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# Renegotiations

THE ROLE OF PUBLIC ART IN THE NEW MILLENNIUM



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# The Renegotiation of Care.

## Contemporary Art and Research on a New Care Environment

//Pamela Schultz Nybacka

This chapter discusses the role and justification for art in a healthcare setting responsible for human health and well-being.<sup>1</sup> The importance of art in healthcare has received international and national attention, not least because of the construction of new hospitals and clinics, both private and public. Art theorist Andrea Phillips and architect Markus Miessen highlight how the neoliberal transformation of healthcare systems in the West has changed the way we think about healthcare. They argue that art, architecture and design can add perspectives and critique to help establish what they call “a culture of care.”<sup>2</sup> Art placed in healthcare settings has mainly been examined and discussed in aesthetic terms.<sup>3</sup> As philosopher Boris Groys sees it, such a justification cannot support art, it instead works the other way round: “Aesthetic discourse, when used to legitimize art, effectively serves to undermine it.”<sup>4</sup> The aesthetic attitude basically has no need for art. In terms of the aesthetic experience, Groys writes, most works of art cannot stand up against an ordinary sunset.<sup>5</sup> This draws attention to the fact that art in healthcare needs a different kind of legitimacy than the purely aesthetic, and my article is interested in the political and ethical dimensions that are formed around the idea of art as an aspect of care for patients, relatives and healthcare workers.

This chapter explores the emergence and renegotiation of contemporary art in healthcare settings through a case study of the Skandion Clinic, which was completed in Uppsala in 2014 and opened for patients the following year. The Skandion Clinic was created through a

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1 The chapter is based on a research report from on-going evaluation and research regarding the project “Contemporary ART & CARE,” funded by Akademiska Hus.

2 Andrea Phillips & Markus Miessen, *Actors, Agents and Attendants. Caring Culture: Art, Architecture and Public Health* (Berlin: Sternberg Press, 2011).

3 In addition to Rapp’s account of the conditions in Sweden, see Jane Macnaughton, “Art in Hospital Spaces: The Role of Hospitals in an Aestheticised Society.” *International Journal of Cultural Policy*, 13:1 (2005), pp. 85-101.

4 Boris Groys, *Going Public* (Berlin: Sternberg Press, 2010), p. 13.

5 Groys, *Going Public*, op.cit., pp. 12-13.

collaboration between seven regions with university hospitals. The clinic is the first of its kind in the Nordic region to specialize in proton beam therapy, which is a gentler, more effective and cost-efficient form of cancer treatment. The chapter focuses on the initial stage of the process of developing and renegotiating the artistic process with respect to the Skandion Clinic's different forms of care and considerations. The questions guiding the chapter are: How can art intervene and take form in a new healthcare environment? What is the relationship between art and the culture of care within the healthcare setting? How does art in a healthcare setting gain legitimacy and, if so, on what political and ethical grounds?

As a researcher with a background in organizational theory and user perspectives, I have had the privilege of following the work to develop an art program for the Skandion Clinic during the planning stage, as well as the renegotiations that took place during the process. The study resulted in a research report, and this chapter presents an abridged and revised version. The chapter begins with a brief introduction on art in healthcare as it occurs in Sweden, with an outlook on international examples. The chapter then turns to the case of the Skandion Clinic and the various decisions and interventions within the design project. This in-depth case study deals with the renegotiations and considerations that arose in choosing colors around the hospital environment by the artist Filippa Arrias.

## Art in healthcare

In Sweden, research director Birgitta Rapp has conducted research and research programs on arts and culture in healthcare. Her book *Konst på sjukhus till glädje för alla (Art in Hospitals – For Everyone's Enjoyment)* describes the development and design of the healthcare system in Sweden, from the earliest reforms in the Middle Ages to the specialized large hospitals of the 1980s. Art first enters the healthcare environment in the 1930s with the breakthrough of functionalism and had a broader impact after the 1960s.<sup>6</sup> There was a clear political will to make art and culture available to citizens, which also left its mark on healthcare.

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6 Birgitta Rapp, *Konst på sjukhus till glädje för alla [Art in Hospitals - For Everyone's Enjoyment]* (Stockholm: Raster förlag, 1993), p. 10.

The aim of art in a healthcare setting is, according to Rapp, “to be a source of enjoyment for everyone,” that is, the three affected groups – patients, relatives and employees.<sup>7</sup> The cost-effectiveness of art in the healthcare setting is also something that needs to be considered.<sup>8</sup> Rapp argues that it is the combination of empirical studies, proven experience and even unwritten rules that informs or determines which art is considered appropriate in a public health care setting. In the following table, she compiles some criteria for the selection of what she calls “artistic decoration” in healthcare settings:<sup>9</sup>

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7 Rapp, *Konst på sjukhus [Art in Hospitals]*, op.cit., p. 197.

