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WHEN ART IS NOT A LUXURY
Can Art Cure What Ills Us?



ART IS A CATALYST IN THE HEALING PROCESS, PROVIDING PSYCHOLOGICAL BENEFITS AND REDUCING STRESS.

It is no longer a hospital administrator's hunch that art promotes wellness among patients, families, and staff—it is a quantifiable fact. This was the resounding theme at the May panel discussion, “The Intersection of Art and Design in Healthcare,” sponsored by DuPont Building Innovations and held at the DuPont™ Corian® Design Studio in Manhattan's Chelsea neighborhood. Liz Lawson, North America new business development manager for DuPont Building Innovations, opened the discussion: “Art is a catalyst in the healing process, providing psychological benefits and reducing stress.”

“The last ten years have seen enormous change,” said panel moderator, Annette Ridenour, former president of Society for the Arts in Healthcare. “A 2009 study reported that 50% of hospitals had arts programming. Clearly the arts affect health outcomes in a sustainable, measurable way.”

“It is not simply about applying art to a completed project now, but collaborating with architects from the beginning,” said Ridenour, who sees healthcare design steadily moving through five levels:

- Just be beautiful
- Be comforting like a home or a garden
- Be instructive—educational—teach about life, history, people and environments
- Be engaging, interactive, invite the viewer to touch and explore

At the deepest level the arts can be transformative, change a person or a community's perspective, and healing, on an emotional and psychological level which transforms physiology

Panelist Diane Brown, President and Founder of RxArt, is seeing a similar awakening with her clients. “Initially development directors thought the art would be competing with medical services for funding, but now they are our allies,” says Brown, indicating a CT scanner at Advocate Hope Children's Hospital outside Chicago, adorned with Jeff Koons' Monkeys. “They are attracting different clientele because of the established outcomes,” adds Brown.

Brown recalled a project she worked on with artist Rob Pruitt at the St. Jude Children's Research Hospital in Memphis, TN. They wanted to use one of Pruitt's beloved glitter panda portraits, but hospital administrators pointed out that many of the children had breathing issues so it would be a problem if the glitter became airborne. As a solution Pruitt



Foreground: Avenum by Cornelia Kavanagh. Background: Dahlias by Cynthia Packard. Both pieces are on display at the Smilow Cancer Center Hospital at Yale New Haven in New Haven, CT.



reconceived the portrait in shiny sequins. RxArt also brings art directly to patients, as it did with a coloring book, *Between the Lines*, it created for kids, featuring works by thought-provoking contemporary artists like Keith Haring who prompt patients to reflect on their own feelings.

Social scientist Upali Nanda, Director of Research, American Art Resources, has overseen a number of research studies that make it clear that art also can benefit the bottom line. One such study at the East Alabama Medical Center had patients who regularly took medications as needed for anxiety view three images in a room: a Jackson

Pollock painting, a Vincent van Gogh painting, and a photograph of a pastoral landscape, respectively. When the patients' medication use was charted, it was found that in contrast to the control group, the patients consumed slightly more medication while looking at Pollock's abstract work, suggesting that the art had made them anxious. The group's drug use dropped significantly while looking at the landscape photograph, however, suggesting that exposure to depictions of nature has a calming effect. The cost reduction in medication was found to be around \$30,000 per year, plenty for a modest art budget. Neuroscience, according to Nanda, tells

us that aesthetic perception has a substantial impact on the brain.

Rosalyn Cama, Chair of The Center for Health Design and Principal of interiors firm CAMA, Inc., likewise sees art that draws on nature as a powerful influence in healthcare environments. "Nature calms us," she affirms. For Cama, one of the fortuitous byproducts of our current heightened awareness of the importance of sustainability is that there is a new appreciation for the biophilia hypothesis, or the suggestion that there is an instinctive bond between human beings and other living systems, as promoted by Harvard biologist E.O. Wilson in the 1980s.



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While nature's impact on man was a fundamental tenet of the Renaissance, it has received short shrift in recent history, says Cama. In 1999, the acknowledgement of the healing value of the single-bed room represented an advance in healthcare design. More recently, with the establishment of healthcare reforms that require effective, safe, patient-centered, efficient, timely, and equitable practices, the value of both nature and beauty in a healthcare setting is even more evident.

