

Taking Refuge in the Arts

Frans Vosman

A summary in two propositions:

1. If art is made to serve the purpose of extruding the innermost feelings of sick and hurt people, or to positively influence their emotional state, for example because it is supposed to offer consolation or give ‘meaning’ to things, then art has become yet another domain that is subjected to the logic of utility. The experience economy will applaud this capitulation to usefulness, and it is sure also to please certain myopic politicians. Whenever the arts are instrumentalised (‘also very useful for...’) then we are not doing them justice. Moreover, and no less scandalously from a political-ethical point of view, the instrumentalisation of the arts (using them as a device to bring out what is inside) fails sick and vulnerable people. Instead, we would do better to reflect on whether the arts can be a shelter in late modernity where people who suffer can find refuge from the grasping hands of obtrusive helpers.

2. This is not to say that art is above usefulness. If we reflect critically on the *relationship between sick and vulnerable people and the arts*, then there is no reason to fall back on the nineteenth-century Romantic-idealistic perception of the arts, which attempted to categorise art as something lofty and exalted. There is an alternative approach: art needs to be neither useful nor above usefulness. Art can also be regarded as a public practice of perceiving differently, expressing differently and interpreting differently than usual. The arts exist in a bandwidth that ranges from the useful to the useless, from the ugly to the impenetrable to the beautiful. All this is accomplished in the *practice of the various arts* within this bandwidth: repulsive and attractive, ranging from alienation to portrayals of the relentless course of life. To put it positively, the practices of the arts facilitate the coexistence of people in society by intensifying, condensing their coexistence. Seeing, smelling, feeling art allows us to gauge what is at stake in our living together in society.

1. Art that affects

When I had to spend a few weeks in Diakonessenhuis Hospital in Utrecht (the Netherlands) in 2015 due to an operation, I started roaming the hospital corridors as soon as I could, with my rollator. Exercise you must, even if you are half dead. On one of these walks, I ended up in the new part of the building on the ground floor, in a large hall called the ‘atrium’. It is very bright: the ceiling consists of large panes of glass and there are light boxes in the floor; it’s all very spacious. Downstairs, orderlies pass by with their trolleys and residents with coloured ballpoints in their white lab coats. High above all this, on the wall, there is a poem, by the Utrecht poet Ingmar Heytze. It is called *Nu we nodig zijn* (‘Now we are needed’). The narrators, the ‘we’ of the poem, are probably the caregivers: the specialists, nurses, paramedics, carers. The poem is addressed to the patients. The patient, the reader of the poem, is addressed as ‘you’.

Let me quote the fourth and last verse:

‘Time here is a long, white corridor
You’re sitting at the front, waiting for what is going to come.
The end isn’t always clearly visible, but don’t be afraid.
We know this: we are standing in between.’

I thought this was a beautiful poem, very acute. That is, for me, at least for me, it touched the uncertain state of mind and, at a deeper level, the need for consolation in the face of a frightening future. It is the consolation of the massive ‘we’ of the doctors and nurses that stands before ‘me’, the ‘we’, moreover, that realises that injecting, intubating, operating and administering chemotherapy drugs are one thing, but guiding people along the path of uncertainty and need is quite another. The poet resisted the temptation to repeat the lie of an individualised conception of the ‘unique’ doctor-patient relationship. In a hospital, there are two groups who face each other: we, the doctors, stand before you, the patients. This is very clever of the poet. We know from the ethics

of care, which originated in feminism, that *othering* (contrasting ‘we’ and ‘they’, separating groups from each other) is a problematic thing. But by doing some *we-ing* and *you-ing* in the appropriate places, groups can be constructed and related to each other in a way that edifies. This is an insight that I think is much underestimated in care ethics.

