THE *ART* OF HEALTH

EXPLORING
CREATIVE
ENGAGEMENT
WITH
RESEARCH

KAT AUSTEN

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THE ART OF HEALTH

CONTENTS

INTRODUCTION

There has long been a synergy between art and the body - its wellbeing or otherwise. From the 35,000 year old Venus of Hohle Fels, through Leonardo da Vinci's iconic anatomical drawings, to Australian artist Stellarc's growth of an ear on his own arm, art has explored both what is and what could be in our bodies.

Focussing particularly on health, contemporary artistic works have explored the meaning of illness. One such example was *The Lion's Face*[1], an opera developed in the UK that showed the experience of Alzheimer's from the perspective of both the patient and the care environment. Addressing mental health from a completely different perspective, curator Cao Xun's exhibition of outsider art in the public space of a Shanghai mall was aimed at breaking down barriers of stigma around mental health in China.

In collaboration with tuberculosis (TB) researchers from the *Modernising Medical Microbiology*[2] project at the University of Oxford, UK, artist Anna Dumitriu created a moving and evocative solo exhibition. Dumitriu used TB bacteria rendered safe by autoclaving to enrich materials that were then displayed in a gallery alongside objects such as public health posters and a TB spittoon. Colombian born and Japan-based artist Juan M. Castro used more experimental media to interrogate the boundaries of the human form, drawing on biomedical techniques to isolate cell-scale processes such as the production of fats to form artificial membranes.

In terms of public engagement, these projects serve more in terms of their communicative power than in bringing communities into the creative process. Arts projects that involve the community can take multiple forms, however, from the more traditional to subversive. The University of Florida's *AIM for Africa*[3] programme takes the route of creating exchange between artists, medical researchers, care-givers, and communities to enhance medical experiences. The programme is also the home of research into the arts in medicine, and exposes students training in medicine and arts to new paradigms.

Engaging deeply with a community to create the work, a collaboration between Indonesian-born artist and filmmaker Virlani Hallberg and Taiwanese psychoanalyst Leon Tan looked at healing practices. Originally for the Taipei Biennale 2012, Receding Triangle Square sensitively explored mental health in relation to changing political landscapes and traditions in Taiwan, exposed through interviews with rural community members.

Engaging the public with health research is fundamentally important. From hygiene and sanitation to drug adherence, exchange between health researchers and the public can improve wellbeing for individuals and communities, and be a valuable source of insight for researchers. A key point that will be explored in this report is the variation along the scale upon which this engagement can take place - from engagement as a means of delivering a message from health researchers to the community, to engagement as a sincere two-way discourse. As we shall see, art can be found all along this spectrum, and the appropriateness of combining art, health research and engagement in different proportions must be determined on a case by case basis.

[1] thelionsface.wordpress.com

[2] modmedmicro.nsms.ox.ac.uk/art/

[3] arts.ufl.edu/academics/center-for-arts-in-medicine/programs/outreach/

THE ART OF HEALTH WORKSHOP

To explore this nexus of art, health and engagement, the Wellcome Trust convened an International Engagement Workshop in Mumbai, India, 9–11 February 2016. The workshop, The Art of Health: Exploring Creative Engagement with Research, brought together 55 participants, including health researchers, engagement professionals and artists from across sub-Saharan Africa and Asia. Participatory methods including World Café[4], Forum Theatre, Bharatanatyam (South Indian classical dance) and Open Space[5] were used to facilitate discussion. This was the seventh annual Wellcome workshop bringing international delegates together to explore a pressing topic in community engagement.

Central questions for the workshop were: what distinctive contribution can artistic and creative processes bring to the realm of public and community engagement in health, and what are the parameters for collaboration both between artists and health researchers and with the community? The key aim for the workshop, as described by Simon Chaplin, Wellcome's Director of Culture & Society, was to explore how engagement could benefit research as well as the communities involved, and what practices might be employed to facilitate this engagement.

One recurring theme across the workshop was plurality. As Chaplin pointed out, because communities and cultures vary, so must the way in which engagement is orchestrated within an organisation such as Wellcome: "We are working across the entire world where some of the things we've learned may not work, so we are looking at making a heterogeneous approach for engagement."

THE WELLCOME TRUST

The Wellcome Trust is a global charitable foundation dedicated to improving health. It supports bright minds in science, the humanities and the social sciences, as well as education, public engagement and the application of research to medicine. The investment portfolio has given Wellcome the independence to support transformative work such as the sequencing and understanding of the human genome, research that established front-line drugs for malaria, and Wellcome Collection, a public venue in the UK that explores medicine, life and art.

Each year the Wellcome Trust offers up to £10 million through a wide-ranging public engagement grants programme to support projects that encourage people of all ages and from all walks of life to be informed, inspired by, and involved in health research. These projects are in many different areas, including film, theatre, discussion and policy-influencing events, exhibitions and multimedia.

The Wellcome Trust's International Engagement Awards[6] began in 2006. Over the course of ten years, the scheme has funded a variety of community and public engagement work in low- and middle-income countries. Many of the current projects were represented at the workshop, where learning was shared and discussed alongside insights from the Wellcome Collection's Art in Global Health[7] project. This project ran in 2012-13 and included artist residencies in the five Wellcome Trust Major Overseas Programmes. Each residency in Africa and Asia was represented at the workshop.

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[4] theworldcafe.com/method.html
[5] openspaceworld.com/users_guide.htm

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[6] wellcome.ac.uk/internationalengagement
[7] wellcomecollection.org/global

THE ARTS, HEALTH AND ENGAGEMENT

TRIANGLE

1.1
THE SPECTRE
OF **EVALUATION**

Discussions about planning multidisciplinary projects often turn to the difficult issue of evaluation. The intersection of art, health and engagement is no exception, as was amply demonstrated at the workshop, where evaluation was a prominent theme.

When there are multiple stakeholders and, most importantly, multiple value systems within an endeavour, there are multiple reasons for engagement. These motivations often point towards different aims for a project, which usually require different forms of evaluation. What an artist gets out of a collaborative project, be it an artwork or engagement in a creative process, is not often valued in the same way by a scientist with whom they collaborate. But as James Muriuki, who took part in an artist residency at KEMRI–Wellcome Trust Research Programme (KWTRP) in Kenya as part of Art in Global Health, says, "Just like science, art gets published – in the form of exhibitions. We also have critics who review and create perspective."

Similarly, there may be less meaning for an artist in the publication of a high-impact scientific research paper than for the scientist, for whom it may determine future funding or tenure. "We do have to have an output and faster than for most science," says artist Lêna Bùi from the Art in Global Health residency programme, for which she was in residence at the Oxford University Clinical Research Unit (OUCRU), Vietnam.

"Papers might have an impact or might disappear." Aside from the value of an outcome, what one group even considers to be an outcome may not count as one for other stakeholders. Sometimes this is because it is not measurable. Yet where evaluation mechanisms stop at quantifiable or recordable outputs, some of the value of the collaborations can be missed. As UK-based arts producer, researcher and lecturer Anna Ledgard explained in her keynote speech, when describing a storytelling project she had visited that worked with daughters of sex workers in Mumbai, "during the audience discussion about the value of the project, one of the girls stood up and said 'I am here and am now a human being.'" The import of such a statement is hard to capture, either in numbers or even in the telling of it removed from its original experience.

Methods of evaluation can be about collecting this kind of learning. During her work on the Art in Global Health project, Siân Aggett focused the final evaluation on gathering stories, which she compiled into the report *Art in Global Health: Insights and considerations for future artist residencies in health research programmes*[8]. There was a broad consensus at the workshop that much of the value of the arts, health and engagement collaboration lay in the artistic or creative process, and not primarily in the tangible outputs.

> " IS EVALUATION A RELEVANT WORD IN THIS CONTEXT? "
>
> **Anna Ledgard,** Artsadmin, UK

Defining and measuring success

Artistic outputs themselves are important in both creating a longer lifespan of the work and providing a means to engaging a greater number of people, yet there is a challenge in defining from the outset what might be the outcomes of a necessarily unpredictable artistic or creative process. As Anna Ledgard said: "The unpredictability of engagement with art makes things exciting... but it makes evaluation redundant as the uncertainty makes things impossible. Is evaluation a relevant word in this context?" This unpredictability has an impact on initial project design as well as evaluation, as projects are often evaluated against their predefined objectives. Finding a flexible enough way to define outputs when applying for a grant would allow space for the development of ideas during the creative process without causing problems during evaluation. In addition to finding ways to assess the value of the process in art–health–engagement projects, another means would be encouraging the presentation of a "work in progress" at the culmination of the grant, rather than a fully honed work (see *Open Space discussion: Relationships in art and science*, p.44), or for grant funders to weight applications more on process and less on predefined outcomes.

