

# VITAL SIGNS

POINTS OF VIEW

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**Vital Signs**

*Arts & Health in Context*

An Arts Council Initiative

## ABOUT POINTS OF VIEW

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*Points of View* is a series of opinion pieces about Arts and Health practice that was commissioned as part of Vital Signs. Vital Signs was a programme of Arts and Health events, which took place in October 2009. It was an Arts Council initiative delivered in partnership with Create, the national development agency for collaborative arts.  
[www.vitalsigns.arts council.ie](http://www.vitalsigns.arts council.ie)

Is sraith píosaí tuairime é *Points of View* maidir leis na hEalaíona agus cleachtas Sláinte a rinneadh a choimisiúnú mar chuid den chlár Comharthaí Beatha. Ba chlár d'imeachtaí ealaíon agus sláinte é Comharthaí Beatha a bhí ar siúl i nDeireadh Fómhair 2009. Ba thionscnamh de chuid na Comhairle Ealaíon é, arna chur i láthair i gcomhpháirt le Create, an ghníomhaireacht náisiúnta forbartha um ealaíona comhpháirteacha.  
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## Introduction

*Points of View* was commissioned as part of Vital Signs. Vital Signs was a programme of arts and health events, which took place in October 2009.

The programme involved three complementary strands. The first was a national conference, which was attended by 180 delegates from across all areas of the arts and health sector. These included health professionals, artists and a wide range of local and national arts providers, as well as personnel from both the Arts Council and the HSE.

The second strand was an exhibition of arts and health work drawn from artists, groups and healthcare settings from around the country. The exhibition took place in a range of settings in Dublin 8 including; the National College of Art and Design Gallery, Foleys Pharmacy, St. James's Hospital, St. Patrick's University Hospital and Dr Steevens' Hospital.

The third strand involved the commissioning of *Points of View*, a series of opinion pieces by: Paula Meehan, Poet; Dr Austin O'Carroll, General Practitioner; Emmett Scanlon, Architect; and Mary McAuliffe, Arts Officer. Each contributor was invited to describe their varied experiences and perspectives on arts and health.

Arts and health is a complex area of practice, which involves a diverse range of stakeholders, each with their own aims, objectives, priorities and approaches. Good practice is based on a process of ongoing dialogue, and the development of shared understanding between arts practitioners, healthcare staff, service users and the general public. The Vital Signs programme and the *Points of View* series in particular, aimed to provoke greater discussion, critical reflection and response, within the arts and health sectors.

The opinion pieces were published in the press and on the Vital Signs website in September and October 2009. Readers were invited to engage and leave comments if they wished. It is possible to view the essays and other related articles on the website. Please visit [www.vitalsigns.artscouncil.ie](http://www.vitalsigns.artscouncil.ie)

Vital Signs was an Arts Council initiative delivered in partnership with Create, the national development agency for collaborative arts.

## Réamhrá

Rinneadh *Points of View* a choimisiúnú mar chuid de Chomharthaí Beatha. Ba chlár d'imeachtaí ealaíon agus sláinte é Comharthaí Beatha a bhí ar siúl i nDeireadh Fómhair 2009.

Bhí 3 shnáithe chomhlántacha i gceist leis an gclár. Comhdháil náisiúnta a bhí sa chéad snáithe agus bhí 180 toscairí ó réimsí uile earnáil na nEalaíon agus na Sláinte i láthair ag an gcomhdháil. San áireamh leo siúd bhí gairmithe na sláinte, ealaíontóirí agus raon leathan de sholáthraithe ealaíon áitiúla agus náisiúnta, chomh maith le pearsanra ón gComhairle Ealaíon agus ó FSS araon.

Ba í an dara snáithe ná taispeántas de shaothar na nEalaíon agus na Sláinte ó ealaíontóirí, ghrúpaí agus shuíomhanna cúram sláinte ó gach cearn den tír. Bhí an taispeántas ar siúl i raon suíomhanna i gceantar Bhaile Átha Cliath 8 lena n-áiríodh: Gailearaí an Choláiste Náisiúnta Ealaíne is Deartha; Cógaslann Foleys; Ospidéal San Séamas; Ospidéal Ollscoile Phádraig; agus Ospidéal an Dochtúra Stevens.

Bhain an tríú snáithe le *Points of View* a choimisiúnú, sraith phíosaí tuairime leis na daoine a leanas: Paula Meehan, File; an Dr Austin O'Carroll, Dochtúir Ginearálta; Emmett Scanlon, Ailtire; agus Mary McAuliffe, Oifigeach Ealaíon. Tugadh cuireadh do gach rannpháirtí cur síos a dhéanamh ar a chuid eispéireas agus tuairimí éagsúla maidir leis na hEalaíona agus an tSláinte.