"As Harvard English professor Elaine Scarry says, 'The opposite of beauty is injury, not ugliness,'" quoted Cama. "Beauty meaning our attraction to objects for their symmetry, clarity, color, etc." Elaine Scarry makes an important contribution to the debate of whether beauty is a nicety or necessity in her book *On Beauty and Being Just* (2001).

Cama points to Yale's Beinecke Rare Book Library, designed by architect Gordon Bunshaft in 1963, as an example of the "injury" of aging books being remedied through the natural beauty of translucent marble paneling creating an ethereal experience. At the Smilow Cancer Hospital at Yale-New Haven, Cama notes that the Grace-New Haven School of

Nursing Alumnae Association raised money to purchase artist Cornelia Kubler Kavanagh's bold sculpture *Aevum II*. In philosophy, *aevum* is the state that lies between the eternity of God and the temporal experience of human beings, an apt theme in a setting where people often are at the threshold of mortality. Cama believes that our society needs to get away from the fallacy that beauty and art are the purview of privileged classes. "We need to get back to beauty," she concludes.

"Thirty years ago a poster in a chrome frame was considered art in a healthcare setting," said panelist Kathy Hathorn, CEO and Creative Director, American Art Resources. "But then about five years ago I noticed administrators saying, 'I am going to downgrade the finishes so I can have an art program.'"

Hathorn now sees a growing trend of administrators commissioning local artists, artists whose subject matter viewers might be familiar with. "Now art is not just pretty, but contextual," said Hathorn referring to the depictions of the local river in the chapel at the Sacred Heart Medical Center at RiverBend in Springfield, OR. The ironwork elsewhere in the complex recalls the flora

indigenous to the area, including reeds that Native Americans used for medicinal purposes and ginkgo leaves the Asian population used for their healing powers. While the hospital is part of a large chain, its art and architecture are distinctly local.

At MD Anderson Cancer Center in Houston, Hathorn created very different art programs for the various constituents using the facilities. The art for patients features calming landscapes, while the academic wing where medical researchers work features more provocative, abstract art. Within hospital departments, art typologies break down even more specifically. According to Hathorn, “You would not include images of water in urology, while van Gogh would not be appropriate for ophthalmology.”


While the panelists all spoke from their own experiences, they shared many of the same conclusions. “There is an urgent need for hospitals to get more information and research to inform their decisions,” said Hathorn. Rosalyn Cama added, “Just as the Carnegie Libraries created a public good at the turn of the last century, today hospitals are in a similar position. Art can prevent the cycle of disease. And regional art is a neces-

sity. Local art prompts memories, releases endorphins, and, in turn, anxiety goes down.”

The panelists agreed that art can prompt other favorable conditions. “It is so important for children to talk about something other than illness,” said Diane Brown. “And children need quiet,” said Cama, referring to the peaceful environments that art can create. “Quiet is a commodity of the future,” Upali Nanda agreed.

Pediatric settings are challenging because they serve children from toddlers to teenagers, patients with vastly different perceptions. “Preference studies have shown that the same image will yield different perceptions,” Nanda explained. “Children focus on detail, while long-term care is looking for a social connection and acute care simply wants an escape.”

What seemed to be missing from the projects presented were interactive elements. “Interactive art presents issues because of infection control,” says Nanda. “There is not much evidence yet on its effectiveness, but there is a lot of potential because it is participatory.” She recalled one art piece where the art got bigger if the child stayed still, allowing for examinations and procedures. Brown recalled a video in-



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stallation that so mesmerized and calmed children that the nurses remarked that it was a valuable tool for them.

It was not incidental that this event took place at the DuPont™ Corian® Design Studio. At one end of the studio, a mock operating room, designed by Morris Sato Architects and fabricated by Evans & Paul rendered in Corian®, illustrates both the material's ease of maintenance and the seamless integration of parts from the cabinetry to the Dur-A-Flex

flooring. Although Corian® has been around since 1967, the ability to customize the material grew exponentially with the advent of CAD modeling. An adjacent exhibit in the studio, Plaques Sensible, conceived in 2005 by Paris-based Intramurous magazine, features ten objects with sinewy curves and interlocking shapes created by globally renowned designers who transformed a single sheet of A-4 Corian® into an object of art. The collection will remain on display at the studio through mid-August.

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HEALTHCARE DESIGN