Evaluation is also about collecting the correct numbers. As Ledgard went on to state, different measures are appropriate for different experiences. Ledgard produced The Barometer of My Heart by artist Mark Storor, a sensitive and challenging exploration of erectile dysfunction that saw the artist embedded in St George's Hospital, London, UK over a two-year period working with Dr Leighton Seal. The project's name hints at the fact erectile dysfunction is often a symptom of other health problems, which go undiscovered for longer because of the difficulty some men have in addressing what's seen as an embarrassing issue. Among varied artistic outputs, the video registered three million hits, "but how many [viewers] went to see their GP afterwards?" asks Ledgard (see case study *The Barometer of My Heart*, p.16).

There was a strong call throughout the workshop for a longitudinal study into the effects of such interdisciplinary art–health–engagement projects. And there was also a call for evaluations in general to work on a longer timescale. As Sasapin Siriwanij (Pupe) from B-Floor Theatre, Thailand told us, "For a theatre performance you can evaluate success via social media, count hate and love as impact. People talking about it means it has an effect and gets people to feel something. But that doesn't end when evaluation ends. Four years later people might come up to me about a project – it still goes around and you never know when it ends really."

> " MOMENTS DURING THE PROCESS ARE IMPORTANT FOR EVALUATION. "
>
> **Pascale Adukwei Allotey,** Monash University, Malaysia

> " WE NEED LONG-TERM ENGAGEMENT IN ORDER TO SEE TANGIBLE OUTCOMES. "
>
> **Arundhati Raja,** The ART Foundation, India

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[8] mesh.tghn.org/articles/art-in-global-health/

THOUGHTS
ON EVALUATION

Kate Gooding,
Researcher at Malawi–Liverpool–Wellcome
Trust Clinical Research Programme, Malawi

EVALUATING WHEN THE AUDIENCE CHANGES POSES A CHALLENGE

(e.g. street theatre where people come and go)
- Learn from approaches used by TV/radio to monitor audience reach and reactions
- Use vox pop interviews
- Qualitative methods, e.g. focus groups with segments of the target group
- Use of social media to gauge reactions

USING EXTERNAL EVALUATION CONSULTANTS

- Consultants have time, skills, and a fresh perspective, but may lack contextual understanding of the project
- It's important to select a consultant with the right skill set for your project
- Maintain an ongoing discussion between the project organisers and the consultant
- If funding is restricted, consider using the consultant to provide advice on developing the monitoring and evaluation framework and appropriate tools for you to use

WRITING SKILLS

- Writing skills in research organisations can vary widely, but are critical for science articles and evaluation reports
- Findings may be better shared through other channels such as presentations or multimedia

RIGOUR

- It is often desirable for evaluations to follow standards of rigour expected by researchers.
- It may be valuable to educate research teams about alternative ideas of rigour (e.g. qualitative methods) or about the value of quicker approaches
- Be pragmatic with evaluation design as standards of rigour expected in some research studies may not be necessary or feasible
- Consider the intended audience for the evaluation and what they see as credible evidence

SUGGESTIONS FOR SUPPORTING EVALUATION OF ARTS, HEALTH AND ENGAGEMENT

- Provide advice on good consultants
- Signpost existing support for writing skills or organise support
- Suggest opportunities for peer review and sharing ideas (such as Mesh discussion groups[9], see Mesh community engagement network p.51)
- Look at existing lists of tools and approaches (see links to eMOPs[10] and Mesh in Further reading, p.52)

USEFUL TOOLS AND APPROACHES TO EVALUATION

- Post-show discussions
- Interviews with different stakeholders
- Questionnaires before and after activities, possibly with a control group
- Assessing the 'buzz' created through social media
- Focus group discussions
- Consider combining different methods for triangulation
- UK's Bond Evidence Principles [11]

[9] mesh.tghn.org/community/groups/
[10] e-mops.ning.com/page/resources
[11] bond.org.uk/effectiveness/monitoring-and-evaluation

" TENSIONS AROUND INSTRUMENTALISM DEMEAN THE VALUE OF THE ARTS PROCESS AND END PRODUCT. "

Pascale Adukwei Allotey, Monash University, Malaysia

1.2 ART
+ ENGAGEMENT

Where art (including creative processes) and health come together there can be deep exploration. Some artists have their own experience of illness and harness their response to it, whether or not combined with health research, as part of their creative process. British spoken word artist Richard Tyrone Jones[12] turned catastrophic heart failure at the age of 30 into a one-man show and BBC Radio 4, UK series that explored not only the emotional and physical effects of his hereditary illness, but also the potential implications on the five children that were the product of the sperm donations that part-funded his university attendance.

Other artists engage more with the cutting-edge technologies around biomedical research, such as Oron Catts's Tissue Culture project[13] in Australia, which makes use of protocols that allow for the growth of synthetic tissues. Dutch artist Jalila Essaïdi[14], on the other hand, collaborated with the Forensic Genomics Consortium Netherlands to incorporate properties from spider's silk into skin cells, to create what was dubbed "bulletproof skin".

These examples of art working with the topic of health create indirect forms of engagement, but art is not in itself engagement. When it comes to arts and health collaborations for the purposes of engagement, the outcomes are often more direct and can focus on a particular community. The engagement with art can bring meaning to knowledge created by research, and can introduce a freedom of expression through which assumptions can be challenged.

At the workshop there were multiple purposes represented: arts delivering health messages, arts providing a door into exploring engagement with a health topic, arts as a therapeutic outlet for patients, and many more. As determined by the Open Space discussion on art in engagement, the processes and expectations are particular for art in the engagement space (see *Open Space discussion: How to support art in engagement*, p.12).

[12] rtjpoet.com
[13] lab.anhb.uwa.edu.au/tca/
[14] jalilaessaidi.com

Why art?

One outcome of involving artists in the health and engagement space is that they can break rules – and sometimes get access – in a way that other practitioners cannot (for example Lêna Bùi's ability as an artist to access different knowledge because she wasn't bound by the same restrictions as scientists, see *Multiple knowledges in a global health context*, p.24). The artist then causes a creative disruption in the space, a critical observation of the dynamics that can be translated into a form that is accessible and flexible to interpret. And by using metaphor, the artist can broach difficult topics in a less direct but sometimes more emotive manner.

The freedom consequent from involving an artist with research can bring risks and a lack of control over the outcome, which might create tension or anxiety within a project. It is something, however, that most parties now expect and embrace – indeed it might be the reason for bringing in an artist in the first place. Navigating the expression of a critical voice can, however, create tension even for the artist, as Elson Kambalu related about his Art in Global Health residency at the Malawi–Liverpool–Wellcome Trust Clinical Research Programme (MLW), Malawi. He turned his mind to the ethics of the research practices he was engaging with.

Having worked with communities of women taking part in studies at MLW, Kambalu began to question some of the research practices around consent in a situation with an existing power dynamic and vastly different levels of education between patient and researcher. It can be tricky to navigate where artistic integrity and institutions come together. Kambalu was initially concerned about how to address this in his work funded by the same organisation that funded the research, plagued by questions around conflict of interest and the expectations of the organisation. "Here is Wellcome Trust, they are paying me handsomely. I find an anomaly, I'm looking at these women who don't understand what they're going into, no representative like a lawyer or someone else who makes it palatable to them. What would happen if this 1,000 women all died because the drug was not right? What would happen to Wellcome and their reputation? This is one of the things where you draw a line, a balance. You can't bite the hand that is feeding you but have to do what is required." Ultimately, Kambalu did raise these questions in his project. His final festival

HOW TO SUPPORT ART IN ENGAGEMENT?

David Osrin, University College London, India
and **Anna Ledgard**, Artsadmin, UK

THERE ARE MANY DIFFERENT CONTEXTS FOR ART IN ENGAGEMENT

- Arts delivering health messages
- Arts designed to change perception
- Arts to communicate
- Arts for arts' sake

HOW DO PROJECTS FIND ARTISTS?

