

Art in a hospital: challenge of a medical center in Osaka

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1. Introduction

Along with rapid progress in medical science, in recent years there has been a dramatic increase in survival probability and recovery rates among children with chronic intractable diseases including hematological malignancies. At the same time, increasingly harsh, prolonged and repeated therapies have added greater psychological and social burden to pediatric patients and their families, thus becoming factors hindering social reintegration. If medical care, which continues to be a “system” whose goal is the social reintegration of patients, ignores the patient psychological and social problems mentioned above, the significance of pediatric care will be lost. In keeping with the spirit of the “United Nation’s Convention on the Rights of the Child” and “Child Welfare Law,” we pediatricians, experts in pediatric care and other hospital staff have a responsibility to “guarantee the rights of children with or without sickness to lead wholesome lives”.

As pediatric care experts, pediatricians and other healthcare workers are part of a team who support children and their families. That is to say, pediatricians and healthcare workers share the difficult and painful experience of a child’s sickness with both the child and their family. Thus they become part of the child’s life story. How can pediatricians, healthcare workers including nurses, and other hospital staff members serve not only as supporters for sick children and

their families, but also as good friends and companions?

In this paper, while introducing a research project series conducted at our hospital called the “Projects for child life in a hospital,” we discuss the issues mentioned earlier. Specific focus will be given to one program entitled the “Art Project”. We will also review how our art activities and our efforts influenced children, their families, the hospital organization and staff members and describe the significance of art in a medical setting.

2. The Basic Concept and a Summary of the “Projects for child life in a hospital”

(1) Hospitals as a “Place to Live” – A New Concept for Hospitals and Wards -

Although parents or guardians can stay with children in our pediatric wards, to prevent the transmission of communicable diseases to school populations, siblings who are junior high school age or younger are not allowed to enter hospital wards. This results in most patient families being forced to separate. While many mothers live with hospitalized children, fathers and siblings often live at home. Furthermore, many hospitalized children have chronic, intractable diseases which require them to frequently visit hospital or stay there for extended periods of time. Indeed, many families are forced to “move into” hospital wards due to their child’s sickness. These children and their families have to build relationships with new people, they have to fight against disease, and live their

lives in an unfamiliar environment. For both children and their families, a hospital or ward becomes a “place to live”. It is not merely a healthcare workers’ “workplace,” nor is it just an “institution that isolates and cures disease”. A hospital ward can be considered a “community” or “town” created by the children and the families who live there and the staff members who work there.

For children who, unlike adults, grow every day, a hospital or ward are important “places to grow up.” They are also an environment in which parents raise children. If a hospital ward is a “place to live”, “place to grow up”, and “place for raising children”, life there should be an extension of “everyday” life at home and in the community. However, in terms of space and human relationships, patients in hospital usually live completely different lives from the lives they lead at home and in the wider environment. Such a significant gap vis-à-vis daily lives can cause unimaginable stress to children and their families.

(2) Summary of the “Projects for child life in a hospital”

In our pediatric wards where many patients are school-aged children, we made an attempt to resume life rhythms based on “school lives”, rather than basing rhythms on hospital stays or medical treatment experiences. By working together with the school within the hospital (an elementary school) and a visiting teachers who instruct handicapped children (junior high school level), we supported school

activities through a concept of “School within the Community”. For children who are seriously ill or undergoing treatment, we conducted classes by teachers at their bedside with the assistance healthcare workers. Moreover, using the concept of “Working Men and Ladies in our Community”, we implemented a “field trip program inside the hospital” (with visits to the blood transfusion department, the pathology department, the clinical examination department, the pharmaceutical department, the nutrition department, the administration department and the medical history department, etc.). These trips were aimed at elementary school and junior high school students. We also obtained the cooperation of hospital staff members who don’t work on wards and usually do not communicate with children directly. We conducted field trips as if the hospital were the “town” where children live. We thought that by knowing about the existence of people who support “life within the town” it would make children realize that “they are supported by many people” and help them feel encouraged to fight against their conditions while understanding them. Teachers gave advance and follow-up guidance to the children and led them as part of a class. Physicians and nurses of each patient monitored their medical condition. Staff members at the hospital general affairs section coordinated the plan with each department. As a result, it is now possible to visit almost all departments of the hospital including the clinical examination department, the nutrition department, the pharmaceutical department

and the administration department, allowing junior high school and elementary school children to tour each department according to the progress of learning or their curriculum.