We

To speak with the care ethicist Annelies van Heijst: consoling is one of the things that makes care care. In fact, an ancient adage of medicine is *guérir parfois, soulager souvent, consoler toujours*: cure occasionally, relieve often, comfort always. Consoler toujours, even if there is no more curing to be done: console to the bitter end. Doctors and nurses can console when the lived body is declining, when there is a menace, an attack, when the end has come. Consoling is part of curing, nursing and caring. In the context of contemporary medicine, which is based on the sciences, interlaced with technologies and fits into the mould of complex systemic care institutions, this old adage could be translated as: don’t look away, don’t leave them when there is no further hope of propping up their collapsing, faltering body. To speak with the French physician and ethicist Bruno Cadoré: suffering ‘interrupts’ the ‘objectifying’ knowledge of medicine (Cadoré 1994:55); the physician knows that they must not leave the patient to their own devices once ‘doctor knows best’ has run its course. The physician must not clothe the patient in the cloak of modernity, as if ‘the patient will decide for themselves’. The physician must not abandon the ‘patient to their autonomy’ (Cadoré 1994:54). If I insist here on the importance of ‘console and don’t abandon’, I am only pointing out something that is often forgotten and concealed in discourses on medicine and nursing. The practice of hospitals, in which the practices of doctors and nurses, lab technicians and dieticians, planners and managers are joined together, is not automatically oriented to caring. Hospital practice is so complex that all manner of formulas that ignore the relational nature of care have come to proliferate. The formulas of Fred Lee, of ‘added value’, Blue Ocean, Toyota Lean Six Sigma, Planetree and Magnet Hospitals add interests of a very different kind to the mix: efficiency, keeping ahead of the competition, and retaining staff. As a result, hospital practices are highly ambiguous. It is not a matter of different logics, because the term logic implies consistency and strict rules of application. The ambiguity that conceals care is due precisely to the fact that an amalgam of ideas and half-baked ideas is being applied to care.

To return to art: Ingmar Heytze’s piece does a beautiful job of linguistically orchestrating the adage of *consoler toujours*, in its massive ‘we’ of the caregivers, in its incantation that the patient is not alone but is in the company of peers and of experienced carers, in its assurance that the doctor-guide has been down this crumbling path before, and is now standing there again, with you. What we see is the poet-artist’s practice intersecting with hospital practices. The result was that a patient was touched, consolation as he shuffled passed with his rollator. Does this mean it is a successful intersection between art and care of the sick? This remains to be seen. If the arts intersect hospital practices as mother’s little helpers of the hospital, without curious concern, then the emotions they stir are perhaps just cheap thrills: patients are moved for a moment, but their state of mind is as important as it is vulnerable, while the complex hospital practice charges ahead.

2. Being with what really matters

What does art do? The poem makes us aware of our states of mind, very acutely precisely there, in the hospital. I prefer to speak of ‘states of mind’, a more appropriate term than ‘feelings’. The confrontation with a work of art like this one, with a poem like this one, evokes *Selbstgegenwart*: I, and the many other patients and their loved ones who look up and pause to read it, are momentarily aware of ourselves: we are in a state of mind. The expression *Selbstgegenwart* was coined by the art theoretician Georg Bertram (Bertram 2014). Anyone who is familiar with Hegel’s aesthetics will suspect what it means: when you enter into the encounter with a work of art, it may happen that you become aware of yourself. The flow of perceptions does not cease, but slows down and is condensed. For an instant. For Hegel, being aware of yourself is the very definition of freedom, ‘bey sich sein’, being with oneself. To be aware of yourself is not a fleeting emotion, it is the awareness of being with that which really matters. Being present to yourself is not necessarily a pleasant thing.

The confrontation with art is not about being affected *for the sake of being affected*, nor is it *only about* being affected. We are affected: a work of art moves us, or makes us cheerful or angers us. To put it differently, in words we might use if we were interviewed by journalists who are fishing for emotions: it has a big impact on us. When I am affected, when I experience a flow of emotions – this may happen – the flow is important, but so are the things that prove to be at stake, the things I, as the observer of art, turn out to be concerned about, my concerns. In other words: if you look, listen to, smell or feel a work of art, you enter into a state of being present to yourself, briefly, or sometimes for a longer period of time, or recurrently; a state of knowing what is at stake. And yet this possible effect of art is not what it is about, as we will now see.

3. *Gestalt*

Heytze's poem is a good poem. Why? To use a well-known concept from phenomenology: it gives a *Gestalt* of hospital care. This is not about the core or the essence, much less about the 'values of care'. These are all misleading notions. It is about something else, about the foreground and the background taken together so that a phenomenon appears. If you have only the foreground, you won't see anything, you need the background. If you have only the background, you won't see anything either. But foreground and background together form a recognisable image, a *Gestalt*. Husserl, Merleau-Ponty and later Gadamer in his book *Über die Verborgenheit der Gesundheit* (The Enigma of Health, Gadamer 1996) all contend that important experiences can be approached in this way, through a *Gestalt* (Spiegelberg 1994). You cannot grasp such experiences through a *Gestalt*, but this does allow you to approach them. Merleau-Ponty pointed out that there must be a distance between such lived, physical experiences and the *Gestalt*. The idea that experiences must be induced, made explicit, changed, subjected to therapy, transformed from being a sad undertone to being a merry overtone, furnished with meaning through meaning-making, in sum, the whole unreflective, thoroughly modern image of the interiority of experience which is to be followed by expression and intervention – all this gainsays the necessary distance. Heytze's poem may well be a good poem because it draws a *Gestalt* of care, and makes no attempt to *grasp* the reader's experience.