8 Birgitta Rapp, *Kultur i vården, visavi vården som kultur. Ett livsviktigt forskningsprogram med en tvärvetenskaplig syn på hälsa och livsvillkor i omvårdnad och åldrande [Culture in Healthcare, vis-à-vis Healthcare as Culture. A Vital Research Program with an Interdisciplinary Approach to Health and Living Conditions in Nursing and Ageing]*, Final Report (Stockholm: Stockholm County Museum, 1999), p. 36.

9 Rapp, *Konst på sjukhus (Art in Hospitals)*, op.cit., p. 213.



At the Skandion clinic the art was invited to intervene in the architect's vision about natural material and light transmission. The artist Filippa Arrias' coloration with bold colors in a health care environment was inspired by a study visit to Denmark.

Filippa Arrias, Skandionkliniken, 2014,

Photo: Pär Fredin © Filippa Arrias Filippa Arrias / Bildupphovsrätt 2022

### **Appropriate art**

Good content  
Good material  
Easy-to-understand art  
Calming art  
Art that calms, stimulates joy  
Quality art  
Art as an expression of enduring styles

### **Inappropriate art**

Inappropriate content  
Inappropriate material  
Difficult-to-interpret art  
Art with vortices, anxiety inducing  
Art that disturbs a tired, sick person  
Bad art/horror art  
Art as an expression of temporary trends

It is striking that Rapp does not consider that art is a form of production, i.e. something made and produced through different kinds of artistic processes. Instead, the selection of art is central for Rapp, reflecting her more traditional approach to public art as a form of decoration. As such, Rapp is also a proponent of Artotek, where patients are allowed to borrow their own artwork. Since, in her assessment, care should be based on the individual's needs, art in healthcare settings should also be flexible and individualized.<sup>10</sup> What seems to make the art 'appropriate' is that content and material is 'good,' without going into further details. Furthermore, Rapp prefers art that does not challenge patients, relatives and staff, but calms and stimulates joy. A relatively modest selection of traditional, figurative art seems to be the norm, while most contemporary art falls by the wayside.

In looking at the effects of the healthcare environment on people's recovery, Rapp refers to environmental psychologist Roger Ulrich, who has been very influential in international discussions on how the design of healthcare environments affects health.<sup>11</sup> Ulrich argues against the notion that all art is appropriate:

It may be unreasonable to expect all art to be suitable for high-stress healthcare spaces, because art varies enormously in subject matter and style, and much art is emotionally challenging or provocative. [...] Interviews with patients suggested 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 artwork.<sup>12</sup>

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10 Ibid., p. 223.

11 Ibid. p. 206.

12 Roger S. Ulrich, et al. "A Review of the Research Literature on Evidence-based Healthcare



The adequacy of the oxblood red color in a health care environment returned in the discussions with in the project group and with the users. The color figure on walls and in details.  
Filippa Arrias, Skandionkliniken, 2014,  
Photo: Pär Fredin © Filippa Arrias Filippa Arrias / Bildupphovs rätt 2021

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Design," *Healthcare Leadership*. 1:3 (2008), pp. 1-75.



The conclusion he draws from this evidence-based and instrumental perspective is that nature artworks are the most appropriate in hospital settings. In his view, nature art can reproduce and foster feelings of harmony, contributing to positive experiences and measurable effects, such as reduced stress levels in patients.

Since Rapp's report, healthcare systems in the West have, starting in the 1990s, been fundamentally transformed by the marketization, fragmentation and introduction of New Public Management governance.<sup>13</sup> During this period, healthcare has moved toward a performance and goal-based model, with increased measurability and customer orientation.<sup>9</sup> Ethnographer Annemarie Mol identifies a growing conflict between what she calls the abstract, economically motivated logic of choice and the concrete logic of health professionals based on practice and tradition.<sup>14</sup> At the same time, she underlines that care is a multifaceted concept that "provides ample opportunities for ambivalence, disagreement, uncertainty, misunderstandings and conflict."<sup>15</sup> Due to the considerable financial interests in healthcare, the "customer satisfaction" of patients has become the guiding principle in decision-making processes. According to Mol, the economically oriented market model stands in the way of other perspectives of what good healthcare can be.

Andrea Phillips points out that in the neoliberal, individualistic choice model that has also been implemented in hospitals, the concept of care is used as a rhetorical tool that in practice means the opposite. This gap, she argues, opens up critical angles on the role of art in the public sphere and calls for an in-depth discussion of the significance of care in contemporary art. Phillips urges artists not to operate within the margins of the public space, but to set out to recreate "the spaces and times that constitute what is public."<sup>16</sup> Here, there is a shift that follows from a resistance against the traditional view of art as a form of decoration, and where contemporary art can have an important role to play.

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13 Maria Blomgren, "The Drive for Transparency: Organizational Field Transformations in Swedish Health Care", *Public Administration*, 85:1 (2007), pp. 67–82.