In addition, we introduced “Medical Student Bedside Volunteer Activities”, a volunteer activity to play and learn with children. This is based on the concept of “older brothers and sisters in the neighborhood” of the “town” (a hospital ward). The activity was originally organized by the medical department of the university to which our hospital is attached. Medical students drop in on patients between breaks in class and practicum. The activity allows students to build long-term, ongoing trusting relationships with patients unlike volunteer activities that are organized as formal events. Currently, the students, who interact with the children as “friends” on a routine basis, organize seasonal events such as a bean-throwing ceremony, a summer festival and a Halloween party. Volunteers enjoy these events with the children.

As indicated above, we have attempted to introduce into a hospital human relationships typical of a child’s normal life. These are relationships such as “School”, “Men and Ladies in the Community”, “Friends” and “Older Brothers and Sisters in the Neighborhood.” Within the hospital, we hope to establish such relationships as part of a child’s daily life via the “Projects for child life in a hospital”. We, the authors of this paper, advocate the view that a hospital ward is

a “place to live their lives” for children and the hospital is a “town”. It could be said that the “Projects for child life in a hospital” is an exercise in creating a town.

The fourth project we introduced was the “Art Project” in which professional artists and children admitted to hospital produced collaborative works. This project started with us asking professional artists to organize an event in a hospital ward for children who are not allowed to go outside the hospital ward and visit places where people congregated due to their disease or their reduced immunity. Under the slogan “Fortunate to be hospitalized!” we conducted a total of 15 programs up until 2004, with the hope of creating memories of life in hospital for the children (**See Table 1**)

3. “Art Project”

(1) Summary of “Art Project” and Background Theory

The Art Project is an original idea developed by our hospital. It was created with the aim of enriching the daily lives of children in hospital by allowing them to perceive a hospital or a ward as a “place to live.” The term, “Daily” is opposed to the concept of “Extraordinary”. Based on the traditional Japan folklore concepts of “*Hare*” (extraordinary) and “*Ke*” (daily), in the past in Japanese villages *Hare*. was thought to be a system to activate and maintain *Ke* (Miyata, 1997). These days, so-called “*Hare*” opportunities such as museum visits,

concerts and festivals enrich and activate the daily lives of people living outside hospitals. Now, if we consider the group of people in hospital (patients, families, healthcare workers, teachers, volunteers, etc.) to be a “community”, it is important to introduce an equivalent to “*Hare*” in order to activate this group and offer an enriched, stable, daily life. This is why we were influenced to introduce the “Art Project”.

In general, in hospitals there is an atmosphere that makes people feel they “have to concentrate on treatment” or that it is “not proper to have fun.” Patients, healthcare workers and hospital staff have tended to think this way. It is a fact that in many Japanese hospitals, domineering attitudes are imposed even on children. These originate with the hospital organization and medical treatments employed. On the other hand, children should grow up surrounded by “friends” and “discoveries” experienced through “fun” and studying. Many children’s hospitals and general hospitals in Japan are now making attempts to bring enjoyment to hospitalized children.

When regarding a hospital or ward as a “place to live” or a “town”, the most important thing we have to remember is that “life does not consist of fun alone”. Because daily life is rather simple, the excitement of any concerts or festivals that we enjoy becomes a “memory”. We believe that an indispensable condition for bringing “fun” and “excitement” to hospitals is to have an

established, daily routine that one can experience only in the hospital. This includes undergoing hard-to-bear treatments, everyday school life, interaction with friends, and confiding worries with one another.