Intervention

This is a first indication that when the practices of the arts intersect with the practices of care and become interlaced with them, this does not necessarily mean the arts must become functional. The arts are not there to serve the obtrusive care paradigm of knowing the efficient cause and effect, not even with relation to mental phenomena. Take medicine, or medical psychology, physiotherapy or nursing. They seek to discover the causes of misery and intervene in those causes, and if that is impossible, influence the effects of misery. Intervention is at the forefront of this quest for useful knowledge. In fact, it is so much to the fore that even everyday vulnerability, for example feeling scared when you develop cancer, is regarded as a suitable cause for intervention. It is part and parcel of everyday life that if you become seriously ill, you will feel uncertainty, fear, hope, anger and many other things. Does this really need to be muted, regulated? Does this really require intervention? If the arts support the myth that what is inside must be extruded, must be made external, that it is necessary to talk about experience, then they are engaged in a dangerous project. It means they are – perhaps unknowingly, but that is no less scandalous – being made to serve an ambiguous hospital practice that is inherently geared to intervening in body and soul. It is difficult to discern in hospital practices what are beneficial interventions and what is unbridled interventionism. Not everything that is a burden to the patient requires intervention. The power of the arts is their ability to sketch the possible *Gestalt*: to recognise what matters and *not* to grasp the experience of this. It would be the downfall of the arts if they were to hire themselves out to healthcare because the artist needs to eat (and I am in favour of artists earning a living wage and against politicians who destroy the arts), because 'everyone is becoming a functionalist anyway', or because of some headlong advance into the ideal of socially 'relevant' art.

4. Intersecting practices

Ingmar Heytze's poem *Nu we nodig zijn* in its own way evokes the *Gestalt* of the practice of

hospital care. Whether care practices in hospitals will recognise this *Gestalt* – working on other people’s bodies and consoling, intervening and building community – is another matter. It is a matter that should concern us: what happens when two practices intersect, when *to care* and *to create art* intersect and perhaps begin to interlace?

The material space of the hospital – so it seems, anyway – is designed to highlight very different markers for experience and emotion than the *Gestalt*. Much space is given over to *entertainment and distraction*, such as the ubiquitous little shops and cafés. Keywords are: a slice of mocha cream cake and the scent of sausage rolls. Other ubiquitous markers in the materiality of hospital spaces are *public awareness and patient autonomy*. Everywhere you look there are information panels, folders and posters for information sessions.

Unlike these markers of distraction and autonomy, the *Gestalt* of working on another person’s body and consolation is true to one essential aspect of the hospital: there are sick people there. The people who go there and stay there are suffering. Suffering is one of the most obfuscated realities of the hospital. If artists go along with the highly ambiguous markers of the hospital, riding the fashionable waves of ‘*co-creation with the patient*’ or ‘*enhancing patient resilience*’, and if they fail to look down, at the ground of illness, at suffering, then the intersection of practices is likely to occur at different levels. The practice of care will continue as it is, and the practice of art will cross it like an overpass, becoming doubly irrelevant. Not only vulnerable sick bodies belong to the reality of the practice of care, so do highly complex care and complexity reduction. It is not enough to perceive vulnerable people, it is about perceiving vulnerable people who have become caught up in the ‘care factory’ (Van Heijst). To put it differently, the intersection between care and art is not automatically successful. Ideas are necessary about what art does, what it can do and should not wish to do.

5. Are the arts autonomous?

My idea is that the arts must not allow themselves to be used in connection with interventionism in care, and that they should remain faithful to what the arts can do, that is, create Gestalten – but does this imply that art is autonomous? The idea that art is independent is very old; art has been regarded as a domain in its own right, alongside such domains as politics and technology.

Among the first generation of the Frankfurt School, both Walter Benjamin and Theodor Adorno, as well as Siegfried Kracauer, proposed an aesthetic theory. Despite many strong differences of opinion between them, they agreed in the 1920s and 1930s that the veil of Romanticism should be ripped away from art. The idea that art should be unique and authentic, that it must be regarded as exalted and independent, is a Romantic notion that no longer has validity (Lijster 2012).

