

## The healing presence of art

Thomas Walshaw

Paintings in Hospitals, London, UK

### Abstract

*The arts offer a broad range of historically-documented benefits to mental, physical and social health. UK-based charity Paintings in Hospitals was a pioneer of the modern “arts in health” movement and has provided arts services to willing healthcare partners for 60 years. Despite a large and continually-growing body of clinical evidence supporting the health benefits of the arts, and a recent parliamentary report suggesting that the arts could alleviate structural and financial stresses on health and social care services, resistance to nationwide integration of the arts with healthcare remains. The majority of this resistance stems from misunderstanding and misinformation that must be properly addressed before the “arts in health” sector is able to fulfil its potential.*

**Key words:** art; public health; patient engagement; health facility environment; environment design.

Founded in 1959 at the National Hospital for Neurology and Neurosurgery (NHNN), London, by Social Work pioneer Sheridan Russell, UK charity Paintings in Hospitals celebrates its 60th anniversary this year. Paintings in Hospitals is the only national art collection in the UK specifically dedicated to improving health and wellbeing. The charity's approach consists of lending museum-quality artworks from its collection to care organisations and, in order to facilitate this process and maximise benefit, hosting practical art workshops with both patients and carers. Although appropriate at the time of the charity's founding, the name “Paintings in Hospitals” is now somewhat of a misnomer. The charity's art collection holds approximately 4,000 artworks, many of which are not paintings but prints, drawings, textiles, sculptures and digital pieces by artists such as Bridget Riley, Antony Gormley, Ian Davenport, Maggi Hambling, Andy Warhol, Anish Kapoor, Howard Hodgkin, Patrick Caulfield, Helen Chadwick, Sonia Boyce, Alexander Calder, and many more. The way in which people receive care has also evolved since 1959 with much of it now taking place in community settings. Paintings in Hospitals recognised this and no longer limits itself to working solely in hospital environments: the charity is currently partnered with 180 health and social care organisations across the country, including GP practices, dental surgeries, hospices, care homes,

prison infirmaries, mental health units and Special Educational Needs (SEN) schools.

Paintings in Hospitals' approach to improving health and wellbeing was, at first, based on anecdotal evidence: Russell observed the improved moods of patients and care staff at NHNN after he had installed artworks in the waiting rooms and corridors. Nevertheless, through his passion and connections, many other hospitals, artists and national museums took note of Russell's work. The Paintings in Hospitals programme grew to encompass over 40 hospitals in its first few years. The Victoria and Albert Museum has worked with the charity for over 15 years to utilise unseen parts of its own collection in care, while the Arts Council Collection formalised their partnership with Paintings in Hospitals in 1978. Most recently, Paintings in Hospitals captured the UK media's interest by working with the National Gallery, London, to take a £3.6m masterpiece by 17th century painter Artemisia Gentileschi to a general practice in Yorkshire. Yet, despite the charity's successes, Paintings in Hospitals still regularly encounters resistance to the idea of utilising art in medical contexts. Much of this resistance stems from misinformation: supposition that art will somehow replace a lifesaving piece of equipment and the framing of ‘arts in health’ as a new-fangled trend.

In reality, a cursory glance at history shows us that art

*Address for correspondence:* Thomas Walshaw, Paintings in Hospitals, 51 Southwark St, London, SE1 1RU, UK. E-mail: [t.walshaw@paintingsinhospitals.org.uk](mailto:t.walshaw@paintingsinhospitals.org.uk)

was inseparably linked to health and wellbeing for millennia. The ancient Greeks valued art's contribution to their asclepieia: early hospitals that comprised not only medical spaces but also areas to promote self-care, including relaxation lounges, libraries and theatres (Figure 1). In Britain there were initiatives to introduce the visual arts into medical environments over 280 years ago: the English artist William Hogarth painted a large mural on the staircase of St Bartholomew's Hospital, London, in 1735. During the Victorian period, there were multiple attempts to introduce art into hospitals, such as the decorative tiles at the Royal Berkshire Hospital, Reading. In fact, arts and health were inextricably connected right up until the late Victorian era, when art was unceremoniously demoted to a tool for illustrating textbooks and capturing the likenesses of eminent physicians.

