopitaux meurent aussi') infiltrated my subconscious and I became further absorbed by loss, grief and displacement and their overlay of life and death. The powerful visual images that suggest the potency of remnants, as in the work of Boltansky and Whiteread, invested in heightened meaning by the atmospherics of light and void imprint on the subconsciousness of the contemporary viewer with poignant resonance.

As in many western countries this long-lived facility, the Laennec Hospital, served the community but had outlived its options for adaption to the 'scientific' technological model of a health care facility and was merged with two other Paris hospitals (Boucicaut Hospital and the Broussais Hospital) into the 'last-born' Hospital Europeen Georges-Pompidou 20 Rue Leblanc, 75015 Paris, France, and the old site transformed into apartments and shops. Unlike the Royal Newcastle Hospital's redevelopment,

which focused its vision of high-end apartments on the premise of unparalleled views of the sea, this substantial apartment complex had little room for the hospital features that had sustained life through views into garden courtyards. The one structure that was saved from demolition or renovation was the historic chapel, which dates to Louis XIII and is a registered historical monument.

Distanced from the actual site by continents, my initial engagement was via Google maps as I navigated the aerial views of the buildings, courtyards and grounds that made up the site at 40 Rue De Sevres. But in January 2012 I was on the ground, navigating the construction barricades that framed the site and photographing the remnants of the original hospital transposed by the generic apartment boxes negotiating the old hospital's footprint but casting longer shadows over the busy street.

The resultant series, 'Pathologies of Time I,' imagines the original hospital through the use of framing, initially by the street itself, and then by the construction cranes, scaffolding, and occasional reveal of the building's historic architectural features. The ever-present but changing atmospherics of the winter light that provided the veiling of shadow, (additionally) implied a distant past and the imposing presence of the new building.

The windows that provided such a powerful metaphor in Kidel's film of the Leannec Hospital closure again form a crucial role in elaborating the unique environment in my series. These windows are described from the outside (as my options to explore the interior had long since past due to the stage of the redevelopment and the cordoned off construction site) and present the viewer with an inability to see in or out of the portals. In fact the windows frame darkened, lifeless interiors for the most part without even reflection to reveal a nuanced detail of the surrounding environment. As windows are seen as eyes and 'eyes are the windows of the soul' these windows pronounce a soulless and lifeless place. Where shutters on windows are closed the very nature of the window is hidden.

The pale building facades of the historical chapel (saved from the demolition ball) reveal shadows of the cranes working effortlessly overhead. These intricate shadows describe an armature (or skeletal frame) manifest on the outer skin of a building lost in

time like a parasitic form. The construction hoardings that surround the building site identifying the red line as a visual signifier for safety is in this instance defined by its obvious medical analogy. The heart monitor that registers a patient's life is also verification of that same patient's death.

Pathologies of Time III: Hospital de la Santa Crue I Sant Pau

In 2010, while in Barcelona, Spain I was intrigued to discover another hospital in the throes of closure and the site re-envisaged. Hospital de la Santa Crue I Sant Pau, was built in 1902 by architect Lluis Domenech I Montaner, and designed as a very innovative hospital project not only in terms of its sanitary facilities, but also in terms of its architectural and artist features. This hospital served the community for over 100 years. Convinced that aesthetic harmony and pleasant surroundings were beneficial to health and healing, the original design consisted of the construction of 49 independent pavilions, surrounded by gardens (with orange trees) and connected by a network of underground galleries that housed the operational nucleus of the hospital. Each separate building operating as a ward was designed to incorporate generous amounts of space with high ceilings, and in some cases beautiful domed ceilings. Large opening windows provided excellent ventilation and sunlight and views from most vantage points to the gardens beyond. The natural environment of the gardens and courtyards were further enhanced with plantings of fruit trees and landscaped sitting areas for patients able to leave their beds. All of these visual pleasures were further enhanced by the tiled interiors of the hospital buildings that echoed the era of Spanish Modernist style. Such beautifully crafted and colourfully glazed tiles provided visual harmony along with the need for sterile environments.

Technological advances and the demand for a new hospital saw Santa Crue closed in 2009 and a 21st century hospital, Nou Sant Pau, opened to the north of the grounds. The original hospital is a UNESC World heritage site and is currently undergoing restoration as a museum, cultural centre and educational institution. The buildings adorned with colourful Moorish, Byzantine and Gothic features provided the patients and staff with

innately comforting and engaging surroundings, entirely outside of the current need for funding and work efficiencies demanded by most hospital boards in the first world.

My enthusiasm and engagement with this site was almost immediate and, having at that time, no real understanding of this hospital's history I looked for the very same signifiers in the buildings that had been so clearly articulated by the staff in the Royal Newcastle Hospital project. As if being lead by the former staff through the internal workings of a once proud and respected institution now discarded as inefficient and compromised I followed the light projected through the windows and other dismantled structures. The building appeared to be shedding a skin, with wall tiles fractured and missing and ceilings being completely re-formed. The light entering the rooms through the many coloured glass doors and windows bleed with an intensity suggesting the life-force of sun and air. The open windows revealed views of the sustaining orange trees and garden settings:

> We don't yet fully understand all the ways in which windows could affect healing. Their influence could stem from the light they provide, the colour one sees, the sounds one hears, and the odour one smells. Or it might be due to boredom, the escape they offer – or to some or all of these factors, depending on the individual's experience. But the remarkable thing is that the fields of neuroscience, immunology, psychology, architecture and engineering have reached a point where scholars and practitioners are ready to talk to one another and learn from each other. In doing so they will come closer to answering such questions about the effects of place on healing. (Sternberg, 2009: 21)

The views through the deserted wards still are suggestive of the order maintained in a hospital, even if compromised by scaffolding and construction tools. Sequenced windows (opposite each other) bear witness to the original patients beds designed to enact a clinical setting where life and death decisions were made and where patients were reinvigorated through medical interventions and physical pleasures. In the stair-wells dust from the demolition registers footprints that endlessly move through the vacant space. With a little imagining these footprints reinvest the structure with the daily events carried out by the now absent staff. The images of elegantly proportioned windows and elaborate entrances are juxtaposed in the series by images that describe the process of change. In one window in a ward a large red tube is fed through to the outside carrying waste materials from the demolition. Its practical function is in this

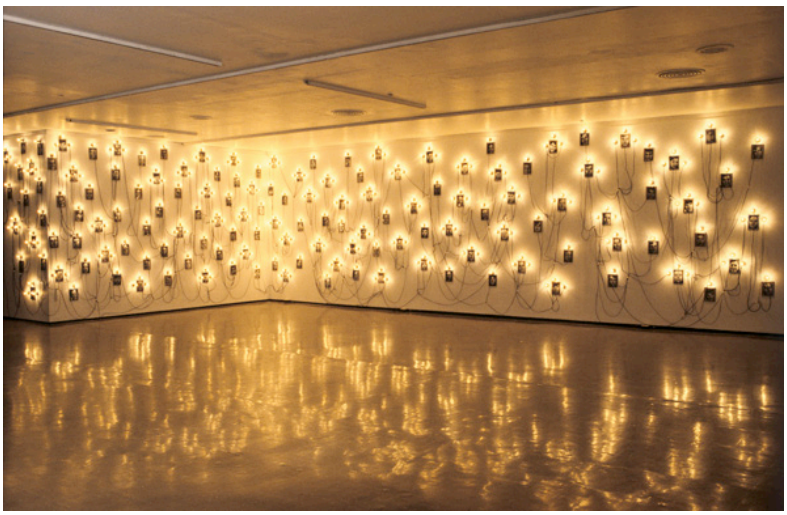
instance overpowered by the resemblance of this tube to a tube feeding blood into a critically ill patient. In other views of the dismantled wards red power cables run over the floor like veins in the body.

As this hospital is not however being demolished,[37] the last vestiges[38] of its initial purpose look forward to a new life, but one far removed from its origins. From this perspective, the photographic documentation of this site provides a visual metaphor that professes not to provide a historically valid archival record of a building of note. In fact, in most cases, hospitals are not deemed worthy, it seems, of this option of being archived for historical purposes and recognised as civic buildings. Certainly in Australia the rapid move to update hospital facilities with limited budgets mean that the services of institutional archivists are limited and as such it is often the staff themselves who bemoan the loss of cultural history.

The image, at the beginning of the series that describes the architectural significance of the building also describes most powerfully the death of the facility. As the viewer's eye is directed up the roadway towards a grand and elaborate edifice, a giant hole is evident in the roadway. If it were investigated more closely it reveals the functional workings of this hospital as all services and tunnels distributing these services to the pavilions lie down here. But from the orientation of the picture all that is revealed is a large hole, reminiscent of a critical wound in the body of the hospital.

[37] Santa Crue is to be re-envisaged in a unique project to in part house an International Institute of the United Nations University.

[38] Vestiges: *In biological terms*- A rudimentary or degenerate, usually non-functioning, structure that is the remnant of an organ or part that was fully developed or functioning in a preceding generation or an earlier stage of development



Christian Boltansky
'Monuments' series (1985-93)

Christian Boltansky
The Reserve of Dead Swiss 1990

‘Ghost’ (1990)
Rachel Whiteread

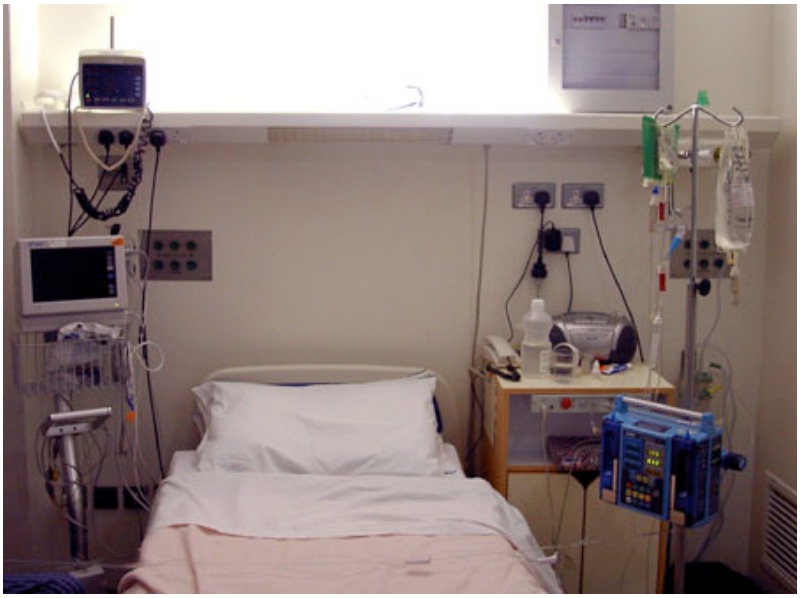
(Still photograph from the film, of one of the hospital courtyards)

