



**PLENARY TALK, SOCIETY FOR THE ARTS IN HEALTHCARE ANNUAL CONFERENCE**

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It is great to be here today. Thank you Donna for the invitation... This is my first Society for the Arts in Healthcare conference. And, I have to say I feel a bit like I have happened upon a Southern tent revival. The passion and commitment of this group is truly inspiring. I also want to thank Ania Lipowska, a student at Vanderbilt's Blair School of Music who is an accomplished violinist and a soon to be medical student. We worked together on this talk and I have benefited greatly from her insights. If I do nothing else today, I hope to dazzle you with my ability to move effortlessly from Picasso to Johnny Cash in the same presentation.

I want to begin today with a short video. I am going to show you one of the few films ever made of Pablo Picasso in action – the film technique documents his brush work from the back of a special, see-through board. So you don't actually see Picasso, just his brush marks.

Thinking about what you just saw, what was going through your mind while you were watching? If you are like me, you kept thinking, I wonder how this will turnout? I wonder if that line he just laid down will work out? Will he have to paint over it? Will it connect at the right place or has he missed the mark? Is he using too much color; is that line too dark? Too light? What is that emerging form? Is it the bull or the matador? And, as the work took shape, I found myself transfixed. Amazed. Inspired. Engaged. I wanted to see more. I imagined myself trying to do something similar. Throughout, I felt propelled forward, with each brushstroke, as Picasso resolved tensions to produce a meaningful, harmonious painting.

I don't think my experience is that unusual. 10 years ago, I visited the Academy in Rome to see Michelangelo's famous sculpture of the David. As I walked down the long corridor leading up to the statue, I noticed a young art student off to the side making a relatively amateurish attempt at drawing The David. Dozens of people gathered around the student peering over his shoulder at his drawing. No one

was looking at the real David. For me, this exemplified the impulse people have to look over the shoulder of artists – to see art unfold in real time rather than simply as a finished product on a wall or on the stage.

Throughout the 20<sup>th</sup> century, the arts moved from the home and hearth to museums, symphony halls, television screens and sound recordings. They became professionalized and commodified. In the process, we lost our “back stage” access to creativity. Art products and presentations were available to us in their final, polished form. We were expected to admire and celebrate their perfection and virtuosity, but we were not allowed to peek in on the process. Today, I want to argue that a particularly powerful form of public art is one that allows the public to look over the shoulders of artists as they work – to witness creativity unfolding. Healing is a creative process; it doesn’t just happen. The same is true of any artistic creation. And so, we must try to connect the two more forcefully and envision a new public art.

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How did I arrive at this idea? Well, when Donna asked me to speak on this topic I was admittedly at a loss. I have been studying public art for over a decade, paying particular attention to the many dust-ups that arise when artworks are placed in public places. Since the 1960s, the dominant ethos among public art professionals is to present works that go beyond decorative or architectural enhancements in order to make a statement, confront the viewer, re-order space, etc. Artists have not been intentionally unpleasant, but they have been intentionally visible. That is, public art is to be seen and engaged. It is decidedly not

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part of the background. As an example, here is, of course, the famous Tilted Arc – supported by the Art-in-Architecture program of the federal government and finally removed after storms of protest from resident workers who had to walk around the stark iron wall everyday. Disrupting a pleasant stroll

through the plaza was exactly what Richard Serra had in mind. But, even when artists are less obviously provocative, their artworks can and do create strong reactions from community members. In fact, when I studied Federal Art-in-Architecture projects in the 1990s, I found that almost half of all installations were controversial – even though most of them were, on the surface, fairly benign, like this example of an Albert Paley piece in Asheville... or this well-known Picasso in Chicago – which when it was unveiled

was referred to as the baboon; a bird; Barbara Streisand getting married. Even the beloved Chicago “Flamingo” was the source of controversy when it was unveiled. Who needs this type of controversy in a health care setting? Why should a recovering or ailing patient have to be confronted with something unfamiliar, potentially abrasive, off putting, curious, weird?

So, how can we have a robust and engaging public art program without the requisite controversy? This is what Ania and I have been puzzling over since Donna asked me to participate.