Based on this standpoint, the Art Project has several characteristics. In the Art Project, artists consider a hospital as a place to perform. As such, it is similar to park venues, concert halls, schools and museums. Children collaborate on an equal footing with artists. One characteristic of the Art Project is that it differs from works of charity, hospital visits or art therapy.

We also employ an original system called “Support Volunteer,” in which university students, pediatric patients who are high school-age or older, and parents participate to support the artists and children. Meanwhile, healthcare workers and hospital staff meet with artists long-term to discuss the project and revise it from a safety management perspective. They are also responsible for monitoring the physical and medical condition of children at artistic activity sites such as the ward’s playroom, hospital room or outpatients waiting room. Such a situation in which not only children and artists but also the healthcare workers, hospital staff, and volunteers assume their respective roles and share and participate in an entire activity is called a “Cooperative Practice.” (Atsumi, 2000). This cooperative practice is the second main characteristic of the Art Project.

(2) Case Examples

We will introduce several cases of workshop programs that typify cooperative practice. These were conducted in the Art Project as follows.

1) Workshop on Sound and Images & “Musical Rounds”

This program is organized by a contemporary music composer who conduct musical activities for elementary school combined curriculum units, visits to nursing homes and on-street performances. In addition to this composer, people including visual artists and folk music researchers participated in the first “Sound and Images Workshop.” They improvised music with the children, their families and volunteers in the playroom, using many toy musical instruments and traditional folk instruments. In his second workshop, they implemented the “Musical Rounds”. After carefully discussing the details with the chief nurse and pediatricians beforehand, composers loaded a cart designed for doctor’s rounds with a large number of sterilized musical instruments and visited each room to play improvised music with the children



รูปที่ 1 (ภาพขาวดำ) คำบรรยายใต้ภาพ “Music Round”

There were scenes where older children holding their favorite musical instruments or having a set of many drums hung on their wheelchairs, played music with the composers for smaller children in other rooms. Some infants held by family members waited for the music for a long time while receiving IV drips or being on oxygen.

2) “Osaka City University Pediatric Ward Project 2003 – Medicine-Art – ”
(First-term program “What does the sky look like over there? A daily exchange of distant skies between Osaka and Italy”; Second-term program “Switch the curtain! Open the window!”) and the fine art exhibition in the hospital

In 2003, we conducted this program on a regular, ongoing basis for a year, which was divided into two half-year terms. A workshop planner organized and conducted the first-term program (April – September 2003). The children in our hospital and contemporary artists living in Italy exchanged photos of the sky in Osaka and Italy and carried out various art programs related to the sky. He designed the workshop so that it resembled a café opened in a “town” called a hospital ward and named it Sky-Blue Café



2 “Sky-Blue Cafe”

And He created a menu listing a variety of art projects. This style allows the patients to visit the café freely according to their treatment or medical test schedule as if they were visiting a store at their leisure. For children with

serious illnesses who cannot go outside their room, a workshop planner playing the role of the café manager provided “delivery service” under the supervision of the nurses and pediatrician in charge. Children took photos of the Osaka sky through the hospital ward’s windows, and workshop planners sent them to Italy. Many photos also arrived from Italy and were displayed on the hospital ward’s walls.



3 “Many photos arrived from Italy were displayed on the hospital ward’s walls.”

In the last workshop, the artists in Italy came to the hospital and met the

children for the first time.

In the second-term program (September 2003 – March 2004), three artists (an artist, an architect and a painter) organized three completely different types of workshop programs using curtains. In a program called “Rental Curtain,” curtains in the hospital rooms were changed to ones with designs that patients liked for two weeks. This program was well received by older children and their parents. In the program, they projected animated images on the curtains, designed and tailored costumes using the curtain as a material, and did a fashion show and a photo session



4 “a fashion show and a photo session”

Each reflecting each artist's expertise and originality. Not only the children but also the parents who accompanied them participated in some of the workshops.