14 Annemarie Mol, *Omsorgens logik. Aktiva patienter och valfrihetens gränser* [*The Logic of Care. Health and the Problem of Patient Choice*], trans. Sven-Erik Torhell (Lund: Arkiv förlag, 2011).

15 Mol *The Logic of Care*, op.cit., p. 104.

16 Andrea Phillips, "Too Careful: Contemporary Art's Public Making," in *Actors, Agents and Attendants. Caring Culture: Art, Architecture and Public Health*, ed. Andrea Phillips & Markus Miessen (Berlin: Sternberg Press, 2011) p. 56.

## The Skandion Clinic – a case study

The creation of the Skandion Clinic is a unique and advanced collaborative project in the Swedish healthcare system. In 2006, seven regions (then county councils) joined forces to create the *Kommunalförbundet Avancerad Strålbehandling (KAS)* (Joint Authority for Advanced Radiotherapy): Uppsala County Council, Östergötland County Council, Region Skåne, Stockholm County Council, Västerbotten County Council, Västra Götaland Regional Council and Örebro County Council. These regions are known for their university hospitals, which aim to be synonymous with excellence in care. The Skandion Clinic as a whole has both proven experience and innovation in technology, forms of care and delivery.

The Skandion Clinic would, as mentioned above, offer more gentle cancer care, namely, proton beam therapy for patients from different parts of Sweden.<sup>17</sup> During their hospital stay, patients and their families can stay at the Hotel von Kraemer, which was also planned for the building. In 2013, a stand-alone Ronald McDonald House opened nearby, where children under treatment can stay with their families. The plan was that all the country's children in need would receive proton beam therapy. The Skandion Clinic was thus of national importance for children and young people with cancer.

The building was designed by LINK Arkitektur AB. According to their vision, it was not meant to be perceived as a hospital. Thus the clinic was built primarily from natural materials, and the façade is perforated in a pattern. There is also a small courtyard, which faces the waiting room and the recovery department. Some parts of the clinic have a lower hygiene classification than is otherwise common in hospitals. The architectural design is intended to show consideration for patients' needs. The architect responsible for the proposal, Roger Larsson, stressed the importance of the architect empathizing with what it is like to be in the clinic as a patient, family member or staff member. In this context, Larsson emphasized the importance of symbolic value. This is directly visible in the building's location in the city, a prime location near the castle. The challenge, according to Larsson, was how to get the building also to symbolically express that it manages care for its users.

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17 Proton beam therapy is certainly not a new phenomenon – an experimental facility has existed in Uppsala since the late 1950s – but a dedicated facility for clinical treatment had previously been lacking in the Nordic countries.

Although the Skandion Clinic was financed with public funds, with the state-owned Akademiska Hus as the property owner, the clinic was not a state project and therefore fell outside the scope of Public Art Agency Sweden's initiatives. Nor was the one-percent rule applied to the construction, resulting in a relatively small financial framework for investments in artwork. It was initially hoped that the art budget could be increased over time, including external funding, but this did not happen. In this context, it is nonetheless noteworthy that the Skandion Clinic contains large and prolific elements of art. In addition to Filippa Arrias' artistic color scheme, the sound art work *freq\_out 1.2 ∞ (skandion)* by artist Carl-Michael von Hausswolff is located outside the building and was produced with 17 participating artists and musicians.<sup>18</sup> Adjacent to the entrance is a sculpture park, which was planned in collaboration with landscape architect Helena Jeppson and is home to the sculpture *Mor och barn (Mother and Child)* (1918) by Anna Petrus and works by three contemporary artists: the bronze sculpture *Winners* (2014) by Veronica Brovall, the light artwork *The Radiant Globe* (2014) by David Svensson and the sculpture *Lebenslauf* (2014) by Carl Boutard.

### The artistic process

In the case of the Skandion Clinic, the art did not enter the process at its last stages, but was considered from the very beginning. From the outset, there was a private donation for the right to erect the sculpture *Mor och barn (Mother and Child)*, based on a plaster model by the artist Anna Petrus (1886 - 1949). The donation came from the first Director of the KAS, who was himself the son of the artist. This indicates an unusual personal commitment to the question of art in the clinic. The placement of the sculpture at the entrance to the Skandion Clinic takes on added significance as the country's children and young people suffering from cancer may be eligible for treatment.