‘A Hospital Remembers‘(les hopitaux meurent aussi) Mark Kidel 2000
A film that documents the closure of one of Paris’s oldest hospitals.
www.calliopemedia.co.uk/a-hospital-remembers-les-hopitaux-meurent-aussi/

(Above) From the inside #11, from the series ‘From the Inside’ (2003/2008)
Maria Elvira Escallón

(Above) Culturama, nota recomendada 21 de agosto de 2007
Maria Elvira Escallón

Hospital (2005)
George Hadji-Michalis



‘Open Window Project’ (2001-10)
Denis Roche
National Bone Marrow Institute Unit at St James Hospital, Dublin

Chapter Four ~ Postmortem

> I think that was one of the most important things, to have those images where they are. They sit in the cafeteria and we look at them and remember the images… the scenes from the window… because that is what really sticks in everybody's minds. I think it was meaningful to staff because it gives them ownership and they feel part of it as well. Because they are here they can look up there and remember. It's just remembering, and memories bring back other thoughts as well. (interview 3)

> We were all drawn to that wall, like moths to a flame, I suppose. We were just standing there and started telling funny stories all about things that happened, on the ward or patients we had looked after and just trying to pick what window was what and it was just so good to do that and a whole group of us just stood there in awe just thinking if only we were back there. It is a very important part of this new building for me. (interview 8)

Part 1 - Summary and Findings

The primary case study in this research, 'Moving the Royal, Framing the Memories,' engages a number of key principles that were instrumental in immersing the artist in the 'place,' maintaining the integrity of the project, inviting ownership by the hospital staff and recognising the value of a permanent art installation in a purpose-built 21st century hospital. This project achieved in a significant way, the tenets of Victor Shklovsky's statement:

> "We remember best when we experience an event in a place." These words capture the sense of the materiality of place, and engages in conversation with his dictum that "art exists that one may recover the sensation of life; it exists to make one feel things, to make the stone *stony*." (Hornstein 2011: 2)

This chapter details the findings of the research and describes a multi-layered methodology that identifies a structured practice for future institutional partnerships. Along with this, emphasis is given to recent findings related to the Arts and their place in hospital design. This more objective summary is balanced by details from the staff

interviews to emphasise the power and resilience of the voices of the witnesses to the death of a hospital.

On opening in 2006, The Royal Newcastle Centre and the John Hunter Hospital was facilitating over one million individual visits a year. The familiarity of contemporary shopping and retail spaces is reflected in the design, which sees a ground floor with reception, commercial facilities such as a pharmacy, banks and ATMs, as well as public places defined for visitors, patients and staff to order coffee, meals or conduct meetings in a more social setting. The Royal Newcastle Centre's foyer also houses a baby grand piano where at any time of the day volunteers are scheduled to play. Along with volunteer pianists the piano is a magnet for doctors and surgeons (interns and specialists) who can appear in their scrubs to de-stress through their familiar engagement with the instrument. The atrium wall in the entrance foyer, lit by a floor-to-ceiling gridded glass wall houses the installation of twenty four frameless images that appear to attach to the wall seamlessly rising to suggest the ghosted frame of the building from which they originated. Now demolished, the views are the only remaining evidence of the topology of the historic hospital complex that established iconic status within the community it served. These windows are more importantly a living narrative for the staff who transferred to the new facility, from whom the views were personal traces of lives lived and communities formed around the internal machinations of a complex, caring environment and the external living world of light, water and air that permeated each opening. This installation, part of the 'Moving the Royal - Framing the Memories' project, symbolises the tenets of Shelley Hornsetein:

> Architecture exists as a physical entity and therefore registers as a place that we come to remember. Secondly, architecture, whether it still stands, can exist or be found beyond the physical site itself in our recollection of it. We function always with what I call an 'architecture of the heart' or a place within us that holds onto the emoting memory of a place. That place is the symbolic construction that connects our idea or image of a place to its physicality. (2011: 34)

To extend the structural analogy to the dissolved building that was the Royal Newcastle Hospital, the installation's perspex display cases are stacked high on each other, forming three solid architectural elements (representing the skeletal frame of the building) that house an archive of remained objects from the original site. These vitrines are placed at each end and in the middle of the wall and rise to a height of over two

meters. The contents of these boxes were offered by staff to recall the personal, intimate, emotional and practical ties to the hospital. This installation was designed for this site to engage the viewer in a mnemonic experience. There are, for example, gum boots

> The gum boots because it just reminds me of showering people, no matter the fact you wore gum boots they still filled up with water (laughs).
> Miranda: And were you surprised to see something like gum boots in the display?
> Interviewee: Very surprised actually, but it's quite funny because it is a significant part of our role as nurses. We wore them every day and um ... to see them in the case brings a smile to my face. Brings back funny memories, that's really good. (interview 8)

The staff from the Royal Newcastle Hospital respond to the installation as if it were their own (see the interviews), a history and lived experience transformed to their new workplace that instils an emotional attachment to a past working life etched into each familiar landscape. Here is a recognition of the memory of 'place' that is not constrained by the official institutional memory but owned and valued by individuals who passed those windows regularly in their working lives and could reflect on the conversations, emotions and the physical conditions inferred in each view.[39]

The way in which photographs can move from the 'private' and 'public' or 'personal' and 'collective' is harnessed in this work, not to exclude interpretation, but to enable the installation to operate from varied perspectives, some imbued with emotional attachment to time and place, others to an association with landscape and its determined ability to calm and centre the individual. As Elizabeth Edwards has written:

> Images read as 'private' are those read in a context contiguous with the 'life' from which they are extracted: Meaning and memory stay with them, as in family photographs, for example. 'Public' photographs remove the image entirely from such a context, and meaning becomes free-floating, externally generated and read in terms of symbol and metaphor. (2001: 51-52)

New hospital designs reflect much research that has evolved since the early 1990s in the UK, Canada, the USA that has addressed the role of design in creating internal and

[39] "Photographs here are as much 'to think with' as they are empirical, evidential inscriptions. A concentration on content alone, ethnographic appearance – the obvious characteristics of a photograph - is easy, but will reveal only the obvious. Instead, one should concentrate on detail. It is more revealing, not merely in the detail of content but the whole performative quality of the image". (Edwards 1983:82)

external environments that support care and recovery. Research specifically looking to the role of art (and aesthetic considerations) has been incorporated in much of this research ascertaining the ability of artwork, light and natural surroundings to assist in calming patients and lessening stress for patients, staff and visitors. The imperative behind this research and its outcomes are effectively encapsulated in the words of Jane Macnaughton:

> In a context where buildings are being newly constructed with a view to their appearance there is the possibility of seeing the relationship between art and hospitals in two ways. Firstly, there is the potential to create hospital environments and works of art in tandem to complement each other such that works can be commissioned specifically for the space, and the space designed for them. Secondly, the public areas of hospital buildings can be specifically designed for the display of art works, like galleries. (Macnaughton 2007:86)

These new hospital designs are challenging the traditional concept of a hospital as a closed community. With the challenges facing governments regarding funding for healthcare along with matching suitable accommodation for advanced technical machinery (and its specific needs for climate control), hospitals are now a comprehensive community resource where medicine is actively engaged in treating illness but also focused on providing social services to extend life and develop 'wellness' strategies for the community. Into this recently imagined space the Arts have been instrumental in providing one broader connector for the general public to feel more comfortable in an institutional building and for staff to feel more engaged in their workplace with less stress and anxiety. In short: "…hospitals are potentially moving towards providing a "cultural resource" for the communities they serve in the same way as other important openly accessible spaces such as city squares, parks and shopping malls." (Macnaugthon 2007:86)

In 2007, Jane Macnaughton, published a paper reporting on an evaluation at the newly opened James Cook University Hospital in Middlesbrough in the North East of England to ascertain the extent to which the hospital's architecture, art and design had a beneficial outcome for visitors, patients and staff. The interdisciplinary team consisted of a clinician, two anthropologists, two architects and an Arts Health specialist. Having reviewed literature from a broad range of specialisations where responses to artworks

have been studied (including museum studies, reports from Arts Councils, anthropological and social geography studies), the methodology determined for the study included direct observation, interview, photo documentation and interviewing individuals next to the works discussed. “Involvement in this process, including the actual field work itself, raised questions about the artworks which I had not considered before.” (Mcnaughton 2007:88)

This reference to field work within the context of a broad-based research project captured for me the essence of the engagement that materialised through the developing research in this hospital art project. Within a practice-as-research paradigm, the integrity (authenticity) of the work and thus the ownership by the commissioning institution (Hunter New England Health) as well by the individual staff who inspired it were all predicated by the artist’s/my own absorption in the building over an extensive period. The communication and familiarity of the artist to the staff and vice versa set up a non-confrontational association where at a time of extreme stress (the closure and demolition of a hospital and relocation of the staff) the staff grew to trust in, and offered to actively participate in, this interdisciplinary project. For artists and, in this instance art academics, this type of research requires a commitment of time that extends well beyond what may become obvious by reviewing the final physical work. For independent artists, funding for such endeavours is critical for not only the material costs but for the actual time enmeshed in the physical space within which the creative dialogue occurs:

> One of the values of art is that it is not static and there is never a definitive answer. A simple question can inspire an artwork and the artwork in turn can generate questions, which, upon reflection can be transformed into understanding that in turn elicits further questions. This cyclical approach not only describes an aesthetic process of self-realisation but also describes a research process in the form of reflective practice”. (Sullivan, cited in Grierson 2005: 57)

In the new area of Arts Health practice hospitals are not only employing Arts Health coordinators to curate the Arts programs, commission art works for specific environments and apply for funding, but as has been shown by Hunter New England Health’s initiatives over the last decade, working to partner with organisations such as The University of Newcastle to encourage and facilitate student internships, work

integrated learning, art commissioning and funded research outcomes that meet the collective needs (and future collaborative visions) of the health sector , the creative industries for the long term benefit of the broader community.

In describing Denis Roche's hospital art research in chapter three I referenced his multi-staged process that engaged specific evidence-based practices in reviewing patients' responses to his 'virtual window' project. The integrity with which the clinician, hospital staff and artist operated throughout this project defines for me the potential for the Arts to provide a powerful and genuine experiential practice in the health sector to assist with adding meaning to an increasingly marginalised and disaffected workforce. Balancing infrastructure pressures to provide technologically advanced facilities within adaptive environments that sustain and advance health and well-being, for patients but more specifically, within this research focus, for current staff and the future workforce was an imperative behind this project and continues to be so.