Furthermore, Support Volunteers participated in every workshop throughout the year, assisting with the activities in the playroom or "delivery service." Healthcare workers in the pediatric ward always oversaw the safety of the activities and the artists and children during the workshops.

Moreover, in September and March these artists and we exhibited more than a dozen works produced during the workshops in the pediatric outpatient waiting room, the first floor entrance area of the hospital, and the elevator hall. Many students from the medical and nursing departments came to help set up the exhibition.



5 “Artists and students of medical school were preparing for the fine art exhibition in hospital.”

The hospital’s general affairs section staff took part in the planning of the exhibition and helped run it by coordinating the details with hospital administrators and with each department. The brochures for the exhibition included greetings from the director of the hospital and a professor of the pediatric department, and were distributed at the hospital’s reception area and in each department. Many people, not only pediatric outpatients and their parents but also adult outpatients, inpatients, and staff members from various departments in the hospital, came to see the exhibition



6 “The fine art exhibition in our hospital.”

3) Art workshop “Let's carry the Arks!”

An art-manager, an artist and we held this creative workshop, which was intended for pediatric outpatients, their siblings and other family members, for the

first time in February and March of 2004. In this workshop, children drew pictures on “automated guided carts,” which are unmanned, box-shaped carriers used to transport patients’ charts and samples such as blood and urine in the hospital. University student volunteers studying childcare, medicine, nursing, or welfare served as support staff for this workshop held in the pediatric outpatient waiting room.



รูปที่ 7 คำบรรยายใต้ภาพ “The art workshop “Let's carry the Arks!” was held in the pediatric outpatient waiting room.”

Some children participated in the workshop with their mothers, siblings, or friends, and others came with their whole families including parents and grandparents. The projects, “automated guided carts” with the children’s pictures,

were used by the hospital from the end of March to July 2004.



รูปที่ 8 คำบรรยายใต้ภาพ “The automated guided carts” with the children’s pictures were used by the hospital.”

Approximately one fifth of the hospital’s carts displayed the artwork. Therefore, outpatients as well as hospital staff members who regularly use this apparatus encountered the children’s works on a daily basis.

4. Significance of Art Projects in a Hospital Ward or Hospital as a “Place to Live”

(1) Preconditions for introduction of art projects at medical care centers

As previously noted, “daily” is an opposing concept of “extraordinary”. In other words, if “daily” is not established, “extraordinary” cannot exist. That is to say, if the hospital ward or hospital as a “place to live” fails to provide the necessities of daily life - education, school events, social interaction, and reliable, secure and safe medical treatment - then children can achieve neither social reintegration nor reduction of psychological burden, regardless of how many extraordinary experiences such as art activities and events are provided. We have been trying to solve psychological and social problems that children and their families face by reducing the gap between life before and after hospitalization and offering them an active daily life in the hospital. Seasonal events organized by student volunteers, who provide friendly interaction with children on a routine basis, provide “extraordinary” yet more familiar and approachable experiences.

The art activities that artists organize require originality in work and allow participants to express themselves. The results can also be subject to criticism as the artists’ own artwork. Children themselves are also required to be responsible and independent-minded as collaborators. The children are inspired by communication with the artists, volunteers and other participants. They not only enjoy the activities but also think and discover by themselves, proactively creating

“extraordinary” experiences.

We have been emphasizing that art as “extraordinary” experience has a function to activate “daily” life, and a precondition for introduction of art activities is having an enriched “daily” life in the hospital. Currently, our hospital ward has a support system developed for “daily” school education and volunteer activities. However, we still lack an adequate support system for childcare and early childhood education. We would like to improve on these points in the future.

