

BOTH SIDES OF THE COIN: THE DISTINCTIVE VALUE OF ART IN HEALTH CARE

Francois Matarasso

A paper commissioned by www.artsandhealth.ie

Art and science have been paired since Classical times, like two sides of a coin. Each word's meaning has fluctuated, but both have always described ways of making sense of the world. Each is a method for creating knowledge but they are not the same: otherwise we wouldn't need two words for them. Each works towards truth but, in taking different routes, they often arrive at a different perspective on what they find.

Science has achieved extraordinary things in the past 200 years, transforming our capabilities and our sense of ourselves. It has made us, and made us feel, extraordinarily powerful. More importantly still, in defining a method based on replicable experiment, science has established a way of making sense of reality that is widely understood and transferable. We live longer, healthier and less painful lives thanks to its contribution to medicine. It is natural that we should now look for similar evidence of benefit in other areas, such as the arts – especially if artists suggest they can contribute to people's health.

But art's method is not science's. Art can be rational, certainly: you don't write a great novel or compose a symphony without relying on reason. Art can experiment, as the constant evolution of its form and expression shows. It can even be replicable, up to a point: artists learn by imitating each other. But a work of art that merely reproduces another is pointless. In science, reproducing others' findings is the foundation on which new knowledge is built. In art, it is merely a sign of technical facility.

Art does not confine itself to reason and experiment. It deals also in emotion and feeling, contradiction and paradox, our multiple senses and embodied knowledge. Its resources include comedy and ritual, metaphor, imagery and symbol, sound and movement, time, space and the body. Among its strengths are the capacity to communicate things we sense inarticulately, know without knowing and are afraid to say or think. It is easy with ambiguity and

deniability, sentient pleasure and wonder, open questions and multiple answers. Because it offers us all this – and more – we depend on art as well as science to make sense of life.

And perhaps we need it most when we are ill, sick, away from home, dependent on others, threatened by loss or death, in pain, in fear. We need science then, certainly. The scientific knowledge of the medical profession might cure us or at least help us make the most of the changed conditions of our remaining life. But science is not enough. We are not machines, in for repair. We are people and how we think and feel matters, in itself and because it influences how we respond to treatment.

Many doctors, scientists and health workers would agree with that, I know. But in a health service where need will always exceed resources, in a culture where the scientific model of proof is dominant, even the most favourably disposed are inclined to shake their heads with regret that space and money cannot be found for the arts.

That is irrational. Art's value is to offer something that science cannot. To test that value using scientific systems either sets up art activities to fail, or constrains them to ways of working that prevent them from achieving the very things they produce. Art is unpredictable. An artist does not know whether what she is creating will work, in her terms or anyone else's: she may not even know what it will be when she sets out. If art could be controlled and its results guaranteed, no great writer would produce an awful book, no pop star would release a record their fans hate. The purpose and value of artistic creativity is exploration. Wanting to know in advance what it will discover is ridiculous.

That does not mean that we should give artists working in health care settings free rein, nor that we should abandon any hope of understanding the effects of their work on health and wellbeing. It means that we should assess the right things in the right ways, and do so without undermining what is most valuable in their work. It means distinguishing between performance, effects and artistic quality.

Unlike art, the standards to which artists work in health care settings can be guaranteed, much like the standards of other professionals. It is possible to define the knowledge, competencies and personal qualities that make an artist suitable for this practice. Likewise the conditions of work – space, equipment, planning and preparation – can be straightforwardly described. Establishing professional standards for artists working in health settings would help commissioners choose the best people, support the practice of the artists involved and increase the likelihood of positive results.

So within the limits of human fallibility, performance standards can be guaranteed; results and effects, because they involve artistic creation, cannot. But after all, nor can medical interventions. Doctors know that and are used to explaining the possible outcomes and side effects of a drug or surgical procedure. To do so reliably, they use probability. A biopsy, for instance, may have an 80% probability of finding cancerous cells if they are present and a 5% probability of leading to infection. Nothing is certain, but these figures provide a basis

for informed decision-making. Rather than expecting something as varied and personal as an arts experience to deliver constant, provable results, we should adopt the same model. By looking at the effects of a large number of comparable interventions – say of music activity with people living with dementia – we could say what probability there is that others would benefit from the experience.

Finally, there is the question of artistic quality, with which artists are naturally preoccupied. It is that preoccupation which makes it, I suggest, perfectly safe to trust them to struggle with it. The rest of us need only enjoy, respond to and follow them – if we wish. We are each free to decide what art is good for us and give our attention there.

So let's stop trying to 'prove' the value of arts interventions in health care only according to narrow scientific assessment models. There are limits to what can be known through a randomised control trial. Let's invest our energies instead into agreeing and meeting performance standards, monitoring the effects in straightforward, comparable ways and trusting the judgement of artists and audiences about quality. Art and science are not the same – and it's in the differences that they have most to offer person-centred health care.

François Matarasso

11 January 2016

François Matarasso has worked as a community arts worker, producer, teacher and researcher since 1980. His study of the social impact of participation, *Use or Ornament?* was published in 1997; his work has been widely translated. Between 2010 and 2015 he created a series of books about people's cultural lives, each with a different artist: they can be downloaded free from <http://regularmarvels.com>. He is currently working on an international project about community and participatory art practice: <http://arestlessart.com>.