

Art Treatment

Tom Denman diagnoses what it takes to make art in and for hospitals, concluding that the best approach is one that engages in dialogue with patients and encourages an 'interdependent therapeutic gaze'.

The idea that objects of visual interest or pleasing decor can aid wellbeing is not new; however, the widespread acceptance of holistic approaches in healthcare over the past 20 years or so has also led to increased efforts to include more art in hospitals. In the UK recently, there have been significant attempts to involve patients and staff in the production of artworks, of which they are often captive audience. Ask any advocate of arts in the health sector about the value of these social-participatory practices and, at some point in the conversation, they will assure you that peer-reviewed literature has proven that they work, the participation having therapeutic value while the aesthetic result enhances wellbeing. This has been exemplified most prominently in the research conducted at the World Health Organisation Collaborating Centre on Arts and Health that is based on highly quantitative, evidence-based data, its methods rooted in behavioural science. Though symptomatic of the neoliberal numbers-based, market-driven mindset, these studies are undeniably valuable in persuading policymakers to support what is, by now, widely understood as an asset to hospital life.

Harder to evaluate numerically, however, is what can be learned by taking a more critical look at artist-hospital collaborations. One of the most interesting examples of a successful collaboration is a study by George Vasey in 2019 of Keith Kennedy's improvisatory theatre and photography workshops at Henderson Hospital in the 1960s and 1970s. A precursor to much of the best work being commissioned now, Vasey identified a key aspect of the work as its 'interdependent therapeutic gaze' which was dialogic as opposed to panoptic or authorial. The question is, how can the therapeutic gaze be harnessed to upset the top-down, objectifying dynamic we might associate with medical practice, including the wider neoliberalist framework of arts in health advocacy?

An undoubtedly key player in all this is the mental health charity Hospital Rooms, founded by Tim Shaw and Niamh White in 2016, which is aimed at palliating the depressing atmosphere of the places people go to when they are already feeling at their lowest. Hospital Rooms' rehaul of Springfield University Hospital, for example, involved more than 20 artists running workshops with patients and staff from 2021 to 2022. Notwithstanding the ubiquity of playground colours, many of the works encourage a kind of mental orientation within and against the clinical space, countering the dissociative passivity that hospitals induce. The murals tend to be amorphous, their lines winding, their patterns referencing constellations and astrology and belief systems at odds with the regulatory signage. One of the most thoughtful artworks at Springfield is Abbas Zahedi's *Magnetic Sun*, 2022, made with his son Yasiin. Stemming from workshops Zahedi conducted on how art can teach you to orient yourself in space, the work is integral to a multifaith prayer room. It consists of a large, magnetised yellow circle on the wall (applied with magnetic paint) onto which visitors can place magnets (made by staff, chaplains and inpatients) adorned with symbols of different religions.

The interaction affords the user a tactile and visual reminder of their inner self in relation to the hospital and the world beyond it.

Zahedi – who trained as a medic before becoming an artist – is an exception among the alumni of Hospital Rooms, since he is deeply concerned with the intersection of art and healthcare beyond the commission at Springfield. His exhibition 'Ouranophobia SW3' – which opened in a derelict Royal Mail sorting office in Chelsea in the winter of 2020 and 2021, at the height of the pandemic – provided a place of sanctuary exclusively for frontline workers, including staff at Royal Brompton Hospital across the road (Reviews *AM443*). Moreover, Zahedi's reuse of elements within the building – most prominently the reconfiguration of shelves into a staircase ascending to a window – was inspired by his visits to this hospital to see his late brother, who was told he needed a heart transplant. Relatedly, for his 2023 exhibition 'Holding a Heart in Artifice' at Nottingham Contemporary, he installed in the gallery a life-support machine used to oxygenate the blood outside the body, which he borrowed from Glenfield Hospital in Leicester.

There is something to be said for individual practices that are invested in the nuanced and, critically, still unchartered relationship between healthcare and contemporary art, where the bright happy colours that overrun much of Springfield and other UK hospitals risk patronising the people whose experiences are far removed from what the art is telling them to feel. In her 2006 essay on what she called the 'social turn' in contemporary art, Claire Bishop noted the way that criticism had often lambasted collaborations that sought to be aesthetically pleasing with the view that the beautiful result indexed an exploitation of the (non-artist) participants. Conversely, she says: 'there can be no failed, unsuccessful, unresolved or boring works of socially collaborative art, because all are equally essential to the task of strengthening the social



Francisca Aninat, *My Mouth*, 2025

bond. While broadly sympathetic to the latter ambition, I would argue that it is also crucial to discuss, analyse and compare this work critically as art.' In the hospital context, though, aesthetics is tangled up with the collaborative act itself, since the very therapeutic and wellbeing-enhancing purpose of the work is grounded in its aesthetic value, the two being inextricable: the collaboration involves discussions and activities that contribute to the work's aesthetic outcome, which in turn ameliorates the conditions of the hospital. There is also an ethics in the authorial gap between artist and participant. Firstly, sometimes it is only fair that the artist takes on the bulk of the productive labour and, secondly, it is incumbent on them - the artist, who typically has aesthetic expertise and has been commissioned for this reason - to create work that protects vulnerable participants, not least in an environment of analytical intrusion.