But there is also a long history of art that regards itself as a function of something else, something greater and higher, and a history of institutions that have viewed art as a useful expedient. The agitprop art that supported postrevolutionary politics in Russia is one example of this functionalism: art that serves not consolation, as in my example, but agitation; art that glorifies actually existing politics. A more recent example of agitprop in the Netherlands is a video installation by two German artists, Annette Kraus and Petra Bauer, in the Van Abbemuseum in Eindhoven in 2008, which was intended to fuel the public debate about ‘Zwarte Piet’.⁽¹⁾ It was agitprop for a decolonisation of identity that has, nine years later, proven to be most successful.

But is that what art should do? The Russian avant-garde artists Kandinsky and Malevich had good reasons to be opposed to attempts to put art at the service of political ideals. Malevich, who was not only a painter but also thought and wrote about art, believed that art should be governed by one force only: life itself (Groys 2016:57-69). Malevich felt that any form of art that stood at the service of something else, for example agitprop, was not independent enough to be art.

Within late modern society there is yet another issue: whether art should be seen as part of a much wider field, that of creativity (Reckwitz 2012). It is debatable whether art is in fact a separate domain with distinguishing characteristics of its own, distinct from design or technology or urban planning. All these fields could be categorised instead under the higher accolade of aesthetics. Reckwitz has pointed out that creativity, of which art is then simply a particularisation, has become

a duty in late modern society, and is used and claimed widely in business and other sectors, such as education. ‘Be creative’ or you are a failure. If this is the case, then the harm of placing art at the service of something else has already been done by the very fact of regarding creativity as an umbrella category.

In addition to these issues, it remains to be seen whether art is independent or bears at least a family resemblance to other practices, such as the practices of care.

Beauty and ugliness

Let us agree on one thing at least: art is not just about beauty. Art is about beauty and ugliness and everything in between, including the tensions that may exist between on the one hand, beautiful in the sense of pleasing to the eye, the ear and the touch, and on the other, difficult to face or to hear.

Let me mention an example from the visual arts: the work of the Belgian artist Berlinde de Bruyckere: look at her sculpture *The Pillow* (2010), a picture of vulnerability.((2)) But because she cuts the bodies open and sews them back up again, the vulnerability and her approach to vulnerability are at the same time deeply alarming. This is one step closer to the *Gestalt* of hospital care. But it is not a cheerful sculpture. When I attended a retrospective of her work in Vienna in June 2016, I saw courageous older women who were not afraid to look, but also a young couple who were so alarmed by the De Bruyckere’s damaged, broken bodies that they bolted out of the place. Coetzee has written about De Bruyckere: ‘*We are not looking at scars, which are places where the soul has attempted with all its force to egress, but was pushed back, confined, sewed in.*’ (Coetzee 1990:191).

Take another example: Shostakovich’s symphonic music. It’s not easy music to listen to. As listener, you have to allow yourself to be gradually enveloped and won over by it. Sometimes you need someone else to help you to access this kind of art. For me, it was my father, who introduced me to Shostakovich and taught me to appreciate his work, even though he himself had grown up with the melodious, Romantic songs of Schubert and Brahms. There is little that is beautiful and pleasant about this music. But it brings the listener into a different world. I think it is important in the context of ethics and aesthetics to establish that the arts take place on the wide spectrum that ranges from the beautiful to the ugly, from the attractive to the repulsive. Being beautiful and pleasant is no criterion for art. In addition to characterisation through *Gestalt*, this offers us a second clue when we are looking at art and care: art is not there to evoke pleasant feelings or assign reassuring meanings.

6. The arts are nothing special – the arts are necessary

I will conclude with a paradox and the proposal to view art as a paradox. A paradox is an apparent contradiction. It is not an actual contradiction, not an unbridgeable contradiction, but an *apparent* contradiction. I think there are clearly other tensions too, multipolar tensions, but I will limit myself to two here. I will introduce the two poles. It is important to maintain the tension between them and not relinquish either of them.

The first pole is: art must *not be subservient* to another practice, such as care. This kind of subservience is there if you look at the extremely creative and moving video made by the Dutch Alzheimer Society, which can now be found all over the web. It’s very creative, very cleverly made, very effective, and it is not art.((3))

The practice of the arts has another pole: the arts are capable of *condensing, condensing the practice of life*. Life is understood here as movement, that is, as something active, and as being moved, that is, (according to Ricoeur) as ‘passible’ (Vosman 2016). Life is not understood here as something you can spectate from a gallery. We must refuse to spectate life. Kracauer, whom we have met above, with what Adorno called his ‘curious realism’, pointed out that good art closely approximates the reality of lived life, in a materialistic way. According to Kracauer, art ‘revives’. This does not mean that art is a cheerful endeavour: it foregrounds what was likely supposed to remain unseen, unheard and unfelt (Von Moltke 2016), but that does give life its vibrancy.