- Via intermediaries (funders, cultural organisations)
- Via arts and science networks
- By advertising online and via international networks (across public engagement and arts communities)

IMPORTANT CONSIDERATIONS

- How do we identify an appropriate arts process for our context?
- How does an arts process work with many different kinds of stakeholders?
- Do tensions around instrumentalism demean the value of the arts process and end product?
- We need to bring the artist in at the beginning of the proposal. Is it possible to jointly conceive ideas and then develop a proposal?
- As many of the arts partners are freelance, funding needs to be available for 'the dream bit' to create the space to develop relationships and ideas.
- Proposals working with arts need the space to respond to circumstance and shift direction if needed.
- Arts proposals need to balance structure with the freedom to have open ended processes.
- In cases where multiple funding sources are needed, are there conflicts of interest between commercial funding and charitable principles? This has to be managed carefully.
- Co-devising arts and engagement projects requires that we talk to each other. This is hard to do at a distance or online. What mechanisms can facilitate conversations at the early stages of a project?

gave researchers and community members a space to meet outside of the research environment, breaking down borders defined by roles within it. While it might be feared that it could be difficult for both researchers and funders to deal with, the artist's critical voice is in fact one of the greatest benefits to both that arise from an artist residency, one reason why organisations like Wellcome have invested heavily in this kind of project.

Perhaps even trickier to navigate is the tension that arises when discussing the role of artists in this space. This tension was itself played out between participants during the workshop, and it concerns the instrumentalisation of art or the artist. This question frequently arises in multidisciplinary collaborations where artists are brought in to provide "art", but it is heightened by the strong focus often inherent in engagement projects: if a purpose is given to an artistic process at its inception, then the critical exploration that the process promises is collapsed into a predetermined path and the value of engaging an artist is diminished. The extent of these tensions will depend on the perspectives of the different collaborators in a project. However, they can be somewhat addressed by facilitating artistic autonomy in an multidisciplinary setting – something best begun at the inception of the project, as the Open Space session (opposite) concluded, "We need to bring the artist in at the beginning of the proposal." On the other hand, some practitioners at the workshop argued that art in engagement is distinct from other artistic practices. Similarly, it was emphasised that there is a difference between involving artists to create art and employing creative or artistic processes with members of a community for engagement processes.

Picking the right medium

The purpose of the engagement ultimately dictates its methods. Is the engagement for communication of a research outcome or health message? Or is the engagement a research project in itself by which greater understanding is created for all parties? Is the aim to open up a dialogue, to create publicity, to convey a message, to get patients interested, to foster ethical debates? On the final day of the workshop, one break-out group concluded that doing art as a means of engagement is a way of creating enough time and a relaxed atmosphere for people to talk about what are usually sensitive or difficult issues.

All these approaches may be appropriate in different circumstances, but a recurring point through the workshop was that sincerity of intent was fundamental in projects engaging with a community. As Michael Powell, an independent researcher working on information and knowledge, said, "In all engagement the sincerity of the process is what is crucial. In development, people say they're interested to hear a community's views, but mainly it's so 'we can plan how to take no notice of them and impose what we want to do on you'... People lose trust and don't participate fully and you don't get what you're wanting back. Sometimes this is deliberate manipulation, but it's also wading in on a wave of optimism where you haven't really thought what could go wrong. The more it's a genuine and complete engagement, you are taking greater risks and taking opportunity for greater reward."

> " THE MORE IT'S A GENUINE AND COMPLETE ENGAGEMENT, YOU ARE TAKING GREATER RISKS AND TAKING OPPORTUNITY FOR GREATER REWARD. "
>
> **Michael Powell**, independent researcher, UK

Of course, engagement using creative processes may not necessarily involve artists at all, nor be bottom-up in setting an agenda. As we heard from Abhilasha Karkey, a microbiologist at OUCRU in Kathmandu, Nepal, a little spontaneous creativity alone can help start conversations. On a daily basis, the hospital uses Analytical Profile Index (API) strips – strips containing a series of vials that test for different bacteria and viruses. Staff drew little people and faces on the API strips (see below), and the cartoonesque novelty sparked interest among the patients, who asked what the strips were for, and increased their understanding of both the testing methods and the related issue of antimicrobial resistance. Perhaps ironically, in the last two years Patan Hospital in Kathmandu hosted two artists working with researchers to make exhibitions that had a high turnover. While the artists themselves were keen to come back, there was little engagement from the medical staff, who saw it largely as a distraction, said Karkey.

The spontaneous creativity shown in the anthropomorphisation of the API strips was a sincere endeavour from those who instigated it, which contributed to its success. But when engagement is instigated by one party – usually the party with some kind of superiority in an existing power dynamic – how do you foster the sincerity? While there is no right answer, Powell suggests: "Clarity of what the rules of the engagement are and mutual benefit" can be taken as a good starting point.

A NOTE OF CAUTION: **COMMUNITY**

It can be troublesome and erroneous to refer to a group of individuals with whom a project engages as a 'community'. Doing so may homogenise their experiences and intentions, and may also make assumptions about the relations between the individuals that can negatively impact how a project evolves or is delivered.
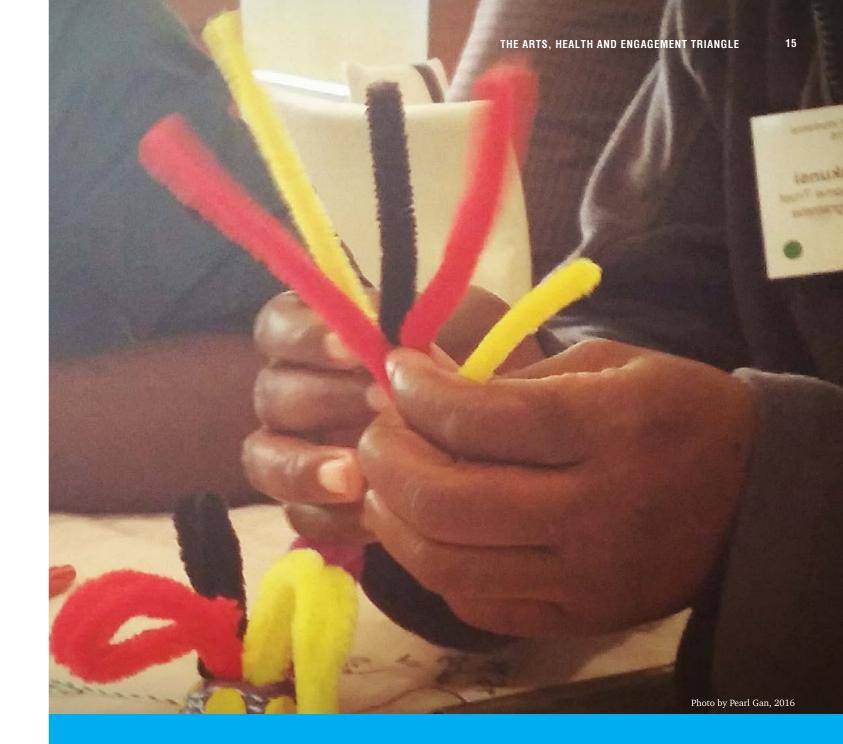
Who sets the agenda?

Multiple stakeholders are involved alongside the artists or those bringing creative processes to the engagement space and the health professionals involved. For each, the aims will vary, as will the benefits of engaging, as evaluation consultant Robin Vincent discussed in his introduction to the scope and diversity of engagement in Wellcome Trust projects. Groups and purposes in this introduction included:

- communities, who would potentially better understand research and express independent perspectives (see *A note of caution: Community*, below)
- research participants, who might become more aware of their rights and benefits
- health service users, who could achieve greater mutual understanding with researchers and health workers
- schools and universities, which could get young people interested and increase general awareness of science as a discipline and of scientific career options
- the public, who might become more knowledgeable about science and its role in society
- researchers, who might gain insights into public perceptions of science.