In 1860, in her seminal *Notes on Nursing*, Florence Nightingale shared advice on hygiene, ventilation, heating, nutrition, noise/light levels and bedding to help her fellow nurses, at home and in hospitals, to better care for their patients. Ground-breaking in her time of extreme poverty, poor sanitation and shockingly high infection and mortality rates, Nightingale's relentless campaigning for better public health saved millions of lives. However, in the same pages of Nightingale's handbook for nurses, she also wrote about the profound benefits to patient health of introducing art into the care environment:

"The effect in sickness of beautiful objects is hardly at all appreciated (...) People say the effect is only on the mind. It is no such thing. The effect is on the body, too

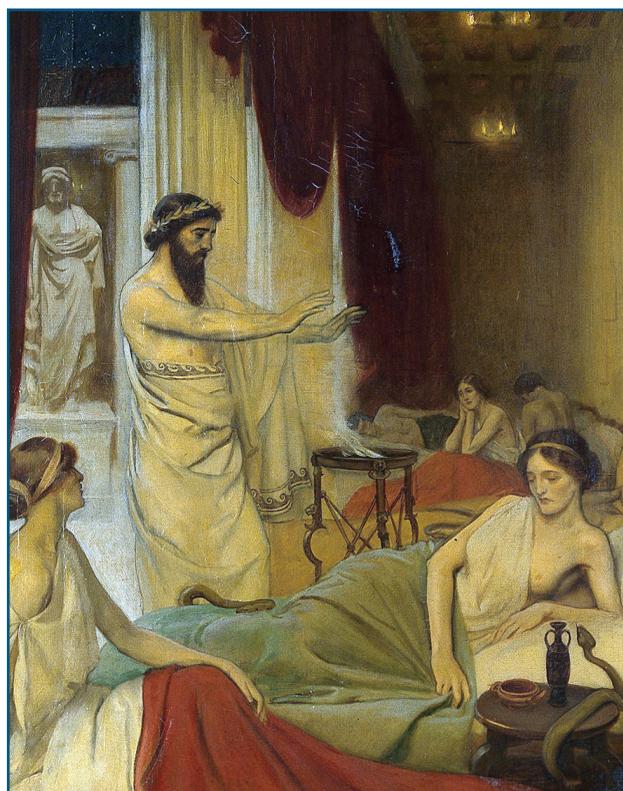
(...) Variety of form and brilliancy of colour in the objects presented to patients are actual means of recovery" (1) (Figure 2).

Almost 160 years later, after Nightingale transformed healthcare in countless ways, we have yet to see this particular advice put widely into practice. While there are some wonderful examples, many health and social care organisations still favour Victorian bleakness: easy to clean but also devoid of all other benefits to patients, carers and visitors.

Earlier arguments against utilising art in the medical environment revolved around the lack of clinical evidence demonstrating that art could provide a tangible improvement to health outcomes. Nightingale's advice on sanitation, while lifesaving for millions, was based on incorrect theory since debunked by biochemistry. Modern health science demands that the complexities of the ways in which art influences our physical and mental states are distilled into statistics and infographics: ironically, something Nightingale also pioneered.



**Fig. 1.** One of the wards in the hospital at Scutari. Credit: Wellcome Collection. Reproduced under a CC BY license.



**Fig. 2.** Patients sleeping in the temple of Aesculapius at Epidaurus. Oil painting by Ernest Board. Credit: Wellcome Collection. Reproduced under a CC BY license.

Those working in “arts in health” have spent many years providing this evidence. Since the 1980s, there has been a constant, steady flow of studies and reports demonstrating the abundant beneficial effects of art on our health and wellbeing.

The 2010 literature review *The connection between art, healing, and public health* found that visual arts interventions had been shown to offer a number of benefits via numerous studies. These benefits included: decreasing negative emotions and increasing positive ones in patients with breast cancer; reducing levels of depression in haemodialysis patients; reducing stress and anxiety for cancer patients; and reducing stress and fatigue for trauma patients (2). Additionally, a landmark 2003 study by Dr Rosalia Staricoff found that incorporating visual art into the care environment was highly effective in diminishing levels of depression in Medical Day Unit patients. Visual art also significantly lowered levels of anxiety and depression for Day Surgery patients, when compared to those prepared for surgery in the absence of art (3).

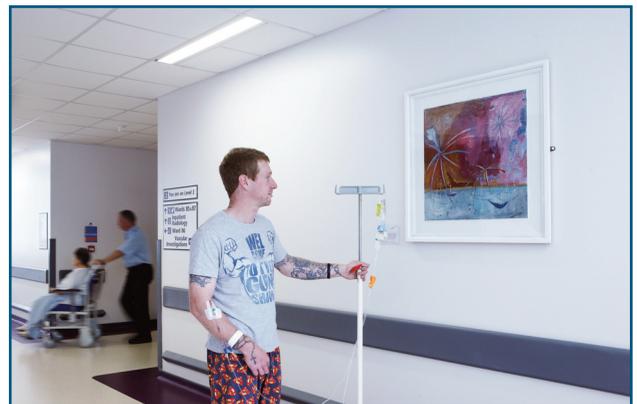
However, the benefits relating to art in care do not end at reducing stress, anxiety and depression. Staricoff’s study in 2003 also found that length of stay for patients on a trauma ward was one whole day shorter on average when art was integrated into their care. Additionally, the same study found that patients’ pain levels were decreased by visual art, resulting in patients requiring 70mg less analgesic medication per day when art was merely present in their care space. Similar effects were previously found in a 1999 study and again in 2018 (4, 5).