Art like Ingmar Heytze’s poem, De Bruyckere’s sculpture *The Pillow* and Shostakovich’s

compositions condenses this movement of life which is movement and being moved. Is this condensation unique, something only the arts can do? No, because life condenses itself; no action is needed for this, it happens even when you don't want it. Your boyfriend breaks up with you, the doctor tells you your cancer has spread, you've worked very hard but your temporary contract is terminated, you set up a letter-writing campaign and lobby endlessly to ensure that rapist soldiers in Congo are put behind bars, only to be told that the black woman who courageously led the local resistance to systematic violence against women has been murdered during an 'ordinary' street robbery. Or, to give a more cheerful example, the sex you had was 'oceanic' (to borrow a term from the psychoanalyst Sandor Ferenczi), and it is an awesome thing to be in this ocean. Life condenses itself. These experiences do not need the self-consoling epithets of 'unique' or 'authentic'. They are not unique, but they are particular and contextual. They are experiences of 'this is it, this is what it is at the moment', life continues, until it stops of course. There is no need for art to claim this condensation as its own domain.

But it is art, which is as indispensable as daily bread, that has the courage to spin out the bewilderment to which this condensation, so beautiful and so dreadful, gives rise, to portray it, paint it, sculpt it, perform it, touch it through smell and tactility. Art does not yield to the temptation to grasp and retain experiences. This is why the sick and the healthy can take refuge in the arts when they are being prodded and jostled from all sides in healthcare.

(Translation: Brian Heffernan)

Frans Vosman (1952-2020) was the Chair of the Ethics of Care at the University of Humanistic Studies. He gave this lecture at a symposium called 'Heelmeester. Kunst en zorg' ('Physician. Art and Care') at this university on 2 November 2016.

Notes

1. See <http://www.doorbraak.eu/actie-tegen-zwarte-piet-eenzijdig-afgelast-door-vanabbemuseum/> and https://www.youtube.com/watch?v=xqowU6_MDCE
2. https://www.google.nl/search?q=de+bruyckere+the+pillow&client=firefox-b&tbm=isch&tbo=u&source=univ&sa=X&ved=0ahUKewjOt4izkZ_SAhVM2xoKHYNdDbAQsAQIHg&biw=2144&bih=1055#imgrc=iF6if-QNtcR66M:
3. <https://www.youtube.com/watch?v=OnTmeHQAj5s>

Bibliography

- Bertram, G.W. 2014. *Kunst als menschliche Praxis. Eine Ästhetik*. Berlin: Suhrkamp.
- Cadoré, Bruno. 1994. *L'expérience bioéthique de la responsabilité*. Louvain-la-Neuve, Montréal: Artel
- Coetzee, J.B.. 1990. *IJzeren tijd*. Amsterdam: Cossee
- De Bruyckere, Berlinde & J.M. Coetzee. 2013. *Allen vlees*. N.p.: MER Kunsthalle
- Gadamer, Hans-Georg. 1996. *The Enigma of Health. The Art of Healing in a Scientific Age*. Stanford Ca., Stanford University Press 1996
- Groys, Boris. 2016. Die Russische Avantgarde: Eine Krankengeschichte, in: E. Petrova, K.A. Schröder (Hrsg.). *Chagall bis Malewitsch. Die Russischen Avantgarden*. Munich: Hirmer Verlag.
- Lijster, Thijs. 2012. Critique of Art: Walter Benjamin and Theodor W. Adorno on Art Criticism, dis.

In repertorium RU Groningen.

Moltke, Joannes von. 2016. *The Curious Humanist. Siegfried Kracauer in America*. Oakland: University of California Press

Reckwitz, Andreas. 2012. *Die Erfindung der Kreativität. Zum Prozess gesellschaftlicher Ästhetisierung* Berlin: Suhrkamp

Spiegelberg, Hans. 1994. *The Phenomenological Movement. A Historical Introduction*. Dordrecht etc.: Kluwer

Vosman, Frans, J. den Bakker, D. Weenink. 2016. How to make sense of suffering in complex care practices? G. Spaargaren, D. Weenink, M. Lamers (eds). *Practice Theory and Research. Exploring the Dynamics of Social Life*. London/New York: Routledge. 117-130.