As Vincent also pointed out, there are a number of engagement intermediaries that should also be considered and who can benefit from engagement programmes: community engagement professionals, front line health workers, journalists and the media, and local authorities. But who sets the agenda? As one workshop participant put it, when it comes to projects with multiple stakeholders, "it's about finding the way of working together so that either shared objectives or everyone's objectives are met in some way". The voice of the community members was missing at the workshop (see *Multiple voices*, p.27), but there were calls to fund more projects that foster a bottom-up approach to agenda setting that hands over to community members some degree of agency over the topics that a project might cover. One voice in setting the agenda, often unacknowledged, is the funding bodies, who ultimately decide which projects go ahead and

Photo by Pearl Gan, 2016

A NOTE OF CAUTION: **LANGUAGE**

The issue of language surfaced frequently over the course of the workshop, both in terms of artist and scientist using different languages, and also the alienating nature of terms like 'science' and 'art' to those with whom they engage. Cultural and political sensitivities also need to be taken into account, for instance the word 'empower' was seen as a loaded word in the context of social anthropologist Annabelle Audier's project in Vietnam (See *Longevity and sustainability of projects*, p.46), because it suggested that the work might be too much about patient rights and thus too politicised.

which don't. But there is another layer to their impact on the art–health–engagement space, and that is in creating the space in the first place. Community engagement and interdisciplinarity are key concepts for the Wellcome Trust and others – for instance the European Commission. Yet there is little

support in training specialist practitioners to work in engagement projects or interdisciplinary projects. As pointed out in Cooke and Kothari's *Participation: The new tyranny? (2001)*, and as Powell himself put it, "It's a box to tick... and it's often done badly."

ANNA LEDGARD, Artsadmin, UK

1.3 CASE STUDIES

Anna Ledgard discussed a number of projects, all UK-focused but providing useful insights into the art–health–engagement space that are applicable globally. An arts producer, researcher and lecturer, Ledgard has worked on interdisciplinary projects for over ten years, covering topics from cystic fibrosis and cardiology to paediatric intensive care.

The Barometer of My Heart (see *The spectre of evaluation*, p.8), a collaboration with artist Mark Storor and Dr Leighton Seal, addressed erectile dysfunction, often an early warning symptom of heart problems. Six years in the making, the project culminated in documentation, a video[15] and theatre performances in 2015. The work explored masculinity and opened up what is traditionally a very private matter, one for which this privacy itself can have health and social implications – when men wait two years to seek medical advice after erectile dysfunction becomes a problem, on average two-thirds of the time to prevent cardiovascular disease will have already been lost.

But tackling such a sensitive subject is no easy matter, and it takes time. Storor eventually sat in on consultations, with patients' consent, so the project not only needed time in exploring the subject matter, but even more time to establish relationships with patients – to negotiate being "guests in the private places of a patient's experience", as Ledgard said. This time proved to be a tension in terms of establishing relationships and negotiating within the institution of the hospital, as well as in terms of arguing for resources. The artist is not neutral in scenarios like this – and the question arises as to who the art is for. While Storor's response was that it was about "me, them, us", it was also important that he showed that he was willing to expose himself in some way, to be on a par with the patients. As such, Storor "knew he had to be the nude male in publicity, so that he showed he was doing what the patients were being asked to do", Ledgard told us.

For Ledgard, incorporating the role of a producer into this type of interdisciplinary project is key, yet not well understood. In complicated spaces where clear outcomes are demanded but there is a need for sensitivity and exploration, where there are multiple perspectives, the role of translating between collaborators – offering a language that people can come into from different perspectives – can be essential in allowing ideas to flourish.[16]

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[15] youtu.be/j-epzvQx1Rs

[16] This new role has recently been defined as Interactional Expertise (Plaisance and Kennedy, 2014).

THE BAROMETER OF MY HEART

ARUNDHATI RAJA, The ART Foundation, India

1.3 **CASE STUDIES**

THE VAIDYA'S OATH

The Vaidya's Oath is a theatrical project about drug-resistant infection. The project has two components with the aim to increase awareness of the topic: a formal play, written by a playwright and performed by actors, and workshops in schools to generate scripts.

Springing from an established theatre space, the two components have different modes of engagement. In the play, alongside engagement with the playwright and actors within the Jagriti[17] theatre, there is the engagement of the audience with the play's content. But according to the Artistic Director, Arundhati Raja, the engagement of the school students in the workshops during the process of creating the plays had the most impact. "In performing arts, the end product is not the main focus. The students learnt most while scripting and directing their plays."

The project engaged students from English medium schools, and as such Raja says that it was hard to represent the variety of learning environments and perspectives, but the attitudes to drug acquisition were different depending on how much money the children's families had. Universally, however, the creative process provided a new way to interact with the topic, and one that was more interesting and thus engaging for the students. "I would sleep if AMR [antimicrobial resistance] was done in class," Raja reported one student saying. "It's a better way of remembering," said another.

[17] jagrititheatre.com

NAYREEN DARUWALLA, Society for Nutrition, Education & Health Action
AND **DAVID OSRIN**, University College London, India

1.3 CASE STUDIES

DHARAVI BIENNALE

Dharavi, a rambling, hectic collection of small dwellings and warren-like alleys, is the largest and most notorious informal settlement in Mumbai, frequently referred to by the loaded term "slum". On its periphery, opposite Sai Hospital, is Colour Box, a vibrant, two-floored gallery space that played host to the Dharavi Biennale, co-directed by Nayreen Daruwalla from NGO SNEHA (Society for Nutrition, Education & Health Action) and David Osrin, a global health researcher and Wellcome Trust Senior Research Fellow based in Mumbai.

Over the course of two years, residents of Dharavi came together in 'Art Boxes' – workshops at various locations around the area – to explore maternal and newborn health, child health and nutrition, sexual and reproductive health, and prevention of violence against women and children, the focus areas of SNEHA. In a series of workshops with scientists and local arts practitioners, the residents explored and created responses to their lived experience, melding it with medical knowledge and artistic processes.

Some of the artworks were still on show at Colour Box at the time of the workshop, alongside comprehensive documentation

on the Dharavi Biennale[18] website. Some artworks were created using discarded medical paraphernalia, others are traditional craft representations of medical information – embroidered versions of EEGs and painted clay brains adorn one wall, while a map of the area made of upcycled denim shows instances of violence against women. The dominant recycling aesthetic is intentional – the project's theme was to use recycled materials as a means of exploring the health implications of "recycled behaviours".

Visually stunning, a large torso of a pregnant woman glows blue through its construction from used injection vials. Still Life by Dharavi-based sculptor Vandana Kori is an arresting take on the two sides of the medicalisation of pregnancy, at once a state experienced since the start of humanity yet one fraught with complications where medical interventions can save lives.

One particularly moving piece is Say No, designed as a sound and light installation for the Hindu festival of Ganesh Chaturthi. Half-size automatons portray in touching vignettes a teenage boy's story watching his alcoholic father, and the repercussions of the latter's addiction on his family and life. In a similar vein, the Safety Deposit Box project mentored by curator Supriya Menon saw eleven women from Dharavi create miniatures of the spaces where they felt most safe.

Representative of the other projects in the Dharavi Biennale, there is a focus on the long-quiet voices of women and children. The project provided the opportunity for their creative expression of aspects of life in Dharavi – such as a teenage girl's choice between marriage and the education she would have to forsake were she to become a wife, or issues around sexual fulfilment for women and negotiations around contraception and sexually transmitted diseases. Sometimes though, the men of Dharavi, not represented in the creative projects, come across as somehow "other"; a voiceless and unchanging part of the Dharavi ecosystem. True to the specialisation of SNEHA, this excellent Biennale created a space for expression and exploration by women and children, and one that in follow-on projects might also benefit from the voices of the men of Dharavi.

[18] dharavibiennale.com

MULTIPLE STAKEHOLDERS, MULTIPLE KNOWLEDGES

SECTION 2

2.1 **MULTIPLE KNOWLEDGES**
IN A GLOBAL HEALTH CONTEXT

Michael Powell, in his talk on multiple knowledges, discussed the differences in perspective that span time, culture and discipline. Each perspective makes its own claims of knowledge – but whose knowledge is better or more real? Hierarchies of knowledge are problematic, and, drawing on learning from the world of international development, Powell suggested it is more useful to think in terms of Multiple Knowledges. This affords more possibilities, but also more risks – something that chimes with the argument around risk taking in multidisciplinary collaborations.