It might help us to situate dimensions of the art experience along two cross-cutting axes. Bare with me... this is just how social scientists think.

On the horizontal axis, we have a continuum from art experiences that are entirely personal to those that have a collective and public element. Of course, no art work is entirely personal (there is always some communications between artist, individual and society), but, for our purposes, it is safe to say that if art is experienced alone in a more or less private “space” – then we consider it personal. An art presentation that is totally unrestricted and available to everyone – say a free concert in a public park or a mural – would be at the other end of the continuum. Moving on, the vertical dimension represents how evocative the artwork or art experience is... that is, does it force the audience or participant to engage, to be challenged, to feel suspense, to reflect, to critique, judge, to feel elevated, displaced, overcome, saddened, angered. This is what philosopher John Dewey describes as the “pleasurable activity of the journey itself.” Having an “art experience” is more than appreciating art as an object placed on a pedestal. It is movement and culmination; struggle and achievement; tension and the resolution of tension, disorder and order. It is heightened vitality. According to Dewey, true art experiences are rare. Too often we see without feeling; we hear, without connecting what we hear with vision; we touch, but the contact remains tangential. We feel things without having insight. Art enters, but not very deeply. Here is an example.

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[http://www.youtube.com/watch?v=hnOPu0\\_YWhw](http://www.youtube.com/watch?v=hnOPu0_YWhw)

A few weeks ago, *The Washington Post* set up an experiment. They placed Joshua Bell, a former child prodigy and one of the finest musicians in the world, in a subway station playing some of the most elegant music ever written on one of the most valuable violins ever made. For 45 minutes, he played as 1,100 people passed by. Only a handful stopped. He made \$32 dollars. In this ordinary context, art could not triumph over the banal setting. It could not move people to have a Dewey-like experience. But, even if the conditions had been better, much of the public is simply not prepared to have a truly active engagement with classical music. A pleasant engagement, most certainly. But not a creative journey.

So the bar is high for having an experience, let alone a public, collective experience with art. And if, you cut through all of the aesthetic theory, Dewey provides us with one simple test for whether a person has indeed “taken a journey of discovery” – if after engaging with art, you walk away and say to yourself, ‘Now, that was an experience...’ then you have probably come close to what Dewey sets out for us.

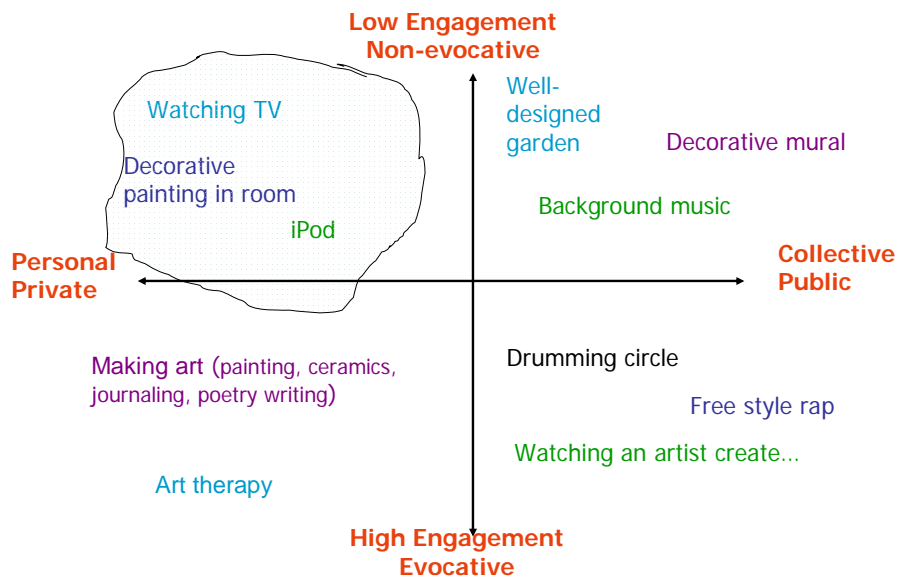
So, if we return to our grid. In the top left quadrant we have relatively passive and personal engagement with art. This might involve watching television or listening to an iPod, or looking at a landscape painting in your hospital room. All of these things could be evocative – if you were a music connoisseur – then perhaps listening to a particular track might launch you on an aesthetic journey of the type Dewey would be proud of. But, more often than not, these are enjoyable but largely passive activities.