The art project at the Skandion Clinic was driven by the Joint Authority for Advanced Radiotherapy (KAS) through its director, both current and former, and by Akademiska hus AB Region Uppsala through the

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18 Participating artists are Maia Urstad, JG Thirlwell, Anna Ceeh/Framz Pomassl, The Sons of God (Kent Tankred & Leif Elggren), Mike Harding, Christine Ödlund, Tommi Grönlund & Petteri Nisunen, BJ Nilsen, Brandon LaBelle, Jacob Kirkegaard, PerMagnus Lindborg, Finnbogi Petursson and Jana Winderen. See also <http://freq-out.org/infinity/>

project manager for the Skandion Clinic and an art consultant. Here the choice fell on Lotta Mossum, a freelance curator who was also a project manager at Public Art Agency Sweden. Mossum has a Master of Fine Arts (1998) and a one-year postgraduate degree in Architecture (2006), both from the Royal Institute of Art. She has extensive experience within process-oriented art and in working in close collaboration with artists, architects and users involved in such projects. She has also worked on new approaches to art in a healthcare environment within psychiatry. In her position at Public Art Agency Sweden, Mossum had previously been the project manager for building-related art projects and curated art collections for government agencies. As a curator, Mossum finds support in the psychoanalytic model of an *intervention*, seeking to translate how a psychoanalyst, with its outside perspective, advances claims that mirror the analysand so as to challenge the patient's ingrained beliefs and world of ideas.<sup>19</sup>

In her work on the Skandion Clinic, Mossum and the project's steering committee shared a vision that the art would function as a dialogue-based intervention rather than a stand-alone decoration. They felt that the art needed to be organized and formed in a way that challenged a more traditional understanding of art in a healthcare setting. According to the early plans, the Skandion Clinic's art initiative would characterize the clinic's entrance, lounge, therapy rooms, office, waiting rooms and hotel. The design of the building would thus be permeated by art, an overall vision which was expected to create positive effects for both patients and healthcare professionals. This approach was in line with the ethical stance of both the artistic and the humanistic workings at the clinic. Art was planned in particular for placement next to the treatment rooms in order to create an interaction with forms of care. The aim was to enable new ways of working for the staff, for example, by combining cancer care with artistic elements. This was expected to benefit the staff, whose skills would develop in dialogue with the art. In addition, the comprehensive support to art in the healthcare environment created the conditions for organizing public guided tours. All in all, the project exemplifies a high degree of

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19 Lotta Mossum, "När sömmen får vara synlig. Permanent konst som intervention i samhället" [When the Seam is Allowed to Be Shown. Permanent Art as Intervention in Society], in *I det gemensamma. Konst, samhälle och komplexitet* [In the Common. Art, Society and Complexity] ed. ed. Lena From, Magdalena Malm, Anna Nyström & Anders Olofsson (Stockholm: Art & Theory, 2017), s. 122.

trust in the organizing power of art and its role in the care of children and young people.

In 2012, an open process group was established around the project with the artists, architects, interior designers, representatives of the users and other stakeholders, who gathered around invited guest experts on a specific artistic theme. The meetings were based on themes such as color, color/light, movement (i.e., passages such as entrances and waiting rooms) and sound. In her capacity as project manager, Lotta Mossum (together with myself in my role as a project researcher) was responsible for the organization, selection of scientific and artistic texts, documentation and compilation of the material. The overall theme in turn led to the formation of four artistic blocs. For each bloc, Mossum prepared a document concerning the selected artists and researchers and presented it to the art steering committee. These blocs constituted the backbone of the project's activities and contributed to the way the art program was ultimately implemented.

Art's intervention in the building started with Filippa Arrias' artful and pervasive use of color that has largely come to characterize the interior environment. Arrias has a degree from the Royal Institute of Art, where she was also a senior lecturer during her work on the Skandion Clinic. In addition to her artistic activity, she also has experience in scenography. The main reason she was chosen for this project, according to Mossum, was her "knowledge and experience in working artistically with color, with constructing spatial imagery and ambience".<sup>20</sup> The interior designers were involved only at a later stage, which is in line with the project's ambition to allow for art to come into play early in the process.

### **The research bloc as an intervention**

The inclusion of research is what most clearly distinguishes the Skandion Clinic's artistic process from the norm in similar construction projects. The establishment of research as an additional bloc – that is, the research bloc – created a platform for exchange and dialogue between the various partners and stakeholders, as well as a common thread running between the different elements of the project.

The Skandion group went on a study visit to learn about both scientific and artistic research on art in healthcare. A delegation from the project

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20 Lotta Mossum, art program 2012.

traveled to Umeå University in early 2012 to take part in an ongoing research study by design researcher Tara Mullaney. The study was based on evidence-based methodology (EBM), which has had a significant impact in both healthcare research and international studies of art in healthcare. The common argument for working with the EBM method is that it is expected to ensure that art contributes to measurably lower levels of stress among patients.<sup>21</sup> More specifically, Mullaney's study was concerned with measuring physiological responses to temporarily installed photo wallpaper and ceiling-projected nature images. Within the Skandion team, however, the visit to Umeå gave rise to a number of critical reflections, including the notion that such images cannot be equated with art, and that the emotional response to visual impressions is not easily captured by measuring instruments used in a medical setting.