Roche describes his "Clinically Useful Artworks, Parts 1 & 2" as 'belonging somewhere between the fields of relational and dialogical aesthetics. That is, a socially engaged practice, which is also focused on the human relationships that it produces.' (Roche 2008:13) This indicates to Roche that 'a genuine dialogue is therefore one in which the viewer gets to 'speak back' to the artist and where this reply becomes in effect 'a part of the work itself.' (Roche 2008:13) For Roche the primary challenges were to work in a hospital, in an area of social engagement where the participants were able to participate in the process and the artist and medical profession build a set of principles to advance a collaborative practice. For Roche, the patients in the National Bone Marrow Transplant Unit at St. James Hospital, Dublin, were the focus group. In the case of the closure of the Royal Newcastle Hospital in Newcastle, Australia, the staff who were being relocated and consequently challenged by a sense of grief and loss of a much loved workplace were the subject of an Arts Health project culminating in a purpose designed public art installation. Where much of the research conducted to-date in the Arts Health area understandably focuses on patient care and support, this project describes the navigation of change for staff experiencing dislocation and emotional upheaval. The following reflective summary establishes the parameters within which this project was conceived and developed and offers a structural framework and critique

of the challenges of such a project in which the ultimate success would be measured primarily by the participants themselves over an extended timeframe. Documented formally by staff voices encapsulated within the post-evaluation interviews and experienced anecdotally by continual visits to the hospital, observing through 'field work' the engagement with the artwork over time, this project continues – and will continue to continue.

The Project: Vision, Context, Collaboration

For a hospital to envisage the potential of a collaborative Arts project there needed to be a history of successful projects facilitated through the John Hunter Arts for Health Program and the vision, expertise and dedication of those staff and a shared set of outcomes that offered the hospital and the institutional partner valued and insightful outcomes. (Projects such as this one require vision and a commitment of funding and resources along with clearly defined outcomes in order to meet the needs of all contributors)

The program of cultural events that marked the closure of the Royal Newcastle Hospital had been broadly discussed within the regional health sector for extended period leading up to the designated date. The official program included a commissioned history to be published, various social events including a conference, hospital ball and other activities, all mirroring to some extent the historical activities of a large urban hospital facility.[40]

'The Moving the Royal, Framing the Memories' project, along with the other commissioned art works set a new standard in that they were directly funded through the capital works budget for the new facility. This commitment and recognition by the health sector in the Hunter Region to the value of an integrated cultural arts program has assisted in recognition both nationally and internationally and a pride and ownership and sense of value placed on the works by both the management, staff and patients.

[40] See Appendix 12 – John Hunter Hospital press release.

These values have been identified and reported through the post occupancy evaluation surveys conducted by professional organisations.

The additional success of this project was the collaboration with the academic staff from the School of Fine Art at The University of Newcastle. Having participated in earlier projects with Hunter New England Health, the researchers were familiar with the hospital environment and responsive to the institutional demands and limitations. This integration of specialists was crucial to the success of the arts component of the hospital's development plans. The commissioning architects of the new hospital facility engaged the artists (and Arts for Health coordinator) in the formative stages of the design to facilitate embedded installations that activated the public spaces and engaged the staff, patients and visitors.

Defining principles of the project that lead to a significant outcome and one that continues to resonate:

The Artist in Residency program initiated for this project provided the authentic experience necessary for the artists and hospital staff to engage in a genuine dialogue that provide for a respect and understanding of the needs and objectives of the institution, the hospital staff and the artists. Regular weekly scheduled meetings with staff at The Royal Newcastle hospital that made up the commemorative committee gave the artists time to observe and facilitate genuine interactions and conversations that assisted in defining the vision for this much needed commemorative program. These meetings were held for over a year before the actual events and installation was realised and the trust and friendships established with the staff through this extended lead time lead to unprecedented access to the hospital buildings and staff at all levels of work (these introductions were initiated for the artists by key staff who were committed to the 'closing' events).

Evidence of the staff's ownership of the art installation (in its new facility) and their role as 'gatekeepers', was recognised shortly after the installation when the hospital, through its commercial operations, considered the removal of the work to facilitate the needs of the lease of the coffee shop. Staff, incensed by this possibility, sought an immediate meeting with the project manager to express their anger and dismay at such

an action. This possibility, however, identified for the hospital a need to establish clear protocols to protect the architectural and cultural integrity of these envisaged institutional facilities.

The ongoing aspects of this institutional partnership have been far reaching and include the Arts Health coordinator at the hospital continuing to engage with projects and commissions with students and staff from the University.

The artists were invited to work on the Art's Committee for the Mental Health Unit at the Mater Hospital redevelopment and commissioning in 2009. An invitation by Mirvac, the developers of the Royal Newcastle site, to participate on the committee to commission reflective artworks in the new apartment development was also forthcoming in 2010.

These ongoing artistic partnerships were established by the vision and commitment of professional organisations to further explore innovative Arts Health collaborations that benefit a broad community need.

Critical Issues that challenged the viability and completion of the envisaged project:

For any innovative project to succeed there needs to be a clarity of purpose, excellent communication and trust. For artists and their commissioning agents (such as commercial partners) these requirements can be challenging and often compromised by budget overruns, institutional politics and safety ordinances etc. For the 'Moving the Royal' project several issues arose that posed concerns for the original project brief. While these are inevitable they are also factors that need to be resolved usually with diplomacy and often in very short timeframes. While contracts to a degree clarify the commissioning project, budget overruns and time delays also compromise the intended outcomes. The original budget for the art works for the new hospital was generous although without the capacity to really extend the initial creative brief which included many new media technology applications such as a large foyer screen to enable such events as a 'hospital' film festival. However as cost overruns in other areas of the design were acknowledged the arts budget was modified and some projects scraped. The capacity of the artists at that point to continue to engage the architects and the

hospital in an understanding of the artwork and its physical and material requirements is crucial. These discussions need to be constantly monitored and advanced by the artist all the while engaged directly in the task of forming the commissioned artworks.

Another challenging component was the new reality of public, private partnerships in the facilitation of funding large infrastructure such as hospitals. Unknown to the artists initially, this contractual agreement encouraged by government means that the buildings themselves are owned by a developer and leased back to the hospital to be used for that service. Consequently the infrastructure (walls, floors, windows) are not the property of the hospital and therefore are controlled by the building's owners. In the case of the 'Moving the Royal' installation soon after it was installed, a claim was made on the atrium wall by the lease holder of the café. His intention was to use the wall to advertise commercial products available to purchase along with the installation of flat screen TVs for 'entertainment'. The value the hospital staff placed on the installation and their contribution to it provided powerful lobbying pressure that was directed to the hospital management. The installation was confirmed as having an intrinsic place in the vision for the hospital design and as such could not be moved. However at regular intervals over the proceeding years this matter is brought up again and pressure on the commercial imperatives of the new hospital partnerships is challenged.

Other issues that sought to overturn the final installation of the work related to strict regulations concerning materials and their safety. Although the arts commissioning program was overseen by the hospital's construction management team various aspects of the details were occasionally overlooked. The primary OH&S and material safety guidelines were hard to get final sign off for as various supervisors contradicted each other. The art installation had two major material needs. The photographic works were required to be sealed to protect the surface from environmental agents. The images were mounted on stable aluminium backing (which was light and warp free) and the image surface laminated to allow for less reflection and to enable easy cleaning (which are strict requirement for hospitals). However the perspex display cases proved to be a more difficult and potentially disastrous decision. The cases were designed in a suitable thickness of perspex to allow for boxes to be stacked one on top of the other (reaching a height of over 2.4 metres). Having taken instruction from commercial perspex

manufacturers and clarified the choices with the architects and hospital management team the units were built and delivered for installation. Soon after the display cases had been filled, stacked and secured to the atrium wall, the safety office appeared to ask for the specifications of the fire rating (for hospital requirements) of the perspex. Without it the boxes could not be installed. This potential disaster was finally averted with the intervention of the architects who sought the advice needed, but it clarified for the artists the overarching requirement to seek out and clarify the details of specialist environments.

Interviews and Context:

Ultimately, and in hindsight, this research has three distinct but intermeshed methodologies, perhaps best articulated in the following words of Elizabeth Grierson:

> In telling the narratives of experience the connection to methodology becomes paramount in determining *how* to tell the narratives. If the methodology is phenomenological then the narratives could be told through the embodied processes of experience in the moments when knowledge of the world becomes present to consciousness *(the images)*. If it is genealogical then the narratives would be constructed through sifting and sorting the data and debris in the archaeological digs in the bodies of knowledge of the life world, with its many voices and layers and positions in the conditions of their experience *(the interviews)*. If it is performative then the researcher will thread traces of text and experience as an enfolding or interweaving construction (the installation and publication). (Grierson 2009:28)

This research was motivated by the meaning of place and the interconnectedness of people to that place. Christian Nold's "Bio Mapping" investigates technology's ability to record, image and distribute individuals' personal body–states that represent emotional response to site and the individual and collective histories. Through monitoring and evaluating the physiological responses of heart rate and perspiration detected by the galvanic skin response technology attached to the wearer while walking through familiar environments.

The interviews conducted with the participating hospital staff in the 'Moving the Royal-Framing the Memories' project operated with similar intention. Their voices monitor through memory their embedded presence in the old hospital and renew their

imaginings of the new building overseen by those resonate views of the sea through the diaphanous windows. The interviews were conducted as long, engaged discussions, conducted in the foyer of the new hospital and within visual range of the art installation, some months after the opening of the new hospital and the commissioned artworks. The interviews were conducted as a post-evaluation procedure and sought to continue to elaborate on the dialogue that had been established with the staff who had participated in the two-year project.[41]

Interestingly, the original ethics application had described the intention of conducting interviews with hospital staff early on in the project in order to collect stories of the Royal Newcastle Hospital and identify valued memorabilia to be included in the project's final outcomes. This option was however determined to be too invasive at a time when staff were engaged in planning their move, conducting their daily jobs under extreme stress and anxiety and generally feeling that any projects sanctioned by the administration had a negative connotation.

The potency of these voices in describing their working life within this iconic hospital established a powerful archive that will resonate beyond the individual institutional closure. It is appropriate that as this research drew to a close that these voices, articulated so powerfully in their reflections on the past and connection to the visual legacy that they now value so highly in the artwork, be the last voices to be heard within the context of the research. The powerful voices captured first within the artwork itself, and secondly, within the interview narratives were not prompted specifically by the questions.