The challenge with multiple knowledges is how to keep engagement active. Seeing the different knowledges as part of a knowledge ecology, where knowledges both compete and coexist, can be helpful in navigating what each stakeholder will bring to the art–health–engagement process. In many cases, at least one of the stakeholders will be operating within an existing knowledge hierarchy, often one where scientific knowledge has supremacy (see *Being open to others,* p.45). This means that many researchers will say that engagement doesn't affect their research, but this is because they believe both that the engagement

has little effect on themselves, and more importantly that they can remove themselves from the research. Yet scientific research is carried out by persons within a socioeconomic–political framework that exerts multiple forces on its execution. Similarly, as Powell says, "there are products around the final paper that are produced during the research cycle and many require interaction with other people". These can be reviews, feedback, literature collection – and each has an enormous effect on how many people read and interact with the research and thus its impact.

This dynamic between the researchers and the outside world was explicitly addressed by James Muriuki and Syowia Kyambi. The artists brought their different practices to bear on the research at KWTRP in Kenya, to explore the history and present of people's stories within the facility. "The key area was the relationship between researchers and communities," said Kyambi, "and the power dynamics." The pair's project culminated in the production of props that explored the multiple dimensions of these relationships within healthcare, from power dynamics to finance. Participants were then given the opportunity to use these
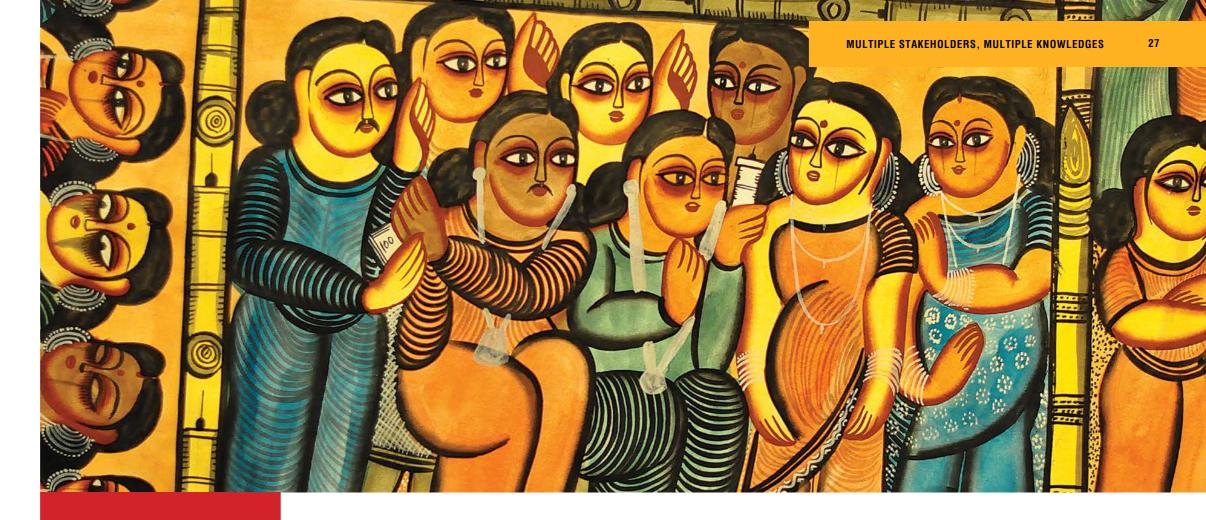
> " ARE YOU OPEN TO NEW KNOWLEDGE AND NEW PARADIGMS? IF NOT, WHY ARE YOU RUNNING A RESEARCH PROJECT? "
>
> **Michael Powell,** independent researcher, UK

props within a staged area to create a vignette for a portrait exploring their feelings towards medicine and health research.

In terms of art–health–engagement, art can be seen as a route to other knowledges as well as to artistic knowledge itself. Artists will bring a new perspective to a problem space, as was the case with Muriuki and Kyambi, who made an interesting comment about their work at KWTRP in Kenya. After carrying out research trips to the facility, where malaria is a major research concern, the artists came away with a perspective that would be an unusual framing of the problem for most researchers: "The parasites that cause malaria also want to survive – it's a battlefield." Similarly, artist Elson Kambalu's work in Malawi, addressing issues around genomics, shone a light onto the social dynamics that were affecting behaviour around healthcare. Scientists, Kambalu said, would report that men within a community were not very forthcoming. Yet it became apparent that this was an artefact of sharing roles within a community: where men would go out to fetch food, they could not afford to take the time out to visit the hospital, because their family might go hungry (see also case study *Forum theatre*, p.38).

In the case of Lêna Bùi working with OUCRU in Vietnam, the act of interacting as an artist allowed her to access knowledge and engage with the community in a way that circumvented the strict regulations on engagement that are imposed on researchers. Yet the learning that she gained and used to create her artworks was finally communicated in a way that many of the research scientists and community members found difficult to understand, because to do so relied on a visual literacy that is not treated as a basic skill to foster. As OUCRU Director of Public Engagement Mary Chambers said, "It's hard to engage with conceptual pieces. It's not necessarily going to be representative of the science."

A note of caution: RISK

Freedom for the creative process is important for producing a valuable outcome to an art-health-engagement project, but it is challenging to create. Where there is artistic freedom, work can be produced that causes controversy or makes communities feel uncomfortable. Even in countries where many decisions are made behind closed doors, some arts projects may not have their outputs managed or controlled. Yet, this kind of artistic exploration can bring immense value and learning – as shown in Limpho Kou and Tshegofatso Seabi's forum theatre session and also in their project exploring diabetes in South Africa (see case study *Forum theatre*, p.38). Embracing risk can thus bring greater rewards for communities, researchers and artists alike.

2.2 MULTIPLE **VOICES**

Many of these forms of interaction between art, health and engagement were represented during the workshop. But there is a voice missing in this discussion – as there was at the workshop itself – and that is the voice of the community that will be engaging with the project. Scientists and artists might misunderstand each other because of differences in language, misconceptions about each other's work, and latent power dynamics. The same will be true of individuals within the communities with whom those practitioners will be engaging.

On this, we can learn from the development sector about valuing and engaging with multiple knowledges in order to create a richer dialogue and learning. During discussions it was suggested that valid approaches might be to engage through a traditional artform in a community, or to bring a community in at the project's inception, asking them what pertinent health issues could be addressed by multidisciplinary research. This practice was employed both in the Dharavi Biennale in India and by Elson Kambalu in his project in Malawi. As he tells it: "I was interviewing a woman but she was not making sense to me as we were discussing. Yet just behind her there was traditional decoration, and she was trying to communicate something. This is how people communicate to each other – a way in which we

use the medium that the local community are using on the walls of their houses. We created works where the women expressed themselves using their traditional way of looking at the world." Kambalu went on to create a festival with over 5,000 people, bringing musicians, dramatists and traditional creative techniques together to foster "genuine discussions about medicine".

In projects involving people with different world views, which is particularly the case with multidisciplinary and community-based projects, communication is key to building relationships that allow these activities to flourish. As one participant said during a discussion: "The way human beings communicate is key – treat people like humans and don't create barriers."

This can be tricky, however, if we're using the wrong language. As one participant pointed out, the word "art" itself can be alienating, as can "science", "research" and other related terms, both to the practitioners and to those with whom they engage. And when involving art in engagement there is a further complication: as artist James Muriuki pointed out, art is not necessarily readily accessible itself, and relies as much as science on its own specialised language. "There is no engagement for art," as Muriuki put it.

2.3 POLITICS

The political dimension of the art–health–engagement space can be fraught with difficulty, particularly if the process takes place in an already politically difficult climate. Participants from Vietnam and Cambodia told of the importance of involving the government in projects and the need to avoid creating any risk in participation.

Pascale Adukwei Allotey of Monash University has been working in Malaysia for many years. Her project, SEACO Citizen Science Reporters, provided training to members of the public to act as citizen journalists focusing on health issues within their communities. The project took a political turn, which led to scrutiny of the programme by the authorities. "We ought to think about what it is we are starting," said Allotey. "We are starting a social movement – how do we sustain that?"

This raises the question about involvement of art in situations where political movements might arise. Social movements make their own images and symbols, and it was suggested that in some circumstances it might be better to create spaces on the ground

where art could bubble up, or to involve a specific artist who is relevant to the questions with which the community are engaged, rather than to fund projects for which the direction has been decided beforehand.