Thereafter, on Mossum's initiative, the group traveled to a hospital in Herlev, outside Copenhagen, where in the 1970s the artist Poul Gernes created a grand color scheme that can be said to challenge the senses and interact with the healthcare environment. Filippa Arrias participated in the trip, which became a kind of exploratory study for her own art project. The group also met an open opponent of Gernes' color scheme from the medical profession, who preferred a traditional healthcare environment with white walls (without art) and grey floors. This criticism came to strengthen the support for contemporary art in the art steering group. The study trips laid the foundation for a collective view that artistic elements of a healthcare environment should not be reduced to an instrumental view of medical utility.

The establishment of the research bloc and its various activities was thus accompanied by a reorientation within the project team. It started to question the strictly scientific paradigm of the measurable effects of art on patients and instead to consider what role art could play in relation to healthcare as such. This reorientation also raised ethical questions about what actually characterizes good care. This is in line with Mol's critique of strictly evidence-based conceptions of healthcare, highlighting the capacity of good care to act as an "intervention."<sup>22</sup>

The research bloc within the Skandion project thus intervened in two ways: first, by actively participating in the construction project's

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21 See, for example, Roger S. Ulrich, "How Design Impacts Wellness," *Healthcare Forum Journal*, 20 (1992), pp. 20-25.

22 Mol, Omsorgens logik [*The Logic of Care*], op.cit., p. 113.

planning of the art, and second, by contributing to a renegotiation of the role and significance of art in the context of good healthcare.

Another consequence of the two study trips was that the project team decided to seek out other relevant research studies that could support the project by opening up critical perspectives on the design of care environments. In my capacity as participant observer, I put together a compendium of relevant texts before each meeting. In the subsequent process, various guest lecturers were invited as experts, who in turn provided suggestions for other literature. In the selection of texts, I aimed to offer a balance between art, architecture and organizational theory. The project team thus reviewed scientific works (e.g., journal articles, extracts from dissertations, etc.), popular science articles, and texts of a more philosophical nature. The compendia were not intended to create a consensus among the participants but served as inspiration for new perspectives and to stimulate discussion.

### **Art as an intervention in the design of the building project**

Initially, it was not clear on what basis and on what level art could be considered and influence the design of the clinic. It would of course have been interesting to follow the course of development if art and architecture had been planned at the same initial stage, and whether this would have influenced the dialogue between the actors involved. Since the art program was created when the construction process was underway, the art seemed to seek its *raison d'être* and legitimacy within the existing project framework from the outset. The interaction between the different stakeholders, and especially with the users, evolved over time. The research bloc's first color meeting was followed by meetings with a number of stakeholder representatives (the art consultant, the artist, the architects and user representatives). As a participant observer, it was interesting to see how differing views were expressed, considered and incorporated into the process of finalizing the artistic color scheme. During the second color meeting, the artist exclaimed: "Now it is a matter of getting the architects' approval". This could be interpreted as the artist wanting to get aesthetic approval from the architects for her intervention, something that was not formally required. This suggests a kind of uncertainty about the possibilities and the degree of integrity

that art holds in the minds of other stakeholders.<sup>23</sup>

The overall project of implementing a dialogue-based and interventionist artistic design for the Skandion Clinic raised different stakeholder views, which, rather than being seen as a failure, is in line with Mol's definition of the practice of care. In one meeting, for example, KAS's planning manager asked whether the art program deviated from LINK's winning entry in the architectural competition. The consultant referred, among other things, to the prepared program documents and the design program, stating: "if there is that [difference], then I have to explain it [to the KAS management]." My understanding is that the very ambition to integrate the art gave the design manager cause for concern. However, its proposed impact on the expression of the project needed to be communicated and justified to management in order to achieve legitimacy. The architect stated matter-of-factly at the meeting that the artistic contributions would represent a departure from the previous plan. Whereupon the project's art consultant Mossum emphatically explained to the KAS design consultant that this was precisely the objective.

During the process, the art program evolved through political renegotiations in a decision-making process that arose from different perspectives about the different roles in the project. It moved away from the more aesthetically oriented aspects to develop a kind of shared poetics (in Groys' sense) where the focus was on the production of art itself: its creation and practical considerations. This was particularly evident in the case of the artistic use of color.

### **Color as an intervention**

At the start of the project, artist Filippa Arrias was faced with an important choice: "What am I supposed to do? Art or color?"<sup>24</sup> The question had no predetermined answer, and in fact it evolved through an interplay between these two alternatives. For Arrias, color was more about responding to the architects' visions, while the role of color in art was more about evoking other kinds of moods and emotional states. The study trip to the hospital in Herlev made a big impression on Arrias, since she felt she had found effective strategies for combining art and architecture.

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23 Arrias, 08/24/2012.