On the bottom left quadrant we have personal/individualistic activity that is highly evocative, engages the full range of senses and requires effort and imagination from the participant. This is typically where we would place art making – painting a picture, writing poetry, writing a journal, taking photographs, working on a potter’s wheel, dancing. In the health care setting, much of this activity falls under the rubric of “art therapy” and there is data and testimonials to support its effectiveness for healing. This is noble and important work and we must continue to invest in it.

At the top right quadrant of our grid, we have public art that is typically not very evocative. It would not load high on Dewey’s scale. This might be a public exhibit of soft-toned landscapes. It might be a string quartet playing in the lobby. It might be a well designed garden in a courtyard, or a decorative mural. It could also be an organized public concert or show. Certainly any type of art that would be considered by its audience as “background” – would belong in this quadrant. But even art that is intended to be

emotionally uplifting, can often fail to do so. Like our example of our virtuoso in the Washington subway. The truth is, our notion of “bringing great art to the people,” whether in a health care setting or elsewhere is often stymied by the context, or by the audience’s lack of knowledge or experience – or what sociologists call cultural capital. Too often the work does not create the type of Dewey experience that might be critical for creative healing.

## “The Art Experience”



So, where does that leave us? What happens in this last quadrant? Well we have public art that engages its audience, that takes them on a creative journey. This could involve collective art making – like drumming circles. It might also involve certain interactive art forms – such as juggling or miming or doing magic – where the performer takes cues from the audience and often involves the audience directly in the unfolding drama. Other contemporary “public” art forms that engage their audiences directly include free-style rapping or poetry slams.

Of course another way to involve audiences actively in a public setting is in the words of John Ruskin, “to fling a pot of paint in their faces.” In other words, present something unfamiliar, offensive, edgy, or avant garde. But, as discussed earlier, this is not a viable option in a health care setting.

So, back to Picasso and the David. We can engage audiences in highly evocative, yet not necessarily provocative, public art, by allowing them to witness the creative process unfold. To watch experts and virtuosos try to create something new – to see the struggles of an artist as they puzzle through a difficult challenge, to watch the process of discovery and the ultimate triumph of imagination, skill and ingenuity. After all, is this not exactly the arc of healing – the pathway that the body and mind go through when dealing with pain.

Here is the challenge I will leave with you: How can we turn our health care facilities into living, breathing art laboratories? Can we use new technology to document and make available the story of art making? Can we have artists-in-residence that have open studios? Can we reserve a space for an open dance or theatre studio, where patients can watch dancers and actors rehearse? How about a small glass-blowing studio? Here we are in Music City U.S.A., why not reserve a small glass-walled room for a music studio, where patients can watch and listen to records being created.

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I believe healing is not only a personal journey, but also a collective one. It is not only rational and deliberate, but also creative and imaginative. It is not something that just happens in the background, but it is something that must be mobilized. Therefore, public art in the health care setting must include experiences that are collective, dynamic, evocative and transforming – experiences that reverberate with the healing process itself. We must work hard to enliven this fourth quadrant. There is no reason why the health care setting can not be a place where patients, doctors, workers leave saying, “Now that was an experience....”

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I want to end by welcoming you to Nashville and to say, in spite of what Donna might tell you, that in Nashville we think about the connection between art and health differently. At this conference, art and art making are happy and joyous experiences. We are uplifted and inspired by them. Well, in the country music capital, when we are in pain, when we are suffering, when we have hit rock bottom – we turn to art to make us feel worse. After all, what good is a country music song if it can't make you see not only how

down and out you are, but, more importantly, how much worse things could be – so I leave you with the words and music of Johnny Cash.....

**Born to lose, I've lived my life in vain  
Every dream has only brought me pain  
All my life, I've always been so blue  
Born to lose, and now I'm losing you**

Healing the Nashville way!