Of course there is also politics within this kind of project. This can be because "communities might not like what scientists do, and we don't manage art outputs", as curator Ratan Vaswani explained. "One day it's going to create that something the public don't like, so then the question arises for the artists: where do your loyalties lie?" Politics can also be a product of the power dynamics of artists being funded by the same organisation that they have been brought in to engage with. When art is itself a critical process, this can raise difficulties (see *Why art?*, p.12). Syowia Kyambi, who participated in an artist residency as part of the Art in Global Health project, experienced a constantly shifting set of internal politics that needed renegotiation. "I don't want to play that game," she said. "I do want to say what's on my mind and I'm conscious of what I say, when, to whom. We need to deal with it. We navigate censorship and self-censorship all the time."

> " WE NAVIGATE CENSORSHIP AND SELF-CENSORSHIP ALL THE TIME. "
>
> **Syowia Kyambi**, Syowia Studios, Kenya

Take the time to build trust among the community and consider the following -

RESEARCH

Do background research about the community before embarking on the project. This gives insight into the difficulties they are facing and what methodologies would be most useful in resolving them

INCENTIVES

Demands from the community should direct your approach. This will create a strong bond between you and the community, making you part of their system and making the community more independent

OPEN SPACE DISCUSSION

COMMUNITY LEVEL WORKING AND POLITICS

Abhiti Kant, Researcher at Hazards Centre, India

PARTICIPATION

Ensure that the voices of different groups are equally represented. Arts can be used to communicate to the community but it is also possible to engage the community to become part of the artistic process

SYSTEM

Funding is crucial but work with the community should not be bound by it. The funding organisation should give the project organiser the freedom to work the way they want to. Engage with the system to create understanding between the communities and funder.

FOLLOW UP

Always follow up with the community because it demonstrates your respect for the participants and your transparency as an organisation. The community should also be provided with the detailed outputs.

MOVEMENT AND

DANCE SESSION

Suba Subramaniam, Sadhana Dance Company, UK

2.4 **CASE STUDIES**

On the morning of the second day, we embarked on a fascinating exercise in communicating with each other. Under the stewardship of choreographer Suba Subramaniam, we learned a basic dance vocabulary from Bharatanatyam, a form of Indian classical dance. Armed with this vocabulary, we then broke into pairs to explore the meaning of water to us. Having had the pleasure of seeing Subramaniam's Sadhana Dance Company performing Elixir[19], a delightful exploration of cultural attitudes and behavioural norms in relation to water, I felt both prepared for and intimidated at the prospect. However, my partner and I quickly immersed ourselves (pun intended) in the process, bringing together movements around bathing and surfing to create a fun and rhythmic response to the music that played around us and the other participants.

Each pair then joined with another pair to create a short dance show that we would perform in front of the rest of the workshop goers. While this could have seemed a daunting prospect for the less extrovert among us, Subramaniam had fostered such an open and comfortable space, and given us such a certain vocabulary of movement with which to work, that everyone took part in the exercise.

Far from just being fun, the session told us a great deal not only about ourselves but also about the fundamentals of the relation to water experienced by those around us. I chose to represent my desire to surf because of my obsession with the activity. Other colleagues washed, drank, swam, dripped, splashed... and over this we bonded and communicated with each other in a way that would not be possible using words alone.

[19] sadhanadance.com/works/elixir

TRICK OR TREAT?

Avinash Kumar, BLOT!, India

2.4 CASE STUDIES

BLOT! (Basic Love of Things) are a VJ/DJ duo normally known for their musical experiences, but when they got involved in a project for Wellcome Collection, it took them in a new direction artistically.

Trick or Treat? was an interdisciplinary multimedia project looking at plurality in Indian medicine. It began in 2015 and concluded at the end of March 2016. "India is very big and culturally diverse," said Avinash Kumar from BLOT! "There are many different medical people." The pair encountered practitioners making "vitality pastes", a remote rural hospital training informal practitioners, sex doctors, temples giving out medicine for jaundice, and more. According to Kumar, the sheer scale of the endeavour was so overwhelming that they brought in three extra researchers in an effort to garner a broad enough perspective.

Retaining a performative or theatrical element, outputs from Trick or Treat? were varied. The Khandani Cinemakhana was an "AV Therapy" unit under canvas with a colloquial twist that played on the traditions of medical treatments offered in roadside tents, treating media as the medicine. "It's therapeutic in its own way," said Kumar.

The pair created an experimental music video that explored street and informal medicine, part of their project Thought-Chooranwala, which also saw them handing out postcards and badges featuring artworks on the topic. And the project was topped off with the Bhai-O-Scope, a bespoke take on the idea of a bioscope – a historical travelling movie theatre. Exhibited as part of the

Kala Ghoda Arts Festival, Make in India, India Art Fair and more, this intervention was designed to bring to mind the hand-painted signs for medical services so common in Indian cities. Looking like a cross between a medicinal cart, a cabinet of curiosities and a moving museum, it allowed visitors to interact with its audio and video elements through headphones and screens that hid among the more hand-made aesthetic. Kumar described the device as a "shrine to informality in medicine".

Alongside these outputs, the project has been captured in comics, a book, a microsite [20], photos, essays and research exploring the challenges and opportunities of a project like this. The video of the project also has a second life as part of BLOT!'s performances at gigs alongside samples they have taken from YouTube, "an amazing storehouse of informal practice in India right now".

There were significant challenges in working at the intersection of divergent worlds, particularly in sculpting outputs that meet engagement needs. "Sometimes maybe the project requires us to reposition our work to fit the idea of public engagement," says Kumar, who is used to playing exclusive high-end clubs as part of BLOT!. "It can't be an exclusive small format practice. Our work is highly urban but we needed to make it applicable to a wider audience."

[20] medicinecorner.in/blot

FOR THE BEST

Anna Ledgard, Artsadmin, UK

2.4 CASE STUDIES

For the Best[21] was a participatory project produced by Anna Ledgard working with artist Mark Storor in the Dialysis Unit of Evelina Children's Hospital School, UK. Taking place over nine months in 2008–09, the project explored the multiple voices present in a hospital environment, and particularly focused on the fact that "most of the time the voice of the child is lost in the hospital space," as Ledgard put it. "Children want to protect their parents and are grateful for the care they receive, so they don't talk about their feelings."

The artist was present two days per week in the renal unit in the hospital, exploring the experiences of all those present and particularly with the children how they felt. The main output was an award-winning theatre show which took place in the Clore studio, corridors and backstage areas of the Unicorn Theatre in London, and an immersive journey called Out of Bounds, devised with one of the children.

One particularly moving interaction resulted from this child identifying with a tiger, because he was really angry with everyone: "I'm a tiger, a really angry tiger, a shouting tiger." Storor created an intervention within the hospital, which was also part of Out of Bounds, where a performer dressed as a tiger prowled the ward growling and roaring at adults, refusing to leave them alone. Little known to the adults, the only thing that would calm the tiger was for them to start singing to it, which one consultant eventually realised. The image of a senior medical practitioner singing Waltzing Matilda to someone on all fours wearing a tiger mask must have been a delight for the children, and was also an embodiment of their hitherto quietened voices.

According to Ledgard, the most moving and important moments of the project were in the private space of the ward, a product of the deep interaction of each occupant of that space. "Nurses saw the children differently and got new perspectives," said Ledgard. "The children were happier when playing with the artist". The presence of the artist disrupted the established hierarchies on the ward, creating a partnership where everyone had a voice, from the people with the lowest status on the ward to the consultants. This also had the effect, said Ledgard, of giving a sense of addressing the needs of the family in a way that had been largely missing since recent reforms of the UK's National Health Service (NHS). "It gets back to care and compassion after the alienation wrought by healthcare reform".

[21] annaledgard.com/?page_id=71

TABIYAT: MEDICINE AND HEALING IN INDIA

Foliage is the visitor's first encounter with Tabiyat: Medicine and Healing in India. An array of medicinal plants range opposite information about their traditional uses in the sunlit corridor leading to the Premchand Roychand Gallery in the Chhatrapati Shivaji Maharaj Vastu Sangrahalaya (CSMVS) museum, Mumbai.

The structure on which the plants rest resembles an Indian step well – a place normally used to store water – and one of the photo montages shows the traditional use of neem twigs as toothbrushes. The display hearkens back to the traditional practice of growing and foraging for medicinal plants, known as A'chik Sam.