24 Arrias, 06/19/2012.



Together with her assistant, artist Malin Holmberg, she formulated a vision for the color selection process:

We want to work with color in a way that will stimulate the experience of being present and feeling cared for. Consciously choosing color with an artistic design means that the choices have to pass through emotion and thought, the complex process of choice.<sup>25</sup>

This expresses the view in which the choice of color aims to reinforce physical presence and the sensation of being in a secure care environment. It is described in terms of both emotional and cognitive aspects. In addition, as an artist, Arrias needed to learn to navigate a complex environment that included staff, patients and family members. After working with Holmberg, Arrias went with warm colors including yellow, violet, gray and different shades of red.<sup>26</sup>

In a hospital, choice of color is important. It is considered to have an impact on the well-being of the patients. In this connection, it is interesting that the Greek word *pharmakon* means both remedy, medicine and color.<sup>27</sup> Filippa Arrias' color scheme proposal for the Skandion Clinic was presented during a meeting where the invited guest lecturer, color and light researcher Ulf Klarén, participated in the role of expert. He stated that it was "very brave to use such a colorful palette in this way." He also wondered where the pauses were, where one could rest one's gaze? The interior designer then suggested that Arrias should adopt an even clearer user perspective on the color scheme, to which she replied that the architect and preferably a representative of the client (Akademiska Hus) should be brought in instead to continue the discussion.

Once again Arrias perceived it as if the basis for the acceptance and possible legitimacy of the color scheme lay with the architects. At this stage of the project, the users themselves were still relatively far off from being real. With the support of the process, user participation and learning over time, Arrias hoped to adapt the project plans to the views of the process group and clearly incorporate the user perspective.

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25 Mossum meeting notes (user theme), 09/20/2012

26 Arrias, Art Program, 09/20/2012.

27 Jacques Derrida, *Colour: Documents of Contemporary Art*, ed. David Batchelor (London: Whitechapel, Boston: MIT Press, 2008).

Ideally, without compromising her artistic integrity in favor of what she understood to be a limited view of the function of art in the care environment.

### **Perspectives and experiences of user representatives**

Artworks are not always noticed by patients in healthcare environments, writes Birgit H. Rasmussen, a professor of nursing science at Umeå University with a background as a nurse.<sup>28</sup> According to Rasmussen, good art in the care environment does not always have to be directly visible to the patient, but a pleasant, caring atmosphere, is appreciated. However, patients clearly sense and react when art is missing, or lost. Rasmussen takes the example of a patient who saw the same empty picture hook on a wall every day, and who eventually wanted to be relocated. At the same time, there is no guarantee that the presence of art in itself creates a good care environment. There are many examples of hospital corridors that are perceived as desolate and uncomfortable, despite the fact there are paintings on the walls.

Purely decorative art does not work well in a hospital environment, at least according to the experience of the review panel of health care professionals. When the “beauty” on the walls does not harmonize with the surroundings and its ambience, it creates a contrasting effect that, in their opinion, does not work. At a meeting in connection with the use of sound, the staff explained that there had been previous experiments with images of nature and nature sounds in cancer care, including an environment with plants and water. However, this attempt to make a pleasant natural environment failed because the machines made too much noise and took over sensory impressions.<sup>29</sup>

Our interviews revealed that healthcare workers often associated the art found in the care environment with the disease on a symbolic and metaphorical level, such as “going to the grave.” That is not very good art, according to the healthcare workers, because it is associated with suffering and death – the ultimate failure of the care intervention.<sup>30</sup> From this it can be deduced that what is required is a form of artistic expression that neither beautifies nor expresses pity.

Staff representatives also shared their view on developments over

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28 See also David Edvardsson, *Atmosphere in Care Settings. Towards a Broader Understanding of the Phenomenon*, doctoral thesis (Umeå: Umeå University, 2005).

29 Sound bloc, process meeting, 11/09/2012.

30 Birgit Rasmussen, process meeting, 11/09/2012.

the previous five years, commenting that the former normative phenomenon of art for art's sake has lost its hold. Instead, the focus has shifted to technology and digitalization. For example, they highlight tests with diodes and ceiling projections where the entire ceiling is transformed into a film. However, as staff representatives noted, in practice, patients are not so interested in this, with experiments using this type of technology not being well received. If this is true, perhaps it is because patients have not been offered anything else? Maybe, what is needed is a new approach to art in healthcare. Regarding the user perspective, the project team had clear ethical concerns about involving in the study children and young people diagnosed with cancer. At the same time, there was a strong desire to weave their crucial experiences into the ongoing work. To resolve this dilemma, we chose to turn the focus of the research bloc toward the perspective of the children's next of kin. This is in line with a general trend in art in care settings where in recent decades the next of kin have also been given a stronger position in legislation.

Via my role as a researcher, the project team came into contact with a parent of a three-child family with a severely ill child, who was at that time ten years old. The woman (also referred to here as VS) came to represent her son in matters concerning the care environment. With her background as an engineer, and as an art school student in her youth, she had a favorable insight, from our perspective, into both technical and artistic fields. When asked about the role of art in healthcare, she responded based on the family's previous experiences: "Exciting project. The art in the hospital receives a lot of comments. The children react and it is scary and not adapted for children."