The nine interviews identified participants from varied professional backgrounds within the hospital and included nurses, administrators, physiotherapists, and electricians. For the researchers the challenges involved in initiating interviews at the beginning of the project in an environment of distrust and stress were further challenged at its conclusion as relocated staff were engaged in familiarising themselves with a new hospital environment. These nine voices however speak broadly to the issues and concerns

[41] (See Appendix 13,14, & 15 for ephemera such as official opening invitations).

raised in the closure of a hospital and the perceived values and benefits derived by their participation in the art project.

The questions were designed to elicit personal musings from the staff who had engaged in the project. As open-ended questions, each of the nine interviews conducted where extensive by nature and can be found in the appendix of this exegesis along with the questions per se. An interpretive phenomenological approach was determined to analyse the interview transcripts.

Part 2 - The Voices

"Certeau's investigations into the realm of routine practices, or the "arts of doing" such as walking, talking, reading, dwelling, and cooking, were guided by his belief that despite repressive aspects of modern society, there exists an element of creative resistance to these strictures enacted by ordinary people". (Blauvel 2003:63)

The following themes were identified and validated by the voices of the staff and subsequently deeply reflected on in this research; namely, the interviews revealed the recurrent focus on several motifs that required a response in the artwork produced:

1. The history of the person's connection to the original site
2. The role of the windows and views from the hospital in providing staff with coping mechanisms and an innate understanding of the value of light, air and vista in healing.
3. The process of engagement in the art project itself from the individuals perspective
4. Identifying the wider value of this project for staff of a critical care facility in dealing with loss and grief.

The history of the person's connection to the original site:

Interview 1:

I have only been there 18 years. I stared out at Rankin Park and transferred in with rheumatology in 1989. So I am only a baby, I am not a Royalite because you have to be there over 20 years to become a Royalite.

So when the earthquake happened that was sort of the demise of the Royal from the point of view of being one of the major hospitals, a great achieving hospital. It had world recognition at that stage because of the innovative things that they were doing and it went from there to just being fragmented and there was no farewell as the Royal

moved as such, there were just different departments, because of the building falling down were suddenly flung everywhere and I think that was the being of the break-up of the family, the Royal family as we used to call it. The Royal family is just what we refer to as the people who work at the Royal because it's a small, smaller, closed institution there are probably 600 staff members but I would know everyone of them and that's just because of the nature of the knowing each other. So that was the Royal family.

Interview 2:

The Royal Newcastle Hospital, caring for each other for 39 years. The most ethical job I could have wished for.

The Royal became not a place of work as it was for most staff but for tradesmen it was their work. And in my case and others almost their life's work.

Special memories include the early maintenance staff Christmas parties with their music and humour.

The standing room only staff meetings in the lecture theatre

The return of increasing numbers of whales each year and the slight tilt of the Royal to the east as people gathered for a particularly good sighting.

Interview 3:

I first started at the Royal after finishing university in 1995. I think it was, and I actually did a rotation, a 12 month rotation as a first-year student and I went actually to each ward and I spent about three months in each ward and at the end of that twelve months I worked in Rheumatology which I didn't really want to do. I didn't really know much about Rheumatology but I was glad I worked there and through that rotation I met a lot of people and made a lot of long-life friends. Actually through that time and I met my partner there as well in ward 600B and there is a lot of people that have made

relationships and married. So there are a lot of memories, a lot of meaning in that actual building.

Well it obviously is the location near the beach it was just a beautiful area also I know for a fact that the patients really miss the sea breeze and being able to go out on the balcony. I think that was a really healing thing for them.

We used to wheel the patients out, the patients who couldn't get out of bed we used to wheel them out on the balcony and lay them there and just have the sun, feel the sea breeze and it was just lovely. Because these people couldn't get out of bed so basically they were stuck so this really helped with their healing.

Interview 4:

The Royal was a very dynamic place when I left in 1990; the Royal was not that same place when I went back to work there in 2000. It was a dying hospital and that was very sad. It was, the facilities were not the level of facilities that our community required for their care and our staff to work in.

I was the Development Manager for the building of the new Newcastle Centre Building. I had the job of commissioning the project, which meant that I have been working with the teams as a clinical interface. My background is clinical, and I had also been involved in the design, development and review of services during the design of the building. So I had the opportunity to actually come and work at the Royal and work with them on their change management and relocation appreciating that we were actually not only bringing the Royal but also bringing a lot of services from the John Hunter into this building.

I think that the health care was, extremely good health care and I have worked a lot of other health care areas and overseas and we have, and always have had and extremely high standard of medical care. We are very, very lucky with the level of the expertise, our clinical staff. The doctors and nursing staff and I think that offcourse the Royal was

the second oldest hospital in Australia. It was also a major teaching hospital from Sydney.

Interview 5:

I started my training at the end of 1996, in October as an enrolled nurse. I was working in aged care and decided I wanted to work in a general hospital. My first choice was the Royal, which I went for the interview and I managed to get an interview. It think there was four hundred that sat for the exam and the Royal was taking two staff members and I happened to be one of those staff members, so I was very chuffed about that. Because it had a good reputation for a start, it had a reputation like a country hospital. I'd spoken to friends and family of friends who always says that the Royal had always treated them well and that they enjoyed that hospital. And I suppose its location also was the main reason why I wanted to go to that hospital.

Interview 6:

It's a long history which started when I was a child. I was born there but mum worked there so I was in and out of the Outpatients Department there, and then occasionally we were allowed to go into work with her but that was very old school nursing so you didn't make a habit of that. Nurses didn't have families, least as far as management went they didn't, so I have been trotting in and out of that place for a long time.

But the grieving, well you guys were with us for a lot of the project and things that we did and the grieving was evident then. It was as much, not as much, that they didn't want to move out here. They didn't want that to close. It was 178 years old, the history that most people were very proud of and the place had an atmosphere that you don't find everywhere. It was a really friendly place. Everyone knew everyone, I think. Yes it was seven storeys tall, but we were all under the one roof and we were all one family. And the Royal Family thing came out. That wasn't just a thing it was really how it felt. Everyone from cleaners to catering to allied health to nurses to doctors, everyone knew everyone and if someone was new they stood out but they still got a smile and a hug and the patients liked the place and they were friendly too.

I'm the Staff Development Officer for the RNH, which translated to being the educator for all the staff. I trained at the Royal, I was born at the Royal, (laugh) that's my involvement and I just seemed to be involved in all the festivities and things up to my eye balls. That's about it um…. I have been a registered nurse for since, God, 1982, so you can work out the maths.

Interview 8:

The most significant event was the process and the build up to the move to the initial finding out that we were moving and there was a lot of fear and distress of the unknown we believed that we weren't being told the truth in the meetings but as time pasted people began to accept that we were going to move.

Interview 9:

Everybody was involved in whale watching. As soon as someone saw a whale we would all say "quick, look at the whale". We would ring every ward. Every ward would be contacted so just everybody would be looking out of the windows and I know staff education actually wrote down every sighting of a whale and they tallied up one year and they had seen 300 whales actually. And we saw the white whale, the albino whale he actually swam past.

2. The role of the windows and views from the hospital in providing staff with coping mechanisms and an innate understanding of the value of light, air and vista in healing.

Interview 1:

I've got the little rock that is right down on the shore line and as the waves come in it breaks over the rock and goes back out again and its often heart shaped, the water around the rock. That's my rock from out of the window from where we used to work.

So I think there are lots of little things even looking out over Nobbies I think if you are really stressed at work or if something is really giving you the pips you stick your head out the window and it just all goes.

The places I think, the place itself because of its position was really brilliant in that you knew when the whales were coming, when the dolphins were out there, you knew when the Surf fest was on. You knew when the bid albino whale was coming through. We'd be hanging out the window knowing it was there and I have seen it, it is real. And I think the other thing was just having New Year when the fireworks would be on the harbour. We used to go up on a balcony upstairs we would have a little drinks while no one was looking and it was just really nice cause you could sit back relax and just watch the lot go on. We would do the same thing if any of the big old boats were coming in, like the tall ships. I think the environment was really nice.

There was never any air-conditioning but we never complained because there was always a breeze. If you know it was going to be hot obviously you plan for it the only other thing I think is interesting about the climate is when its winter and its really windy or we have big storms the windows used to get blown in so we would have glass shattering, we would know then to ship the patients and then the maintenance people would come up and put a piece of board over that window until they could get the glass replaced. That's probably a regular occurrence and the other thing that used to happen was that we used to have flooding because the rain used to come in the window sills because they were all old and rotten the water would just run over the window sill along the floor so often we had to evacuate wards for water on the floor. But that is part of life that was the fun of it.

Interview 3:

Well, it obviously is the location near the beach. It was just a beautiful area. Also I know for a fact that the patients really miss the sea breeze and being able to go out on the balcony. I think that was a really healing thing for them. Here we can't open the windows, they can't get out on the balcony here and I think that's a loss for them being stuck in those four walls. I mean you have got a really lovely view of trees but you just can't get out and smell the fresh air. Yeah, and we used to wheel the patients out, the patients who couldn't get out of bed we used to wheel them out on the balcony and lie

them there and just have the sun, feel the sea breeze and it was just lovely. Because these people couldn't get out of bed so basically they were stuck, so this really helped with their healing.

Um, its just at the RNH we used to be able to, on our lunch break, just get out on the balcony and just look at the view and sometimes there was a Surfest on, you'd be taking photos all the time and of an afternoon you would see the sun go down or you would see a beautiful big storm coming over with rainbows and of a night time the patients used to say it was like a fairy land out on the ocean because of all the ships out there and it was it looked like a city lit up. It was just, yes, the patients really loved it, and they really did. I think that's really what they miss the most.

Interview 4:

I mean we had the most beautiful location and it was really therapeutic, if someone stressed you out or made you angry you walked to a window, take a deep breath, look at the view and there you go, you were fine.

Interview 6:

From that window we see many cargo ships out on the horizon, beautiful blue sea a strip of yellow sand and people walking along the footpaths and it was a wonderful view. As I said, every morning it would be different. We would start our shift at seven o'clock and I would be there at quarter to seven without fail every morning I would look out that window and you could see the local pod of dolphins. There was a pod of dolphins that used to come most mornings and the biggest pod I think I was would have been about forty dolphins. It was incredible. Usually there would be up to twelve, six to twelve dolphins, but this day there was a pod of forty and they were just stretched right out along the beach. Absolutely incredible! I was so lucky to experience that. Not only that but in the whale migrating season we would look out for the whales, of course.