Art has also been found to help create better doctors. The path through traditional medical training has often focused on biology and chemistry and has failed to provide the human and emotional skills doctors, nurses and other carers need in their everyday practice. In recent years there has been a growing view that medical schools need to better equip their students to become more confident, capable and humane doctors. Many in the medical profession believe that the key is to integrate arts into healthcare studies. A study published in January 2018 confirmed that medical students with more exposure to the arts have significantly better empathy and emotional intelligence. Vitally, they are also far less likely to develop symptoms of burnout (6). Art training has also been found to improve medical students’ practical

skills. In a 2017 study by University of Pennsylvania School of Medicine, researchers found significant improvement in observational skills among students who took part in an extensive art course. The study shows that art training can help teach medical students to become better clinical observers (7).

Finally, and perhaps the most important point for some, art has been found to have the potential to save a significant amount of money for the health and social care services in the UK. A large number of patients are known to visit primary healthcare, such as GPs, for problems that do not require a medical intervention but a social solution: loneliness is just one example of this. These visits to primary care are estimated to cost the National Health Service the equivalent of 3,750 GPs’ salaries every year. According to a report from the All-Party Parliamentary Group on Arts, Health and Wellbeing in 2017, an “arts-on-prescription” pilot project in which patients were referred to group arts activities rather than into the health service demonstrated a 37% decrease in GP visits and a 27% reduction in hospital admissions (8).

For sixty years, Paintings in Hospitals has strived to make it straightforward and affordable for care organisations to benefit from art (*Figure 3*). The charity aims to remove all barriers by offering to partner with any type of health or social care organisation in the UK and working directly with patients and carers to empower them to make informed, democratic decisions about their own care spaces. Paintings in Hospitals insures, transports and installs artworks securely and in line with infection control guidance.



**Fig. 3.** “Firework” by Sarah Borrett at Peterborough City Hospital. Part of the paintings in Hospitals collection. © Paintings in Hospitals. Reproduced with kind permission

Paintings in Hospitals' approach to improving health is based on the definition provided by the World Health Organisation in their 1948 constitution: "Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity". For six decades, the charity has challenged the perceived wisdom behind the austere care environment. While the austere environment and purely medical approach to care undoubtedly assist the absence of disease, they do very little to support mental and social wellbeing. This is something art is proven to do particularly effectively. Art and medicine were linked for so long not because of some primitive conflation but because they are two sides of the same coin. Art and medicine together allow us to stop simply treating patients and instead to care for whole human beings.

*Submitted on invitation.*

*Accepted on 8 November 2019.*

## REFERENCES

1. Nightingale F. Notes on nursing: What it is, and what it is not. 1st ed. London: Harrison; 1859. p. 34.
2. Stuckey H, Nobel J. The connection between art, healing, and public health: A review of current literature. American Journal of Public Health. 2010;100(2):254-63.
3. Staricoff R, Duncan J, Wright M. A study of the effects of visual and performing arts in health care. London: Chelsea & Westminster Hospital Arts; 2003.
4. Palmer J, Kuhn CM, Taylor C, Turner BS, Coombs WT. The effect of art on venipuncture induced stress. Society Arts in Healthcare, USA [Online], www.societyartshhealthcare.org, Duke University Medical Center. 1999.
5. Saw J, Curry E, Ehlers S, Scanlon P, Bauer B, Rian J et al. A brief bedside visual art intervention decreases anxiety and improves pain and mood in patients with haematologic malignancies. European Journal of Cancer Care. 2018;27(4):e12852.
6. Mangione S, Chakraborti C, Staltari G, Harrison R, Tunkel A, Liou K et al. Medical students' exposure to the humanities correlates with positive personal qualities and reduced burnout: A multi-institutional US survey. Journal of General Internal Medicine. 2018;33(5):628-34.
7. Gurwin J, Revere K, Niepold S, Bassett B, Mitchell R, Davidson S et al. A Randomized Controlled study of art observation training to improve medical student ophthalmology skills. Ophthalmology. 2018;125(1):8-14.
8. All-Party Parliamentary Group on Arts, Health and Wellbeing. Creative health: The arts for health and wellbeing. London: APPG; 2017 p. 8.