Since art in previous care settings has made such a negative impression on her children, VS had many questions for both nurses and play therapists, who explained that special arts councils are responsible for the art with hospital staff not involved in the selection process. This experience underlines the importance of investing in as open and inclusive process as possible, ensuring that representatives of patients and relatives for the Skandion Clinic's art program as well as staff members are themselves included in the ongoing dialogue.

## From nature images to structure, rhythm and movement

The woman with the cancer-stricken son initially confirmed the widely held belief that art depicting nature is perceived as restful in the care environment. She says that during her child's illness she often lost track of time and therefore found it nice to look out of the window and follow the rhythm of the seasons. In group conversation, VS became increasingly sympathetic with Klarén's analysis that it is mainly the structural elements of nature's colors, alongside the play of light, that appeal to our human senses. She mentioned that the view of the motorway at Astrid Lindgren Children's Hospital was just as restful as natural images. Through my conversations with this mother, I came to see that calmness and restfulness do not necessarily arise from nature or harmonious colors but can also emerge in the contemplation of the rhythm and movement of the motorway. This example highlights how conversations with family members can open up a reinterpretation of what kind of art is appropriate for healthcare environments, in this case, by challenging prevailing norms.

During the conversation with VS, she remarked that as a parent she sometimes finds the art displayed in hospitals inappropriate and that she, along with other parents, sometimes hides it from their children. Not because it is too difficult to interpret, as Rapp argued in her classic history of hospital art. Rather, it is the opposite. The woman said that she perceives the art at Astrid Lindgren Children's Hospital as closed, where someone has "thought out and interpreted" what the patients should feel and think. In several cases, the art is presented to the children in a way that is considered "clarified." Based on this reasoning, Mossum raised the question whether in a care environment, this kind of art is perceived more as a symbol of care, rather than an expression of genuine care. This is in line with the woman's view that the kind of art that works well is art "that doesn't tell an exact story" but is open to interpretation and creates a space to discover things afterwards: "That's what the children need! [...] More playful and abstract! Let us interpret for ourselves."<sup>31</sup>

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31 Process meeting, 09/28/2012.



Art and the colors creates orientation in the health care environment. In the image below, the red color shows the direction to the treatment room. The floor paint in pink and violet was developed specifically for the clinic. Filippa Arrias, Skandionkliniken, 2014

Photo: Pär Fredin © Filippa Arrias Filippa Arrias / Bildupphovsrätt 2021

## **Art's intervention against symbolic orders**

In the fall of 2012, the project team and staff representatives gathered in Arrias' studio for a review meeting to present their artistic design to the users. The views of the caregiver documented above attended the meeting and her feedback was recorded by the art consultant. After receiving the proposal, the woman described her feelings about the different colors used in the design, how they took on the character of "guideposts" helping her to navigate the environment. The color scheme is thus not a static backdrop, but has a practical function:

The color reflects that things are happening, changing your experience as you move. [...] very positive about the play between the opaque and transparent in the horizons, corridor between CT room and gantry. There is suddenly soul here. A dreamy sense, a bit of a spa feeling. It lets the viewer have their own and open interpretation. Positive that you can see here the trace of a human action, handwriting. [...] If it's well thought out, it gives a sense of caring. That's the difference from coming to a standardized place. You feel that someone has made an effort, put in the time.

The woman was however apprehensive about a color that Arrias called "wine red or oxblood red",<sup>55</sup> but which changed its name during the course of the project:

[The woman] questions the Falu red color of the corridor. Corridors are difficult by default, very long and narrow. [The woman] fears that the red color may be perceived symbolically, that the dark red is associated with blood. [She] thinks one should be careful so that the color of the floors doesn't make the corridor even longer.

The association with blood brought out the symbolic and affective qualities of the color. These were considered disturbing, thought to give rise to uncomfortable thoughts. The woman's point of view was recorded in the meeting minutes, but no responses from the other users were noted. On another occasion, Arrias asked a few questions to the health care representatives about the red color. She asked, among other things, whether they thought it was too dark and whether this

color scheme could be considered problematic by creating negative associations.<sup>32</sup> The respondents felt that the color could be considered too dark but pointed out that this was difficult to determine without seeing it in place. On the second question, the group was less hesitant. On the contrary, the interior designer was favorable toward the wine-red floor color, which he felt was in keeping with the artist's vision of red, glossy floors. The staff representatives present at the meeting – the head of the department and the nurse – considered it not to be a problem either. It was also pointed out by the planning manager, the consultant to KAS, that a dark red color is tried and proven in public spaces.<sup>33</sup> The stakeholders in the group were thus able to work together to clarify the relationship between the color scheme to both the symbolic experience of the healthcare environment and to the institutional conditions in the planned building. In this way, the perspective of the relatives was taken very seriously, but was later sidelined in the encounter with other stakeholder perspectives. The artist's original concept was thus explicitly supported, and the artistic process more deeply embedded in the building project. The architects at LINK, in particular, provided valuable assistance and support to Arrias and the art in the various phases of the process.