At the time of writing, the artist Leah Clements is unveiling a new photographic installation she made with staff and service users in a ward for people with eating disorders at Maudsley Hospital in south London's Denmark Hill, where the work is to be permanently installed. For the past decade or so, Clements has built a practice around the intersection of art and mental and bodily vulnerability, often exploring the threshold of the hospital and the world outside it; indeed, the nuancing and reorienting of this boundary seems to come up again and again in many of the hospital collaborations I have come across, proving that Susan Sontag's polarisation of 'the kingdom of the sick and the kingdom of the well' is a catchy but duplicitous binary. In 2019 Clements co-authored 'Access Docs for Artists' with Alice Hattrick and the late Lizzy Rose, a website for helping disabled artists communicate their needs to art institutions - a project that responds to the embodied ubiquity of the hospital, especially for those with chronic illness. Her film *Collapse*, 2019, follows a woman falling in and out of consciousness in a sleep clinic while in a voice-over seven people afflicted with narcolepsy describe how it affects their everyday lives; her performance *Hyperbaric*, 2020 - staged at Somerset House and later in the year at the Artists' Association Gallery in Vilnius - revolved around the collective reading of a poem based on interviews with people reflecting on their experiences of hospital after being discharged.

I have been able to look at three of the four works she has made for Maudsley, large aluminium prints measuring 2m across, which sensitively navigate thresholds. They at once take you out of the present and return you to it, with a subtle push and pull of potential fear assuaged by comfort. Animating the photographs are gently writhing caustics in the water - the interconnecting lines made when light refracts through it - along with dull stretches where there is shade in a way that permits endless ways of seeing things within them: animals, faces, limbs. At the same time, the water has a comforting tactility, and the light feels warm. The works embody an antirational impulse, or apophenia - the tendency to make connections between seemingly unrelated things, or to see faces in clouds, historically regarded as a hallmark of madness - to disorient scientific logic while at the same time preventing full-blown hallucinations.

What is remarkable about Clements's work at Maudsley is the nuanced recognition of the needs of the people with whom she worked. Rather than taking the condescending view that illness can be alleviated

by rote niceties, she seeks an aesthetic that may reflect something of what the people who inhabit and frequent the Maudsley psychiatric hospital might be going through or witnessing. In the discussion groups she conducted, Clements learned that the ward's inpatients avoided looking at each other. This, she explained to me, gave particular resonance to the request one of them made - on behalf of the group - for 'something to look at'. The work is not yet complete; the next step is to add a descriptive audio component drawing on verbal responses to the images made by people on the ward, creating an aid for the visually impaired as well as enhancing the therapeutic act of conscious looking already encouraged by the works' ethereal beauty.

Francisca Aninat has spent much of the past 15 years inventing ways of collaborating with hospital staff and patients. Running through much of her work with hospitals is a kind of therapeutic hapticity. In 2011, she began to pay regular visits to the waiting rooms at Santiago's Hospital San Juan de Dios, inviting the people who were sitting in waiting rooms - in Chile as in the UK, the wait can last for hours - to make miniature sculptures, paintings and collages out of the materials she would bring: screws, nails, string, swatches of canvas, ink. An example stemming from this work is included in her current exhibition at The Heong Gallery at Downing College in Cambridge, a dual show with the Brazilian artist Alexandre da Cunha. *N.9, South America*, 2025, is the latest in a series of floor pieces combining the fragments made in the San Juan de Dios waiting rooms into an unruly mass resembling the South American continent. The crucial thing about this work, for me, is that it is hard to make out this geographic reference as you circumnavigate it. Instead, in following the stories and sentiments abstracted in the fabric, you get lost. The impulse is to imagine the vulnerable space of the hospital waiting room as a possible kernel of a greater locus of solidarity, something felt intuitively rather than charted on fixed, legible coordinates.

If the hospital exemplifies what the anthropologist Marc Augé calls 'non-place' - in which we are sapped of our interior and relational self - exacerbating such nullification is the passivity of waiting to be examined, diagnosed, prognosised, with no knowledge of what lies ahead. Over the past year or so, Aninat has been interviewing patients in the oncology ward and the intensive care unit at Cambridge's Addenbrooke's Hospital, and her approach involves a game of tactile orientation that prompts them to reclaim mental ownership of their position in time and place. Essentially, Aninat asks the patient to recall their journey to the hospital, laying



Abbas and Yasiin Zahedi, *Magnetic Sun*, 2022, installed at Springfield University Hospital



Leah Clements with *The Embers Drew Together*, 2025, commissioned by Bethlem Gallery for South London and Maudsley NHS Foundation Trust, photo George Wolfe

emphasis on the landmarks and sensations that they can remember: the roundabout, the left turn, the cold, the orange light. This is in the oncology ward. To facilitate this, she asks if they would like to draw a map as a free-associative memory aid, while in the ICU she gives them lumps of clay they can manipulate. As with Clements's aqueous photographs and Zahedi's spiritual magnets, the process combines sensory grounding with mental transport.