Interview 7:

I did propose this impossible window (Miranda-can you describe the impossible window) Well the window is no longer there because the, it was in the York building before the earthquake in 1989 and it was located in a toilet and I always found it phenomenal that, its so interesting, that one could sit on the loo with this window which had a particular angle so you could look right down King St Newcastle but you could not be seen the other way. It was an open window that you could look through and I found this just fascinating and I lost that window after the earthquake and so we couldn't really immortalise it on the wall of the RNC.

Interview 8:

I mean as I sit here I am looking over there at the views from those windows and it brings back a lot of positive memories. For instance, I'd get to work early in the morning. First thing I would do, we would have a hand over near my favourite window. The first thing I would do.

The window behind the nurses' station on 500 C, which is the one I pointed out to yourself. From that window we see many cargo ships out on the horizon, beautiful blue sea a strip of yellow sand and people walking along the footpaths and it was a wonderful view. As I said, every morning it would be different. We would start our shift at seven o'clock and I would be there at quarter to seven without fail every morning I would look out that window and you could see the local pod of dolphins.

There was a pod of dolphins that used to come most mornings and the biggest pod I think I was would have been about forty dolphins. It was incredible. Usually there would be up to twelve, six to twelve dolphins, but this day there was a pod of forty and they were just stretched right out along the beach. Absolutely incredible! I was so lucky to experience that. Not only that but in the whale migrating season we would look out for the whales, of course.

There would be times when I needed time out for myself if I was dealing with a difficult situation, it was quite relaxing to look out that window and get my breath back and just re-evaluate how to approach a situation. Look out the window and do that, and then I was able to go back into a room and discuss the situation with a patient which really

helped myself. I was able to approach people in a calm manner which might not have been the current situation and I found that so helpful. Also I believe the views from the hospital had healing powers. We used to put young guys who had been in motor accidents or bike accidents that were in traction for two to three months, we were able to wheel them out to balconies over looking Newcastle Beach. To them having to be in a bed for three months, you can imagine they would get a bad case of four walled fever we called it, and just to be able to push them out on to a sunny veranda to over look the beach just… you can't describe the change in their attitude.

So the views from that hospital were a main part of everyone's lives, patients, staff and family members. I think my favourite memory of the Royal is that I would be looking out that window when the southerlies would come up the coast. It would be a stiflingly hot day, no air-conditioning, you would have every window opened and there was not a puff of air then you could see, down the south coast clouds that were forming. We then knew the southerly was going to hit. There was relief at hand and everyone would be relieved until the storm fully hit and then you would be shutting all windows, packing them with towels. The windows would be rattling or leaking so then all the patients' buzzes would be going so you were frantically going around packing towels into windows. That was fun.

Interview 9:

One of the therapeutic things about the Royal was its location, views. If you needed a bit of time out you would go to one of those windows and look out at the ocean , it was very cathartic I suppose. It calmed you down a bit, you got your breath and particularly the nurses who were there at all times of the day and night so I think it was very important to them because they spent more time than the rest of us there.

3. The process of engagement in the art project itself from the individual's perspective

Interview 1:

I think it was because the people who did the artwork, that's you guys. You went out of your way to talk to the staff and find out instead of taking the word of executive, this is what is important to the staff. I think that got you a lot of recognition or I suppose a kind of respect in a way that you were actually thinking, you were allowing the staff to express themselves and not just taking a voice from executive. There are so many decisions that are made that way, you know, what is it you want, oh, the executive said we would have blah blah. So I think that was good that you went around and you saw the different areas. I know it takes a lot of time, it also takes, you probably made the right move in taking your key people with you who know the people and that gives you the foot in, whereas if you had gone on your own you would not have got half of what you got. Hats off to you, you did that well.

Absolutely. From several points of view. The points of view you have still got photos that show how it used to be and I think for all people like to hide that in the closet I think that is still part of what makes us who we are, so whether we like it or not, its where we came from therefore we should appreciate it and cherish it, so there is a lot of that.

Absolutely, absolutely, I think even a patient recently I was talking to was saying about the artwork they can remember looking out that window and seeing that so for them to be here, they are back in hospital over here they can still recognise what they were looking at the Royal. I think it is good I think most people have somewhere special up there that sort of gives them their little out or somewhere to think about and relax.

I have got something over there, I've got the little rock that is right down on the shore line and as the waves come in it breaks over the rock and goes back out again and its often heart shaped, the water around the rock. That's my rock from out of the window from where we used to work. So I think there are lots of little things even looking out over Nobbies I think if you are really stressed at work or if something is really giving you the pips you stick your head out the window and it just all goes. Where as I think that's something that people here are missing, there are quite a few offices that don't have outside windows, so I think we have lost that

Interview 3:

I think that was one of the most important things to have those images where they are, that sits in the cafeteria we look at them and remember the images, the scenes from the window because that is really what sticks in every bodies mind those beautiful images. Not only of the beach but also of Newcastle especially from level five or six you get such an amazing view of Nobbies. So I think those images I would like them to stay there but I heard that they are not going to stay there. I was a bit worried that they would go. I think you would get a lot of complaints, you really would because people still look at them and view them and remember and that's what I was worried about, loosing the history because if they go it would loose part of what we had. RP
I think it is meaningful to staff because it gives them ownership and they feel part of it as well. because they are here they can look up there and remember. It's just remembering and memories bring back other thoughts as well so I think it is important.

Interview 4:

Yes they always ask about the artwork, they love it, they just love it. In fact people going from the Mater here across say are we having the same one. I said no we weren't funded for that here. The project wasn't funded for that because we did it separately from the Newcastle Strategy funding. We actually choose to do the art project. It wasn't actually connected to the government funding we actually… the strategy team used capital works.

I think it was great to bring it and to bring it in such a way that looked so professional, its not old fashioned its actually got the modern twist on something old.

Interview 5:

Yes, yes I do, I think apart from the photographs which people have got special memories of because that's so visual that it evokes memories of, that's just like taking a family photo, it brings back memories of what was and that is what is important about the photos that you, the windows in your installation um, but art works altogether are important.

Well it was interesting listening to people talking about it, that installation because so many of them said, well a couple of things, they said they certainly had memories looking at the photographs.

A lot of those people were curious about some of them but they were a talking point, I'd say that and think people recognised that even though we had left the royal it wasn't forgotten and I think that probably helped a little bit in dealing with the grieving process.

I'd say it was meaningful um, because it gave us another opportunity for us to talk about the move I think that was one of the things and also asking people what is important to them, sorry I'll put that another way, what was it that they were leaving that was going to be sad for them, I think that made it meaningful.

Interview 6:

And I lave that big wall over there and I know it's your project but I do love the memories. Looking out my favourite windows and views that are familiar that we don't get to see any more. I think so yes, I loved the fact that you, I was with you, you spent so much time here but that made them comfortable with the project and they would all talk to you. Yes I think that worked.

Yes it's been a nice ……. and I really think that the things that we did helped and not just the staff, so much community involvement with the closure of the royal as well.

Interview 7:

Yes, yes pictures of the water (Laugh) and just pictures of the north wing. I'm looking at them now and its just, it was just a lovely boast, it was just lovely that it was here in the public area and its just, the acknowledgement that we were once there. I mean we know… I know that one day there will be no body working in this building that were at RNH and who knows what these things will mean to them whether they will be saying, "oh well this is all old hat this is not relevant to us", but perhaps it will have some

relevance if there are enough people around who continue to value the remembrance of history because I have learnt through this whole thing I have learnt so much more about the history of the Royal before I was at the Royal and I have still claimed that as my own knowledge. You know, the personalities, the longest standing hospital on the one site.

The person taking the photos was just so lovely and willing and just… was actually able to sort of make us look at the windows in a different way sometimes and helped us to be able to see the windows, whereas before we were sometimes just looking around, you know. Sometimes you would forget to sometimes just see the window for the first time even though we experienced it. The dialogue with the person taking the photographs was very important.

They are here on the wall. You know, I think when we started talking I claim most of the images too because they are mine looking across the park towards the James Fletcher Hospital , the ceiling, the edge of the hospital looking to the beach where we could still imagine dolphins , sunsets, you know. They are all beautiful.

Interview 8:

It is it's a talking point. You can see people who are just coming over here that we don't know that are having lunch or a tea you can see them discussing the photos on the wall and the memorabilia that is in the cases. As I said, it's a talking point, and I think its great to have it in an eating area because it just looks great and it is a talking point.

I have sat there and explained to friends of mine what the views were of, of what part of the hospital and JHH staff that I work with I also explain to them. There is interest among other staff members and friends and family about those views from the old Royal.

Yes I think it was, just the idea of taking photos of windows that have significant views of the staff, I think that was a great idea definitely, definitely, as I said before looking at those photos is like looking at an old friend, yes definitely great ownership.

4. Identified the wider value of this project in dealing with loss and grief

***Interview 1*:**

I think even a patient recently I was talking to was saying about the artwork they can remember looking out that window and seeing that, so for them to be here, they are back in hospital over here they can still recognise what they were looking at at the Royal. I think it is good. I think most people have somewhere special up there that sort of gives them their little "out" or somewhere to think about and relax.

Absolutely, from several points of view. The points of view you have still got photos that show how it used to be and I think for all people like to hide that in the closet I think that is still part of what makes us who we are so whether we like it or not its where we came from therefore we should appreciate it and cherish it, so there is a lot of that.

I think it was because the people who did the artwork, that's you guys. You went out of your way to talk to the staff and find out instead of taking the word of executive, this is what is important to the staff. I think that got you a lot of recognition or I suppose a kind of respect in a way that you were actually thinking, you were allowing the staff to express themselves and not just taking a voice from executive. There are so many decisions that are made that way, you know, what is it you want, oh, the executive said we would have blah blah. So I think that was good that you went around and you saw the different areas. I know it takes a lot of time, it also takes, you probably made the right move in taking your key people with you who know the people and that gives you the foot in, whereas if you had gone on your own you would not have got half of what you got. Hats off to you, you did that well.

Interview 2:

Seeing the results was most moving.

Interview 3:

The friends that we have made at the Royal, the spirit in that place and when I was there I thought it was the building but since I have moved to the RNC I think its more the energy of the people it's that spirit has moved across and you'll see that they will give each other a nod or a wink and a smile and you know that we have got that spiritual connection from the RNH and the other day there was one of the clerical staff from the RNH sitting listening to the piano and then all these people just came up , all these nursing staff , like formed a little group and just like a little gathering and it was staff from the RNH and I just happened to come along and I said what is going on are we having a meeting or something and Robyn who was there first said oh I was just trying to have a quiet time and listen to the piano , but we were all there , just having a bit of a chat, a get together , just a real little meeting place . That connection is still there even though we are away from the old Royal.