It's a fitting approach to an exhibition, named using the common Indian word for physical and mental health, that brings together artefacts from medicinal practice alongside illustrative anatomical portrayals, informational posters and artistic responses to medical pluralities.

The concept of healing nature is threaded throughout the exhibition. Images of ascetics smoking opium are juxtaposed with Ayurvedic texts, the core principle of which is rooted in finding treatments in the natural world. Reports on the benefits of snake oil sit opposite dolls depicting newly-weds whittled from medicinal wood that helps placate a teething newborn.

A strong thread throughout the exhibition is the changing perception of the body, particularly in terms of a mind–body–spirit plurality. A Jain portrayal of the body as a cosmos shows the body as a conveyance for consciousness. As curator of Tabiyat, Ratan Vaswani explained: "In Jain traditions mind trumps flesh and blood. One way in which mind is

recruited is asceticism and making physical insult to the body – neither denying or indulging body and mind."

Some of the exhibits, for instance the nail-infested Fakir sandals and photographs of ritualistic cheek piercing, illustrate the practice of bodily mortification as a means of focusing the mind. Others relate more to the ability to heal oneself in body using the mind, such as an array of ironic toy soldiers in yoga poses, or the importance of engaging spiritually, whether that's the portraits of faith healers or the use of wax or metallic votives to seek assistance from the divine. Highlighting the pluralities in religions in India, Vaswani placed votives from Hindu and Catholic shrines next to each other, emphasising their identicality.

Drawing once more on the spiritual element, the exhibition contains a protective shirt covered in the Qur'an, which is intended as a protective and healing aid. Elsewhere in CSMVS, a sword is on display which also quotes the Qur'an, intended to bring a swift end to the person who receives it.

The exhibition boasts an enviable collection of detailed, historical anatomical drawings of varying accuracy. Coming more to the present day, the aesthetics of Western medicine – such as the photograph of a "surgery factory" that charges patients what they can afford – sit comfortably in the exhibition alongside informational posters extolling the social detriment wrought by alcohol or addressing HIV/AIDS by encouraging more equitable negotiations between men and women about using condoms, which use traditional motifs to deliver new messages.

This informative exhibition's curation is rather like the subject matter itself – a jostling selection of images and artefacts, occasionally interlinked by theme or practice, but with such heterodoxy that there is never just one voice that dominates.

Limpho Kou and Tshegofatso Seabi,
University of the Witwatersrand, SA

2.4 **CASE STUDIES**

FORUM THEATRE:

SESSION TO BRING OUT INSIGHTS FROM THE SUBCONSCIOUS

Another embodied session was run by Limpho Kou and Tshegofatso Seabi from the University of the Witwatersrand, South Africa. We used forum theatre techniques to explore the relationships among practitioners in multidisciplinary collaborations.

Their forum theatre technique invited a group to respond to questions using movement and its interpretation. Volunteers were asked to assume static positions, which are then interpreted by the rest of the group. The process opened discussions in multiple ways, not least by breaking down barriers with physical intimacy when volunteers assume the (sometimes a little compromising) positions. But beyond this, the interpretation of the movements themselves can key into participants' subconscious attitudes as well as giving rise to more readily accessible knowledge and attitudes that might not otherwise have been aired.

Interestingly, the session leaders reported using this technique to understand issues around adherence to diabetic medication in South Africa. Their lengthy interaction with patients using this technique brought to light the previously hidden fact that there was a stigma attached to diabetic medication in the area, because it was seen as an indicator of having HIV. This was making people feel uncomfortable about taking their medication and being known to need to take it, which meant they were doing so less, which meant in the end that there were expressions of illness that could be avoided if the problem were correctly addressed.

KEY
LEARNINGS FOR
COLLABORATIONS

" ART IS NOT THE END, IT'S A PROCESS… I'M AN ARTIST, I DON'T KNOW HOW IT'S GOING TO END. "

Elson Kambalu, Art-House Africa, Malawi

Communication

It was universally acknowledged that communication is key to functional collaborations. For engagement with members of a community, it was often necessary to ditch the jargon and communicate in a more nuanced way. This, however, has implications for consent (see *Why art?*, p.12). When communicating between practitioners of different disciplines it was considered important to communicate in shared terms and explore language differences to foster mutual understanding.

As Siân Aggett said during her talk on the Art in Global Health project, "The scientific language sometimes used is really nonsensical to people coming from a different world view and cosmology." By exploring different framings and different problems, said Aggett, sometimes you find a different solution.

Sometimes the route to creating a shared language is not to use language at all, as in the introduction of theatrical troupe B-Floor into the Wellcome Trust–Mahidol University–Oxford Tropical Medicine Research Programme in Thailand, where the bridge between artists and scientists was created using bodily movement. "We asked for a group that did physical theatre. We didn't want just talk, we wanted to make it language independent," explains Phaik Yeong Cheah, then head of the Clinical Trials Support Group there.

Clarity

A product of good communication should be clarity about each stakeholder's expectations, goals and commitment. This is fundamental for executing the project and avoiding disappointment. Some participants related how owning up to preconceptions of the "other" at the beginning of the project allowed for different perspectives to be aired, and thus addressed. This clarity is also needed for setting objectives for evaluation – both between participants in the project and with the funders.

In some cases this may require embracing uncertainty about the output of a research project. "Art is not the end, it's a process," Elson Kambalu says. "I'm an artist, I don't know how it's going to end."

This can prove particularly difficult in situations where one party is resisting engagement. As Cheah told us, she had to do considerable groundwork with the scientists in order for them to welcome a team of artists into their space. Largely, this was a product of scepticism on the part of the researchers, and a scarcity mentality around funding and costs. As she put it, the researchers were thinking, "That's why we didn't get our funding for X, because it's going on artists."

A note of caution: WHO DO YOU NEED?

Sometimes it might be best to admit that bringing in an artist is not the right approach for a project. It can be the case that a researcher instigating a project has a strong focus and perhaps even a clear idea of the output they would like. It can be a common perception that art is about representation and illustration rather than process. In these cases, when the outcome or message is already determined, it might be more appropriate to hire a designer than to attempt a collaboration with an artist.

OPEN SPACE DISCUSSION

Mukund Thattai, Researcher at National Centre for Biomedical Sciences, India

RELATIONSHIPS IN ART AND SCIENCE

Different goals

There are numerous parties who participate in setting up and carrying out projects; the artist, the scientist, the funding agency, and sometimes the community. It's important to understand the different goals each party has in mind. These interactions are successful when each of these parties get what they want out of it.

Focussing just on the artist and the scientist

At the very start of the engagement, ask the artist what they think the scientist does and vice versa to get the stereotypes down on paper. Then quickly address the misconceptions before moving forward. Often this process takes too long, only to cover very familiar ground. When two people find that they are compatible partners, they might renew their interactions over multiple projects because they now understand one another's points of view.
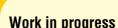
Asymmetries

Often it is the artist who actively drive the projects, because they need the funding and work on a project basis. Ironically, the funds are often granted to the scientist's institution, which can create roadblocks such as difficulties of dealing with last-minute changes or the open-ended timelines needed by the artist. There is no easy way for this asymmetry to be resolved, except that the funders should make the scientific institution aware that these are special grants with special ways to manage them.

Work in progress

For time-bound projects, make it very clear that works in progress constitute a form of output. This is typically well understood by artists and scientists, but doing this upfront ensures funders and the community also have realistic expectations. The work in progress fulfils a very important goal: it serves to demonstrate that the entire engagement is a process. It clearly reveals the methods of both artist and scientist, to highlight that the process is more important than any short-term goal.

Funding agency

A good funder facilitates the project, in ways far beyond providing funds. They can link potential art and science partners together. They provide case studies and best practice advice based on past successes and failures. In this sense, we all felt that the Wellcome Trust has really pushed the field forward. The funders should be sufficiently flexible and understand the unpredictable nature of these projects to allow them to flourish.

Measures of success

There are many measures of success, but a crucial one is when an artist and a scientist reunite after their original project has finished, to pursue new ideas. The creation of such a collaboration has long-lasting effects and builds networks of art/science engagements. This then becomes a resource from which new public engagement efforts can emerge.