(2) Significance of art in medical care centers

According to Matsui (2002), contemporary art is similar to the attitude of avant-garde expression presented by Roland Barthes (1973) in that “it encourages the audience to view reality from a different perspective while reshaping the meaning of reality without abandoning or scorning the real world”. To put it simply, art shakes conventional beliefs and views in the world and provides clues to the discovery of various new ideas.

We could say that, in general, we adults are all trapped in the stereotypical view that “a hospital is a place for treating illnesses”. Some parents have said, “Since there are other seriously ill patients in the hospital, we (parents) assume that we have to keep telling our child to be quiet and stay still,” or “I would have never imagined that the hospital would organize such an event (an art project).”

These remarks show their stereotypical view of hospitals. However, we are striving to change the conception that a hospital is merely a place for treating illnesses, with the help of creative activities that seem unrelated to medical care. One parent's comment, "I would have never imagined," signifies the moment when she or he escaped from the dominant stereotypical view of the hospital.

Hospital staff members are also experiencing moments of release from the dominating reality. Some staff members from other departments have raised questions such as, "Why is it that only the pediatric ward is treated well?" or "Why aren't there any programs (such as workshops) for adult patients?". This indicates that the dominant view that "a hospital is a place for treating illness" is already transforming into a new idea that "it is acceptable to have fun in a hospital."

As described above, art in medical care centers provides opportunities for patients and their families to feel that "real life can be difficult in the hospital, but the children have friends here and have fun as well," and help them create memories for their life story. We believe that healthcare workers and staff members, who are part of a "town" called a hospital, take in and share the diverse feelings and stories of the patients and their families, and support them as their friends.

Thus, art activities in medical care centers transform a hospital into a stage for living. For a hospital to exist as this stage for living, diversity in every

meanings should be accepted in the hospital. Therefore, art activities in the hospital should not be bound by a unidirectional framework from the beginning, such as “healing-oriented” or “kindness-oriented” activities. Otherwise, art cannot fulfill its intended purpose.

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Table 1. Art project: 2000-2004

No.	Year	Month	Program	Specialty	Type of activities
1	2000	Dec	Christmas concert	a conductor	concert: experience of playing instruments
2	2001	Jul	Garden concert	a Guarnian player	concert: experience of playing instruments
3		Aug	Workshop (Handcraft)	an architect	workshop
4	2002	Aug	Concert	a conductor	concert: experience of playing instruments
5		Nov	Workshop on Sound and Images	a composer & other artists	workshop (in Play Room)
6	2003	Jan	Workshop "Musical Round" (making music and movie)	a composer & other artists	workshop (in sick rooms)
7		Apr	Piano recital	a pianist	concert: experience of playing a piano
8		Apr-Sep	"Medicine-Art" The 1st semester "What does the sky look like over there?" A daily exchange of distant skies between Osaka and Italy"	a Workshop-Planner, three artists (contemporary art and animation), an architect	workshop (twice a month, 10 times) 3rd floor (the waiting space of the outpatients clinic, the entrance hall, the elevator hall)
9		Sep	The 1st fine art exhibition in OCUH		
10		Oct-			
	2004	-Mar	"Medicine-Art" The 2nd semester: "Switch the Curtain! Open Your Window!"	a Workshop-Planner, three artists (contemporary art and animation), an architect	workshop (twice a month, 10 times)
11		Mar	The 2nd fine art exhibition in OCUH		3rd floor (the waiting space of the outpatients clinic, the elevator hall)
12		Feb-Mar	"Let's carry the Arts!" (Hakobane-Hakobane)	an art manager, an artist	workshop for pediatric out-patients
13		Apr	Violin concert	a violinist	concert: experience of playing a violin
14		Jul-Aug	"An artist (66) hospital during summer vacation"		artist in residence, workshop (for fifteen days)
15		Oct-Nov	The 3rd fine art exhibition in OCUH	two art managers, an artist	3rd floor (the waiting space of the outpatients clinic)

OCUH: Osaka City University Hospital