It is mainly since we have moved over here, its now an on going thing now, its, if the walls are bare people ask constantly when is the next exhibition coming, you know, what's going up on the walls because they are so used to seeing artworks.

Interview 4:

Certainly if people come into an area that has a nice and a quite atmosphere their level of angst or aggression can often drop so because they behave appropriately for the area that they are coming into.

It's a lot about the ambience that you bring people into because the ambience of an environment does assist them in their manner of calmness. Certainly if people come into an area that has a nice and a quite atmosphere their level of angst or aggression can often drop so because they behave appropriately for the area that they are coming into.

I think people like to position themselves near it. That's where I go and sit, that's where I like to sit and I think the public does as well, the visitors.

I love our perspex boxes and I had a great lot of deal actually allowing them to go in because when you are dealing with a lot of problems you are dealing with black and white engineering of a whole range of fire and safety and a whole range of issues that are really furphies and I think that you have to be strong and say no that is not acceptable, that is going in. In fact I had a lot of trouble getting your walls they wanted to move them for weeks and weeks and weeks.

We have had people from New Zealand and people from Tasmania, we regularly get people up to visit the team and the site, in fact I am meeting people from Western Australia today, they love that. They love that personal touch but it looks very corporate. I think the thing is the building is a corporate- we did try to, we didn't want it to look like a hospital as in a sick centre and I think one of the opportunities with art and certainly with our temporary art and roving exhibitions we have we are really a gallery that is a wellness centre as opposed to a sickness centre.

I think it helps the staff because they have a pretty swanky place to work and I also think it helps the patients and the relatives because if the see scape of art is changing with our exhibitions and you know people notice things. So all the time they are noticing things, I didn't see that there or I didn't see that was there. And it also gets people, particularly if you are waiting for a loved one in theatre or something like that an opportunity, they can wander down the corridor and look at the art. They can actually do something and I think the positioning of the heritage articles in the Perspex down in the food court is an ideal positioning because it really did make a big difference to, you know it is something, a visual ness, you know you hear people laugh and point and say oh god do you remember and I think for the old timers like myself it is a lot of do you remember because the Royal was a pretty dynamic hospital, a very dynamic hospital.

Yes everyone that comes in says, "this is not a hospital" and its not.

Interview 7:

Art, art treats you differently, you treat life differently, depending on what is around you and I think because there has been that concept of artworks in the hospital I have become more persuaded and more interested in taking more notice of art work around me in the world.

Interview 8:

Just the idea of taking photos of windows that have significant views for the staff. I think that was a great idea. It was very important that the memorabilia was kept and displayed as it is because it is a part of our working history and there is a lot of history to that old hospital. One Hundred and Eighty years, so it is just like a time, a snapshot in time that, my working time at the hospital so it was very important that the artists actually interacted, spoke with the staff and got our views on what we felt was significant to be kept for future reference to other people and to people who have had any links to the Royal, and I think it is very well done.

As I said before, looking at those photos is like looking at an old friend. Yes definitely great ownership.

Interview 9:

It was funny when I took my photos of the physio ward overseas with me in 2000 (it was just a little album) and I remember one of the staff I was working with said why would you want to come here and leave that? So that was rather interesting.

Conclusion ~ Eulogy

It is appropriate that the first comment that opens this conclusion is voiced by one of the staff. This operates as a eulogy and, in a holistic sense, completes the circle. In an emotive way, through the faltering voice, these words describe the sorrow and grief of losing one's 'place' and the resilience, fortified by recognition of the past, which can move one forward:

> *One of the things about having been able to participate in part of the celebration and also the mourning of the moving from the Royal was recognising that we actually, I referred to the term that we actually needed to have a burial. A burial because, but that is the celebration because you do celebrate life with death and we really basically um, it's finished, it's over and it's a new beginning. But we also have to recognise and praise the period we had and the history that we had which was a wonderful history.* (interview 4)

This research contributes to discourse in the emerging areas of 'Medical Humanities' and studies of identity, 'place' and cultural constructions in the context of health and wellbeing. It has established a point of difference from other research in the field by constructing a multi-dimensional framework of practice and a model for the dissemination of the project and its findings that offer accessibility to the primary stakeholders, namely the academic community and the broader public who share in the ownership of the site. The research primarily focuses on the staff who worked in the institutional facilities, in this instance in a hospital environment, who were dealing with loss and grief because of the dislocation brought on by change management.

The research can apply to institutional environments across all sectors. In a genuine and comprehensive sense, the opportunity to pursue my research within the hospital environment allowed me to merge an objective research practice with a strong poetic voice. References to the body and life and death denote, on the one hand, the core

business of a health facility and, on the other, offer ways to reflect on broader humanitarian issues of 'place and belonging.' The life cycle manifest in a hospital setting where birth, life-long care and death are observed by the patient and their families and respected by highly trained and entrusted staff offers an analogy through which this research is transcribed.

In resolving to produce an artwork that assisted staff to navigate change through a direct and purposeful engagement over an extended timeframe, my research has sought to understand more broadly this notion of loss and grieving in institutional settings and how the artist can provide a means to facilitate a memorial to both the living and the dead.

The methodology for this project was committed to the strategies of conversation, communication and collaboration. The works are intended to be accessible to a diverse audience, and to foster a sense of ownership, identity and community in the potentially inhospitable environment of the hospital. In terms of its public face – installed in the foyer of one of the busiest teaching hospital facilities in Australia – the artwork speaks to a collective. It also speaks silently and personally to each and every staff member who worked at the Royal Newcastle Hospital and who now views this art installation through their working days, like a touch stone.

The resilience of the staff with whom I worked over this extended timeframe is inspiring. Clearly their dedication to their roles as health care professionals was paramount and in the end their transition from the Royal Newcastle Hospital to the new state-of-the-art facility was seamless.

This is not to say, however, that the last months, weeks and days before the move from their idyllic beach-side hospital were not fraught. I had observed a workforce mourning the loss of their workplace and its broader identity in often confronting ways. The tears, short fuses and passionate outbursts at the 'Moving The Royal' committee meetings, together with fond farewells for retiring staff unable to meet the challenges of the move took a toll on everyone, not the least the artists-in-residence.

The generosity of spirit, however, was also evident in the sheer number of events that where planned and executed by many smaller committees throughout the hospital and by Hunter New England Health itself in the lead-up to the closure. An official history was written and published, dinners and reviews were staged for the staff and tours were arranged to walk the staff through the new facility at various times of its development. Indeed the Arts and Cultural Plan for the new facility had been written and enacted in 2003 with an emphasis on:

> Developing a series of cultural projects to support change, acknowledge past achievements and to facilitate a new vision for the future. These are important aspects of corporate health and the arts have the ability to create opportunities to explore these aspects in a non-threatening way.[42]

The leadership shown by the staff at Hunter New England Health in establishing the John Hunter Hospital Arts for Health program in 1989 and in focusing efforts to expand this initiative within subsequent development programs, including the relocation of the Royal Newcastle Hospital facilities to the Royal Newcastle Centre facility on the same campus, should be applauded. The seamless integration of an Arts program in all its facets engage the staff and constant stream of patients and their families with a sense of a re-humanised environment where music and creative vision captures the mind and offers alternative reflections to balance the stress and disorientation of a large hospital complex.

The final act, or performance, which drew over 2000 of the hospital staff to the streets of the city on the 26th March 2006 to participate in the Royal on the Move Procession was an experience that I will always remember and cherish. This was a moment in time when the history of a community and facility was honoured in a genuine and collective way by a gathering of generations of employees in their own time and with their own motivations. To some the procession was a funeral march. To others the act of walking through the streets of Newcastle towards the new hospital with handmade effigies of larger-than-life hospital matrons and doctors offered a new beginning and a chance to take the best of the Royal Newcastle Hospital with them in vision and emotion.

[42] The James Wallis Building Art and Cultural Plan was written by the Health and Arts Research Centre in 2003 and commissioned by Hunter New England Health's Newcastle Strategy team.

Artists' residencies have become an increasingly popular form of support for the Arts funded by government Arts agencies and partnerships with private business and cultural organisations. Often the motivation is to reactivate buildings and environments that have been silenced by neglect or progress. It is the artist who, as explorer and inventor, finds ways to engage in local conversations and enlighten people to the places of past significance that resinate through the stories and reconnections that transpire. The value of these embedded residency programs is in their longevity: a time-frame of months or years, during which the artist becomes absorbed in the daily life of the building and its inhabitants.

Art in Health environments re-humanise and reactivate the space within which staff, patients and families have to coexist with the physical structures that are essential to providing care. Recognition of the skills that identify specialist medical staff can extend to recognition and delight in the visual and performing Arts. This is being integrated increasingly into hospitals. However, the incorporation of an Arts Health initiative can only be successful if there is a clear sense of its value, expressed initially by the institution's funding of specialised and trained coordinators who can establish a community of purpose. I would also suggest that an Arts Health program should consistently incorporate a specific reference to the staff's creative capacity. The latter should ideally include staff representatives on a working-party and should seek to promote staff ownership of any given Arts Health program in *their* environment. In this sense, the artists-in-residence and the Arts Health coordinator should encourage an appreciation of the Arts that is, initially, staff-centred. This should then lead to an extension of engagement that incorporates the concept of the hospital-as-community within a broader environment. The artist's vision of imagined environments in which the artist works with a community – staff, patients, visitors, the wider community – can then begin, and the human beings who are the very stakeholders of a hospital can begin to see the site – both its physical (outer) and internal (inner) manifestations as a venue for the dissemination of ideas that centre on empowerment and wellness. In short: the institutional determination to fund and drive Arts Health initiatives (threatened constantly by government health funding crises) is clearly dependant on the dissemination of the philosophy and impact of such initiatives to hospital staff. The ownership, as to the value of the Creative Arts to the physical environment in which

staff spend their working life encourages in them a custodial spirit to nurture and maintain a living environment.

The challenges for Arts Health initiatives in hospitals and applied health environments are two-fold. The primary issue is competition across the health sector for much needed funding to provide the core services that an aging world will require. Programs such as Arts Health will always be at the mercy of lobbying for funding in more 'crucial' areas of the health sector. Hopefully, with expanding research in this field and national organisations, such as The Institute of Creative Health in Australia, which lobbies governments and provide a portal to disseminate and encourage research across the sectors, future thinkers and policy planners will engage with more programs.