Being open to others

Alongside communication and clarity must come respect for the multiple knowledges of the other. This applies to both the artist–scientist relationship and the relationship with community members. As Michael Powell explained, this allows for a two-way or multi-way exploration that treats engagement as a conversation rather than a means to convey a message. In aiming to do the latter, many workshop participants were of the opinion that artists need not be involved to produce art themselves, but might be involved to employ artistic processes within a project.

Some of these considerations played out during the workshop itself. For example, from the beginning the artists expressed strong concerns about art being seen as purely illustrative, and it being "used" to convey messages. There were also calls for evaluation to consider the value of process rather than output. Nevertheless, to the final day, the language of "using" art was still present – often appropriately so, such as in cases of employing artistic process to convey a particular message. But these points – and the passion with which they were made – hint at something deeper. Bringing art and artists into a health research environment highlights the prevalence of scientific principles being applied outside of scientific research. From evidence-based policy making to the proliferation of data capture, a utilitarian, positivist philosophy pervades global culture – and our own discourse at the workshop. Speaking about the "persistent need for justification," global health researcher David Osrin (see case study *Dharavi Biennale* p.20) said, "Artists can be the people who don't need to do that." We tend to favour scientifically verifiable results for the many over subjective value for the few, yet this can cause difficulties by being at odds with the artistic process and the multiple knowledges that may exist within individuals and communities with whom practitioners engage. As Osrin said: "We need fusion in a world of multiplicity."

Interactional expertise

When professionals from different areas work together, it can be helpful to have a designated intermediary to help bridge the gap between the different perspectives, priorities and expectations of the project. The Art in Global Health project appointed local curators where possible to facilitate the artist residencies on site. These curators and producers acted as intermediaries, laying the foundation for the introduction of the artists to the research space, and addressing scepticism in a way that would be difficult for the artists to do themselves. Acting as an arts producer, Anna Ledgard works in a similar way, negotiating the space between artists, researchers and funding bodies to build a creative space where the different parties understand each other to a point where something new can surface.

As Syowia Kyambi told us of her experience during Art in Global Health: "It was unusual to have a curator independent from funder, to have support locally and internationally. The curator/producer is an important role. This person becomes the glue and the grease of the collaboration."

> ## "FUNDERS SHOULD BE SUFFICIENTLY FLEXIBLE AND UNDERSTAND THE UNPREDICTABLE NATURE OF THESE PROJECTS TO ALLOW THEM TO FLOURISH."

Elson Kambalu, Art-House Africa, Malawi

OPEN SPACE DISCUSSION

SUSTAINABILITY AND EVOLUTION

Elise Foster Vander Elst, Asia Art Projects, India

Paying fairly

An important part of recognising the value of everyone's contribution in a project is to ensure that people are paid fairly. It is often the case that artists are expected to work for little wage or are just provided with production money. As pointed in the workshop, many people in the arts work freelance, meaning that any investment of their time prior to commencement of the project is all unpaid. Similarly, projects can lie beyond the remit of a paid member of staff's role, requiring them to work overtime in order to contribute to a project. It is also equally important to ensure that community members are paid for their time. Paying fairly has a strong moral imperative, as well as allowing project partners to commit their time and energy without distraction, which will always benefit the final outcome. Above all, discussions at the workshop highlighted the value of ensuring clarity of the arrangement at the start of a partnership, ensuring mutual benefit in what is being proposed – and also making it fun.

Reciprocity

Most projects demand time and require emotional investment on the part of community participants. Creating reciprocity between a project's instigators and those being approached to participate can help foster trust and address power imbalances. As Anna Ledgard explained, it is important to show reciprocity in personal investment in the outcome, "Never ask anyone to do anything you wouldn't do yourself. Mark Storor and I were starting a

project with fifty children… Mark cut off his massive beard in front of the children. Everyone understood he'd do almost anything – and it showed that."

Longevity and sustainability of projects

The length of time that a project runs for is important, and the consensus among workshop participants was that a lengthier engagement would be more fruitful. First, for the purposes of public engagement a longer period reduces the risk of conveying just a snapshot of the research rather than sharing the whole scientific story.

Secondly, time is needed in order to build trust and relationships where people open up. As Annabelle Audier told us about her project *Beyond the Hospital* in Vietnam, it took multiple visits to the homes of patients before they would start to open up about how they really felt about and experienced their medical circumstances – in this case disability. And there are institutional causes that hold up the progress of a project, as Mary Chambers of OUCRU, Vietnam, related. "From my experience in our government setting there is a lot of turnover of people with whom you should build relationships, and this keeps making you lag back."

Aside from these external considerations, the length of engagement also impacts on the ability to explore – and find meaning in – the multiple aspects of the research environment and collaborative relationships.

Sharing information is important

Sometimes organisations, projects or initiatives are not sustainable and we should accept that. They were important at that moment and might serve as the inspiration for future projects.

Setting good precedents

We must defend artists and be clear about money. This involves setting good precedents so that artists are not made to feel embarrassed to ask to be paid. Often organisations set aside funds for artistic production, but we should also value artists' time. This can be fostered by having a guide for payment structures and encouraging confidence by having good practices.

Funds for evaluation

It is beneficial to evaluate projects over a longer time period as major social change happens slowly. Such social change is often the cumulative effect of many lobbyists, awareness-raising initiatives, projects and media support. When a small project is completed, sometimes the full force of its impact cannot be understood in a larger context. It is only later, looking back that one can join up the dots and measure its long term impact.

Important considerations for teams with multiple skills

Successful teams are those with diverse skills that complement each other. Respecting those different roles and what they bring to the table is crucial. For instance, the accountant who might have what is perceived as an unglamorous role, can sometimes be the most important person in the team; without a solid understanding of legalities and the organisation's financial situation, the organisation collapses. For teams to function well there must be clear roles and awareness of skills as well as transparent and realistic expectations.

MOVING
ON

SECTION 4

4.1 **FINAL CONSIDERATIONS** FOR SUPPORTING ART–HEALTH– ENGAGEMENT PROJECTS

Allow flexibility in outcomes

Most models of evaluation are based around a theory of change. However, artistic processes are inherently disruptive, so their direction cannot be determined in advance. This is particularly true when implemented with multiple individuals in a community setting. Outcomes set at the beginning of a project in collaboration with the funder might prove to be inappropriate, unhelpful or unachievable once the project is in process.

Allow for work in progress to be shown as a final deliverable

Work in progress can be both a valid and a useful output. Exposing the unfinished work to the public can show how it was created and test how it delivers its message. It is important, however, to establish at the outset that the outcome will be a work in progress, in order to manage the expectations of all stakeholders.

Carry out a longitudinal evaluation

Considering behaviour change as an outcome is problematic, as is attempting to draw causal links between artistic interventions in health engagement and health outcomes. The impact of the art might be in provoking thought or self-reflection – in the community members, the researchers or the artists themselves. Yet proving this might be difficult, especially over a short time. It might be best to develop a means of iterative reflection, and to incorporate this over time and over multiple projects to try to identify broader cultural changes that might be wrought by the trend of engagement.

Make available small pots of money to fund high-risk exploratory work

Having smaller pots of money available to fund exploratory work allows for higher-risk projects to be tested, providing a sound base for further applications. This is likely to ultimately foster increased creatively disruptive work and heighten impact. Doing so will also allow freelancers, who have no fixed salary, to devote time to the development of the idea or project.

Ensure that projects have an independent curator

Independent curators and producers are "the glue and the grease of the collaboration", as artist Syowia Kyambi put it. They help to negotiate expectations, relationships, finances and space, which minimises interpersonal and political issues, allowing artists, scientists, researchers, and community members to focus on thematic exploration – and easing the funder's path.

4.2 **MESH** COMMUNITY ENGAGEMENT NETWORK

Mesh[22] was launched at *The Art of Health* workshop. It is a collaborative open-access web space for people involved in community engagement with health research in low- and middle-income countries. It provides an online meeting place where community engagement practitioners, researchers, health workers and others can network, share resources and discuss good practice. The platform has been designed to be a neutral location allowing users to create relationships online, fulfil needs around skill and experience sharing, establish new connections, and give insights on past projects that were high-lighted in the workshop.

Details of *The Art of Health* workshop, including the agenda, presentations and readings are available on Mesh[23].

[22] mesh.tghn.org
[23] mesh.tghn.org/events/previous-events/mumbai-2016-art-of-health/

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