In connection with the realization of the color program, however, Arrias had to change the color of the floors. Hence, the oxblood red color can be seen mainly on doors and in details. There were only a number of standard colors to choose from in the required material; it was not technically possible to achieve full-color floors in the selected red color. The solution was for Arrias to work with the flooring manufacturer to develop a composition of pigments that would shift as far as possible from grey towards shades of pink and violet. The cost of the material samples initially fell in-between the budgets of the art project and the architecture, but the architects stepped in and took it upon themselves to get the project moving. Arrias then had to change, once more, the entire of the color scheme. In the final stages, a new user representative objected to the darker color schemes, reasoning that they would appear dark and threatening to those in the building. Given the perceived relevance of the criticism, Arrias adapted the color in accord with the user's criticism. In retrospect, Arrias notes that there is nevertheless a lack of register in the color scheme as a whole.

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32 Process meeting, 10/15/2012.

33 Mossum, notes, 08/24/2012.

During any dialogue with citizens and users, architectural theorist Sofia Wiberg has stressed the importance of the practice of listening. She argues that good listening can paradoxically be said to be both active and passive. Philosopher Jonna Bornemark explains this by way of *pactive listening*, which she defines as encompassing both sensitivity and judgement.<sup>34</sup>

One particular area where the design process was gradually adapted to the users was in relation to children. One environment where art went through different phases of negotiation was the anesthetic room. Arrias describes this process as follows: “this room was initially perceived as passive and calming, but after being made aware that it is mainly children who will be passing through, we have chosen a brighter and ‘happier’ color scheme.”<sup>35</sup> However, during the follow-up visit, the user representatives told us that the children in this room are in a particularly vulnerable situation and further reflection was required:

Often the child has been sedated before being anesthetized and the environment in the room should have a calming effect rather than the other way around. Most children are sensitive to impressions in this situation. For example, it is a good idea to have acoustic tiles on the ceiling to muffle sounds. <sup>36</sup>

Arrias took the feedback to heart, proposing that instead she creates a softer color scheme for this room, with finer details in bright colors that the children could focus on while undergoing anaesthetic. The CT rooms would also be given a more limited but thoughtful color scheme in the form of a kind of “color chord,” which was expected to counteract fragmentation and strengthen the sense of coherence. In this way, Arrias also tried to incorporate the aforementioned criticism that her coloration had a lack of “pauses.” Accordingly, and by virtue of what I (in line with Bornemark) call *pactive listening*, Arrias was able to adapt to the patients’ conditions in specific spaces without compromising her artistic integrity.

One aspect of the art program that was particularly appreciated by the

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34 Jonna Bornemark, *Horisonten finns alltid kvar* [*The Horizon Always Remains*], (Stockholm: Volante, 2020), pp. 76-77.

35 Arrias, 09/20/2012.

36 Mossum, notes, 10/05/2012.



staff representatives was its concrete execution.<sup>37</sup>

Some parts have been painted by professional painters and others are painted thinly on top (the glazing technique) by hand ... to create a shimmer of light and associations with the view of a horizon. This becomes the expression of a little something extra. Like handwriting; the trace of a human hand. 38

By adding a human touch to the painting, the concept of being “cared for” is given a concrete artistic expression.

## Conclusion

The case of the Skandion Clinic and the formation of its art program can be interpreted as an example of how art is given a place in the public sphere through a long series of decisions and renegotiations. But it is also an example of how various actors seek to justify art's ability to contribute to the design of healthcare environments and not merely function as a decoration created at the end of the process. In this context, art in hospitals is a phenomenon that is both relevant and contested. My chapter presents examples of how the presence of art can contribute to a more humane environment and play an active role in the creation of a culture of care. Furthermore, I have taken a critical look at an instrumental approach to art in the care environment that can be said to reflect the pervasive commercialization of Western care systems, and that in recent decades have moved toward a market model with demands for results-based governance, strictly measurable evidence and guaranteed customer satisfaction. In this context, a tug-of-war is created around the question of what kind of art is considered appropriate and what is not. The mainstream perspective is based on a very narrow view of art, while my article stresses the need to safeguard the expression of contemporary art and the integrity of the artist. In the words of Boris Groys, this can be described as a shift from a purely aesthetic understanding of the function of art in healthcare to a model that focuses on the integrity of art, as well as its poetic and organizational agency.

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37 Ibid.

38 Ibid.

Finally, the study of the Skandion Clinic shows that it is of the utmost importance in a care environment that art does not symbolically express an imposed sympathy for the patients' situation. When this happens, art appears as a kind of a contrived symbol of care, rather than good care in practice. Well-executed contemporary art can, however, offer resistance to both purely decorative and overly direct symbolic elements. In addition to contributing to the practical dimension of care, it is necessary, in my view, to have faith in the ability of artists to deal with ambiguity and contrast, and to show other worlds and ways of being to patients, their next of kin, and caregivers.