There is also the need to educate a new generation of professionals to consider careers in these integrated fields. From my experience as an artist-academic, it is evident that many Creative Art students (particularly mature students) are envisaging their careers as having a specific focus on using the Arts to communicate diverse societal issues and to empower marginal groups. Often this commitment comes from their own experiences of tackling challenging life changes where the Arts have provided a pathway to finding their voice and direction. Current reference to this career objective is investigating Arts (or Music) Therapy. In Australia, however, this study option is limited to post graduate entry and a limited career path with a more intensive medical focus. The broader prospects for engaging in and ulitising Arts Health practices should come from a multidisciplinary base where studies in Architecture, Medical Humanities, the Creative Arts and the Social Sciences adapt thinking and curriculum to advance opportunities to engage in this emerging cross-institutional exchange. Courses such as Arts Health and Community that ran as an elective for a decade in the School of Fine Art at The Newcastle University offered students opportunities to observe and participate in arts activities formulated by regional hospitals as diverse as the Mater Hospice, The John Hunter Arts Health Program and Newcastle Council's "The Loft" (a 'youth off the street' initiative). The second initiative that has been established in a growing number of Australian and international hospitals is a Artist-in-Residence program that embeds the artist as a permanent professional within the hospital environment and provides students with evidence and mentoring of the diverse nature of commissioned projects and the impact and effect of these collaborations.

Through government funding, driven by Arts policy that increasingly references the Creative Industries and within this thrust Arts Health practices and outcomes, it is imperative to continue to provide evidence and lobbying to sustain and support current Arts Health programs and their champions within hospitals and the broader health sector.

I feel privileged to have created an installation in the foyer of the new hospital as another road map to assist in reorientating the staff and providing images from which to daydream when the transition to their new environment was most raw and discomforting. To comprehend, through the voices captured in the interviews and by being approached by staff in the Royal Newcastle Centre over the proceeding years to thank me for my contribution, what a powerful process I had participated in is exhilarating and extremely satisfying. It allows me to imagine future possibilities to extend research in this field into environments and challenges that may not have even been yet imagined.

Driving along the foreshore of Newcastle Beach and looking up at the residential apartments that have morphed onto the Royal Newcastle Hospital's original footprint, I am overtaken by a sense of remorse for the disappearance of an institution that was defined by its empowering location and the care entrusted to it by loyal and committed staff. The window views that once marked and sustained the daily routines of staff and patients now operate as backdrops for interior-designed 'pods' where, perhaps, days go by without a glance towards the sustaining and life-affirming views of the ocean, its tidal markers of time and seasons, its whale migrations. [43]

My own journeys back to the hospital where I was born and treated and the recognition of an institution – the importance of which was inscribed on me by my parents – had, on reflection, been buried deep within my own life's story. It took a building and a view in another city altogether to bring back my deep attachment to feelings of belonging and the grief attached to that ultimate dislocation.

[43] (See Appendix 16 – promotional brochure from Mirvac and Landcom selling the Royal Apartments (on the site of the Royal Newcastle Hospital).

Bibliography

Albrecht, G. (2012). "The age of solastalgia." Retrieved 12th February, 2013, from http://theconversation.com/the-age-of-solastalgia-8337.

Alleyne, R. (2008) "Looking at beautiful art can act as a painkiller."

Armitage, A. (1991). A golden age of nursing. Newcastle NSW, The Royal Newcastle Hospital Graduates Association Book Committee.

Arts, A. C. f. t. (2006). Strategy options in Arts and health. Melbourne.

Augé, M. (1995). Non-places: Introduction to an Anthropology of Supermodernity. London, Verso

Augé, M. (1995). The Meaning of Illness. Luxenburg, Harwood Academic Publishers.

Australia, G. (2013). "'Creative Australia' National Cultural Policy." from http://creativeaustralian.arts.gov.au

Bachelard, G. (1969). The poetics of space. Boston, Beacon Press.

Barnet, S. (2005). A Short Guide to Writing about Art. New York, Pearson Longman.

Barthes, R. (2000). Camera Lucida: Reflections on Photography. London, Vintage.

Batchen, G., Ed. (2009). Photography Degree Zero - Reflections on Roland Barthes Camera Lucida. London, The MIT Press.

Baudrillard, J. (2000) "Photography, Or The Writing Of Light."

Benjamin, W. "1972." PDF, 10.

Berman/Kelaher. "Measuring Health Outcomes of engagement in the arts: The Arts Health Strategy for the Australia Council." Retrieved 12/04/11, from www.culturaldevelopment.net.au/expandingcultures/.../Berman_Kelaher.ppt.

Blachelard, G. (1964). The Poetics of Space. Boston, Beakon Press.

Blauvel, A. (2003). Strangely familiar: design and everyday life, Walker Art Centre.

Bolt, E. B. a. B., Ed. (2007). Practice as Research: Approaches to Creative Arts Enquiry. London, I.B. Tauris.

Bourriaud, N. (2002). Relational Aesthetics. Paris, Les Presses Du Reel.

Broderick, S. (2011). "Policy: Arts practices in unreasonable doubt? Reflections on understandings of arts practices in healthcare contexts." Arts & Health **Volume 3 No 2**: 95-109.

Burgin, V. (1996). In/different spaces: Place and memory in visual culture, University of California Press (Berkeley).

Burns, S. B. (1990). Sleeping Beauty: Memorial photography in America. Altadena, California, Twelvetress Press.

Busch, K. (2009). "Artistic research and the Poetics of Knowledge." Art & Research: A Journal of ideas, Contexts and Methods **Volume 2**(No 2 Spring 2009): 6.

Carey, J. (2006). What Good Are the Arts. Oxford, Oxford University Press.

Carroll, N. (2005) "Art and Recollection." **Volume 39**, 1-12.

Cauter, M. D. L. D., Ed. (2008). Heterotopia and the City: Public space in a postcivil society. Abingdon, Routledge.

Certeau, M. d. (1988). The Practice of Everyday Life, University of California Press.

Certeau, M. d. (1998). The Practice of Everyday Life. Minneapolis, University of Minnesota Press.

Chegwidden, C. (2002). The Anatomy of an Artwork. Newcastle, Hunter Health.

Cintra, M. (1999). Seascapes, Mountains, Forests, Sea Shells and Blue SkiesAn Arts and Cultural Plan for John Hunter Hospital. Newcastle, John Hunter Hospital**:** 32.

Clift, S. (2009) "The Stae of arts and health in England." Arts & Health: An International Journal for Research **Volume 1**, 6-35.

Connolly, C. (2005). "Toyota Assembly Line Inspires Improvements at Hospital." Retrieved 12/5/12, 2012, from http://www.washingtonpost.com/wp-dyn/content/article/2005/06/02/AR2005060201944.html.

Council, T. A. (2009) "Measuring health outcomes of engagement in the arts: the Arts Health Strategy for the Australia Council."

Cowling, J., Ed. (2004). For art's sake: society and the arts in the 21st century. London, Institute for public Policy Research.

De Botton, A. (2002). The Art of Travel, Penguin Books, England.

Dean, H. S. R. T., Ed. (2011). Practice-led Research, Research-led Practice in the Creative Arts. Edinburgh, Edinburgh University Press.

Derrida, J. (2001). The Work of Mourning, University of Chicago Press.

Dissanayake, E. (2000). ART and Intimacy. Seattle, University of Washington Press.

Domke, H. (2009). "Health Care Fineart." from http://www.healthcarefineart.com/.

Dufrenne, M. (1973). The Phenomenology of Aethetic Experience, Northwestern University Press.

Edwards, E. (2001). Raw Histories: Photographs, Anthropology and Museums. Oxford, Berg.

Edwards, E. (2004). Photographs Objects Histories: On the materiality of images, Routledge.

Elkins, J. (2011). What Photography is. New York, Routledge.

Everitt, A. Arts, Health and Community, University of Durham.

Florida, R. (2002). The Rise of the Creative Class. New York, Basic Books.

Frid, D. (2004) "On Elana Herzog's Project for Goteborg." The Journal of Cloth and Culture **No 1 March**.

Friedberg, A. (2006). The Virtual Window: From Alberti to Microsoft. Cambridge, MIT Press.

Gallagher, W. (1994). The Power of Place: How our surroundings shape our thoughts, emotions and actions., Harper Perennial.

Gates, J. (2009). Aesthetics for Visual Arts in Hospitals: A comparative case study between Balmain and Wyong Hospitals, NSW Australia. The Sydney College of the Arts, . Sydney, University of Sydney. **Doctor of Philosophy (Research Visual Arts):** 185.

Gates, J. (2010). Aesthetics for Art in Hospitals: A Medieval Vision. Medical Humanities. Sydney, Sydney. **PhD:** 185.

Geeenough, S. (1991). On the Art of Fixing a Shadow: One Hundred and Fifty Years of Photography, Bulfinch Press.

Geimer, P. (2007). "Image as trace: Speculations about an Undead Paradigm." A Journal of Feminist Cultural Studies **Volume 18**(Number 1): 7-28.

Georgeff, N. (2009). "Bridging the Gap: Towards a framework for evaluating arts and health." Australian Journal of Arts Health **Volume 1**: 31-39.

Gibbons, J. (2007). Contemporary Art and Memory, I.B. Tauris.

Goldberg, V. (2005). Lightmatters: Writings on Photography. New York, Aperture.

Grierson, E. (2009). Creative Arts Research, Sense.

Guggenheim:, D. (2001). Rachel Whiteread, transient spaces. Berlin/New York, Guggenheim Museum Publications.

Harington, S. J. (1920). "History of the School of Salernum." Retrieved 14th April, 2013, from.http://umanitoba.ca/libraries/units/health/resources/salerno.html.

Hart, E. E. a. J. (2004). Photographs Objects Histories London, Routledge.

Health, I. A. f. D. a. (20/2/11). "Design and Health." from http://www.designandhealth.com/.

Hebbert, M. (2005). "The street as locus of collective memory." Environment and Planning D: Society and Space **Volume 23**: 581-596.

Hebbert, M. (2005). "The Street as locus of collective memory." Environment and Planning: Society and Space **Volume 23**: 581-596.

Henderson, J. (2006). The Renaissance Hospital, Yale University Press.

Highwood, T. B. M. (2006). Vital Arts - Staff and patient Impressions of the West Wing. London, Barts and the London NHS.

Hornstein, S. (2011). Losing Site, Architecture, Memory and Place, Farnham : Ashgate Publishing Ltd.

Hoskins, J. (2006). Handbook of Material Culture. London, Sage.

Iversen, M. (2004) "Readymade, Found Object, Photograph." Art Journal **Vol 63**, 44-57.

J, J.-M. S. (2012). "Managing Workplace Grief- Vision and necessity." Pepperdine Dispute Resolution Law Journal **Volume 2** (Issue 3): 26.