Aninat has channelled these one-on-one workshops into a series of collages, photographs and prints currently being displayed in the Addenbrooke's Hospital's New Donations Gallery as well as at The Heong. The relationship of these works to the patients' journeys is intuitive and inexact, evading any prescriptive explanation. The bulk of Aninat's Addenbrooke's work is made up of visually haptic collages, layered with transparent paper, swathes of paint-daubed canvas and black-and-white photographs of vibrating shadows - stitched, stapled, pinned and wrapped in a state of proliferating relation. Text has been scrawled in pencil: notes, it seems, about the design, as if the work were a draft. The feeling is one of the tracing and retracing of steps. There is something metonymic in the layering of transparency until it is opaque, or the way the reflective copper surfaces of Aninat's prints mirror passersby in the hospital corridor, while their streaky tarnishing returns our attention to looking at the materials instead of through them. By channelling something of the stories the patients tell without revealing how, the work's relational aesthetic - with its constant fluctuation between looking through, or into, and looking at - honours what Édouard Glissant would call their right to opacity, resisting an intrusive and determining gaze.

The exigency of tuning into one's environment, and the notion that the hospital is less a cordoned-off world than a moveable and porous site, is fundamental to the subjectivity of the person who exists between Sontag's two 'kingdoms' - which can be any of us, at least at certain points in life. This could be why the works I have been drawn to attend to the physical and mental boundaries of hospital existence. This is not to say that the hospital is a completely open entity; one of its roles is protecting vulnerable people. For this reason, my access to the works I am discussing is necessarily limited and I have mainly relied on photographic reproductions. Exposure of works produced for

hospitals in regular galleries can give the collaborations a wider audience as well as - with a nod to Bishop again - attest to their quality 'as art', something Hospital Rooms insists on doing with every project they instigate, the Springfield commissions, for instance, having been shown at Hauser & Wirth in 2022. Yet this makes it crucial that participants are protected, either through an artwork's opacity or the implementation of safe-guarding in the context of viewing.

This can be a complex and sensitive collaboration in itself, such as in 'For They Let in the Light', an exhibition organised by James Leadbitter (aka the vacuum cleaner) at Chisenhale Gallery in 2022. Leadbitter had worked with inpatients at Coborn Centre for Adolescent Mental Health in east London's Newham during the spring of the previous year. This exhibition was the culmination of the workshops he conducted in which young participants chatted, made films and audio recordings, and wrote about their often excruciating mental suffering. When we spoke, Leadbitter insisted on the importance of 'making young people feel confident to think critically about what they were making'. This criticality - channelled through a sense of what they are making 'as art' - is a means by which they can 'speak about their own health and think about hospital environments'; it is thus a way of empowering them with an agential, situated consciousness. As a safeguarding measure, inpatients taking part in the films would get staff members to play them, an inversion of the power dynamic and a way of enhancing empathy. The safety established in the workshops necessarily extended to the exhibition - which centred on a two-screen film recording the work carried out in the workshops - which could only be seen at scheduled times over the two-week run with a healthcare professional and Leadbitter always present.

While it is hard to judge the medical efficacy of a work of art without recourse to the quantifying language of behavioural science - notwithstanding the propensity of aesthetic engagement to distract from the binary code of illness and health, as well as blurring it somewhat - it seems to me that a key factor in the work I am looking at here is recognition, whether in Clements's recognition of the psychic needs of the inpatients at Maudsley, the self-recognition fostered by Aninat's practice, or in the writings of the young people at Coburn, which often contained pleas to be recognised by a wilfully oblivious adult world. To take another example, recognition is at the heart of Sunil Gupta's *Songs of Deliverance*, 2021-22, a series of 38 photographs on display at London's Charing Cross Hospital portraying people with HIV or having undergone gender affirmation surgery, with each frame split vertically with the portrait on one side and, on the other, a blown-up piece of text in which the sitters frankly describe their experience. As the artist Amalia Pica, who has been commissioned to invent the artistic look and feel of the still embryonic Cambridge Children's Hospital (due to open in 2030), said to me: 'The aim to is to have people walk into the building and feel they have the tools to relate to it - to think, "These are people like me." The agency afforded the participant might not always be obvious in the finished work, but the reward of participatory authorship might be something in the resultant work that suggests to the participant and future viewers that, instead of being laid bare or told what to do and feel, they are being seen and heard.

Tom Denman is a writer based in London.

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