Jacob, m. J., Ed. (1998). Conversations at the Castle. Cambridge, Mass, MIT Press.

Jacobs, M. (1996). Reaching the Goal: Curating Conversations, Conversations at the Castle, Changing Audiences for Contemporary Art. Massachusetts, MIT Press.

Kaspari, S. C. a. J. (2003- December). Australian Arts and Health. Artwork Magazine**:** 10-13.

Kenney, C. (2010). Transforming Health Care: Virginia Mason Medical Centre's Pursuit of the Perfect Patient Experience, CRC Press.

Kidel, M. (1986). "The Meaning of Illness." Journal of Interprofessional Care **Vol. 1,** (No. 1): Pages 15-26

.

Kidel, M. (1999). A Hospital Remembers Les hôpitaux meurent aussi. England/France.

Kirk, A. "'What are Vital Signs and How Do They "Measure" Life'." from http://voices.yahoo.com/what-vital-signs-they-measure-life-7552154.html.

Kwon, M. (2002). One Place after Another-Site Specific Art and Locational Identity. Cambridge Massachusetts, Massachusetts: Institute of Technology.

Kwon, M. (2004). One Place after Another- Site specific art and locational identity, MIT Press.

Lacy, S. (1995). Cultural Pilgrimages and Metaphoric Journeys in Mapping the Terrain, New Genre Public Art. Seattle, Washinton, Bay Press USA.

Lahijt, N. (2005). "Building in "Memento Mori": Theses on the Photography of Architecture." Built Environment (1978-) **31**(1): 60 - 69.

Landry, C. (2006). "Can Artists Make Great Cities?" Retrieved 12/3/11, from http://www.comedia.org.uk/.

Lawry, M. (2003). Reflections on a Public Body and hospital Environment. Synergy: Art Health and Design Symposium. University of NSW, Australia.

Levine, S. K. (2013). "Expecting the unexpected: Improvisation in art-based research." Journal of Applied Arts & Health **Volume 4**(Number 1): 21-28.

Levinson, J., Ed. (2003). The Oxford Handbook of Aesthetics. Oxford, Oxford University Press.

Lidwell, W. H., K Butler,J Universal Principles of Design, Rockport.

Lippard, L. (1997). The Lure of the Local, Senses of Place in a Multicentered Society. New York, The New Press.

Macnaughton, D. J. (2005). Designing for health: Architecture, Art and design at James Cook University Hospital. Final Report to NHS Estates, Universities of Durham and newcastle upon Tyne**:** 195.

Macnaughton, J. (2007). "Art in Hospital Spaces: The role of hospitals in an aetheticised society." International Journal of Cultural Policy **Volume 13**(No 1 2007): 85-148.

Marchand, Y. (2012). "The Ruins of Detroit." Retrieved 12th March, 2013, from http://www.marchandmeffre.com/detroit/index.html.

Marsden, S. (2005). The Royal A castle grand, a purpose noble. Newcastle, Hunter new England Health Service.

Mavor, C. (2008). ""Summer Was Inside The Marble" : Marguerite Duras and Alain Resnais's Horoshima mon amour." Photography & Culture **Volume 1**(Issue 1): 27-50.

Maynard, P. (1989). "Talbot's Technologies: Photographic Depiction, Detection and Reproduction." Journal of Aesthetics and Art Criticism **Vol 47**: 263-276.

Maynard, P. (1997). The Engine of Visualization: Thinking Through Photography. Ithaca NY, Cornell University Press.

McCann, S. R. (2013). "Can an art intervention influence quality of life in a hospitalised patient." Haematologica **2013**(98(1)): 3.

McNiff, S. (2013). "Introduction: A critical focus on art-based research." Journal of Applied Arts & Health **Volume 4**(Number 1): 5-12.

Medicine, C. o. (2001). "College of Medicine ", from http://www.collegeofmedicine.org.uk/insider-art.

Merewether, C. (2001). Lauren Berkowitz. Sydney, Craftsman House.

Miles, M. (1997). Art, space and the city : public art and urban futures London/New York, Routledge.

Miles, M. (2008). The Burning Mirror: Photography in an Ambivalent Light. Melbourne, Australian Scholarly Press.

Mills, D. (2011). Joining the Policy Dots: Strengthening the contribution of the arts to individual and community health and wellbeing. Sydney, Arts and Health Foundation**:** 68.

Mills, D. (2011). Joining the Policy Dots: Strengthening the contribution of the arts to individual and community health and wellbeing. National Cultural Policy Discussion Paper, The Arts and Health Foundation.

Mills, D. a. B. P. (2004). Art and Wellbeing. Canberra, Commonwealth of Australia.

Mossop, E., Wilson P, Ed. (2001). City Spaces Art & Design. Sydney, Craftsman House.

Nick, K. (2000). site-specific art : performance, place and documentation. London, Routledge.

Nightgale, F. (1861). Notes on Nursing. London, Harrison.

Nold, C. (2009). Emotional Cartography - Technologies of the Self, Creative Commons.

Nold, C. (2009). Emotional Cartography - Technologies of the Self. C.Nold, Creative Commons.

Peltason, R. A. (2007). Creative Tme: The Book New York, Princeton Architectural Press.

Raw, A. (2011). "A Hole in the Heart: Confronting the drive for evidence-based impact research in arts and health." Art & Health **Vol 4**(No 2 June 2012): 97-108.

Read, P. (1996). Returning to Nothing: The meaning of Lost places. Cambridge, Cambridge University press.

Richins, M. (1994). "Valuing Things: The Public and Private Meanings of Prossessions." Journal of Consumer Research **Volume No 21**(No 3 December): 504-516.

Robinson, P. (2005). John Hunter Hospital Arts for health Program 2002-2004 Report. Newcastle, John Hunter Hospital.

Roche, D. (2008). "A Clinically Useful Artwork?: Between a Dialogical and a Relational Approach to Art in a Clinical Environment." The International Journal of the Arts in Society **Volume 3**(Number 2): 7-18.

Roland, B. (1981). Camera Lucida, Jonathan Cape.

Saltzman, L. (2006). Making Memory Matter. London, University of Chicago Press.

Schacter, D. L. (1997). Searching For Memory: The brain, The Mind, And The Past, Basic Books.

Schaefer, K. (2007). "Not Going Quietly The Royal on The Move Procession: Place, History, Memory and Community-Based Performance." About Performance, Sydney University(No 7 2007): 117 - 131.

Schama, S. (1995). Landscape as Memory. London, Fontana Press.

Schama, S. (1996). Landscape and Memory. London, Vintage.

Sheelagh, B. (2011). "Arts practices in unreasonble doubt? Reflections on understandings of arts practices in healthcare contexts." Arts & Health **Vol 3, no 2,**(Policy): 95-109.

Sheeran, I. (1988). "Medicine and Art - Arts for health." BMJ **Volume 297**(24-31 December 1988): 1667-1669.

Shepley, D. M. (2005) "Patient and staff environments: The impact of daylight and windows on ICU patients and staff." World Health Design.

Simmons, M. (2006) "Photography, loss and memory: a visual account of grief adaption." 5.

Sontag, S. (1979). Illness as Metaphor. New York, First Vintage Books.

Sontag, S. (1990). On Photography. New York, Anchor Books.

Sontag, S. (2003). Regarding the Pain of Others. London, Penquin books.

Sontag, S. (2008). Swimming in a Sea of Death. New York, Simon and Schuster.

Staricoff, D. R. L. (2004). Arts in health: a review of the medical literature. London, Arts Council England.

Staricoff, R. L. (1999- 2002). A Study of the Effects of Visual and Performing Arts in Health Care, Chelsea and Westminster Hospital

Staricoff, R. L. (2004) "Arts in Health." 86.

Staricoff, R. L. (2006). "Arts in Health: the value of evaluation." The Journal of the Royal Society for the Promotion of health **Volume 126**(No 3).

Sternberg, E. (2009). Healing Spaces The Science of Place and Well-Being. London, Harvard Press.

Stewart, S. (1993). On Longing: Narratives of the Miniature, the Gigantic, the Souvenir, the Collection. Durham, Duke University Press.

Stuckey, H. L. (2010) "The Connection Between Art, Healing, and Public Health: A Review of Current Literature." **100 (2)**, 23.

Sullivan, G. (2010). Art Practice as Research, Sage.

Taylor, D. (2003). The Archive and the Repertoire. Durham, London, Duke University Press.

The University of Newcastle, A. (2006). The Royal on the Move. Research: Connecting Research & Community. Newcastle, The University of Newcastle**:** 36.

Thoma, A. (2006). "The making of 'place' to enable memory." Journal of Visual Art Practice **Volume 5**(Issue 1& 2): 83-93.

Thompson, J. L. (2008). "Truth and Photography." The Yale Review **Volume 90**(Issue 1): 25-53.

Townsend, C. (2004). The Art of Rachel Whiteread. London, Thames and Hudson.

UK, D. U. "The Centre for Medical Humanities." Retrieved 6ht Nov 2006, from http://www.dur.ac.uk/cmh/.

Ulrich, R. S. (1984). "View through a window may influence recovery from surgery." Science **224**(4647): 420 - 421.

Ulrich, R. S. (1991). "Effects of health facility interior design on wellness: theory and scientific research." Journal of Health Care Design **3**: 97-109.

Ulrich, R. S. (2004). "Role of the Physical Environment in the Hospital of the 21st Century." The Centre for Health Design.

Ulrich, R. S. (2006). "Essay Evidence-based health-care architecture." Medicine and Creativity **Volume 368**: 538-539.

Weinberg, D. (2011). "US Hospitals Turn to Toyota for Managemnt Inspiration." Retrieved 3/10/12, 2012, from http://www.voanews.com/content/us-hospital-turns-to-toyota-for-management-inspiration--121165799/163553.html.

Weinberg, D. (2012). "Episode 30 "The Blue Yarn Project" 99% Invisible." from http://99percentinvisible.org/post/7100591795/episode-30-the-blue-yarn-download-embed-share.

Westgeest, H., Ed. (2009). Take Place: Photography and Place from Multiple Perspectives. Antennae, Valiz Amsterdam.

White, M. (2009). Arts Development in Community Health: A Social Tonic. Abingdon, Radcliffe.

Wike, L. (2000) "Photographs and Signatures: Absence, Presence, and Temporality in bathes and derrida." Invisible Culture, 28.

Wike, L. (2004). "Photographs and Signatures: Absence, Presence, and Temporality in Barthes and Derrida." INVISIBLE CULTURE An electronic Journal for Visual Studies.

Yates, S., Ed. (1995). Poetics of Space: a critical photographic anthology. Albuquerque, University of New Mexico Press.