Is réimse cleachtas casta atá i gceist leis na Healaíona agus an tSláinte, lena bhfuil baint ag raon éagsúil de pháirtithe leasmhara, a bhfuil a gcuid aidhmeanna, cuspóirí, tosaíochtaí agus cineálacha cur chuige féin acu. Tá dea-chleachtas bunaithe ar phróiseas idirphlé leanúnaigh, agus ar chomhthuisceint a fhorbairt idir chleachtóirí ealaíon, fhoireann cúram sláinte, úsáideoirí seirbhíse agus an pobal i gcoitinne. Ba é an aidhm a bhí ag an gclár Comharthaí Beatha go ginearálta agus ag *Points of View* go háirithe, díospóireacht, smaointeachas criticiúil agus freagairt níos mó a spreagadh, laistigh d'earnálacha na nEalaíon agus na Sláinte.

Foilsíodh na píosaí tuairime sa phreas agus ar shuíomh Gréasáin Chomharthaí Beatha i mí Mheán Fómhair agus i mí Dheireadh Fómhair 2009. Tugadh cuireadh do léitheoirí a bheith páirteach agus tráchtanna a fhágáil má bhí fonn orthu. Is féidir breathnú i gcónaí ar na haistí agus ar na hailt bhainteacha eile ar an suíomh Gréasáin. Téigh chuig [www.vitalsigns.artscouncil.ie](http://www.vitalsigns.artscouncil.ie)

Is tionscnamh de chuid na Comhairle Ealaíon é Comharthaí Beatha, arna chur i láthair i gcomhpháirt le Create, an ghníomhaireacht náisiúnta forbartha um ealaíona comhpháirteacha.

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Paula Meehan

## Taking the Pulse, Taking the Measure

I had been drafting a poem from notes made last November, when I went with an elderly relative to visit his GP. He was being treated for hay fever, a lifelong ailment. But, hay fever in November? His eyes were raw; he had been in agony for months. The doctor, a pleasant woman, spent the visit looking at a computer screen. No vital signs were checked. In fact, no contact beyond the cursory was made between patient and doctor. The computer showed what drugs he had been prescribed in the past. She prescribed more drugs for hay fever. We were out of there in five minutes.

As it turned out (after a visit to A&E and a cursory ophthalmic examination) he had a condition where the lids of the eyes were turning inwards – entropion – requiring two surgical procedures.

My own doctor, while qualified in western medicine, is also a homeopath and believes in his patients being proactive in minding their own health. He doesn't have a computer. He looks into your eyes, examines your fingernails, looks at your hair, asks about the minutiae of your diet, about what goes on in your life; he reads the body, the emotions, the mind, the holistic self. He practices his own brand of social medicine too when it comes to charging: 'from each according to their means'. A visit normally lasts 45 minutes.

So I'm trying to write a poem that clusters around ideas of vision and healing; about language and who controls it, machine memory, human memory, the tablet culture, the five-minute healer. The elderly relative who knows it's not hay fever that ails him. And who isn't listened to. The doctor who encourages his patients to communicate with him, in their own words, at their own pace.

I have spent significant periods of my life as a poet working with people who are in one way or another vulnerable. I go in (to a prison, psychiatric facility, hospital, rehabilitation project) as a poet, not as a therapist, not as a healer. There may be a therapeutic dimension, there may even be occasions of healing, there is very often transformation. But it is the craft of poetry I teach. It is poetry I bring to the group. I also go into universities, into communities, into writing workshops. I use the same methods, the same materials; I bring the same self to every encounter.

I stress this because there are profound ethical considerations in these encounters. When it's over I walk away. I am not locked up for the night. I am free to walk out the door whereas many of the individuals I work with are not. I can say I'm vulnerable too, as is every human being in the adventure we call life, but not in the same way as those I leave there behind the locked doors.

Once, on Grafton Street, I heard a didgeridoo. The musician was an aboriginal Australian, an archaeologist travelling the world, busking with his instrument to get by. When I said I could feel the sound in my belly right at the other end of the street, he explained how the instrument was used in traditional healing. We talked of the Sami of Siberia who have used chant for millennia to cure illness; we spoke of the many native traditions where sound, ritualised into specific patterns and rhythms, is a major part of the healing act. We spoke of medicine bundles and healing magic. Of the way chant has been used in all the major religious traditions as a way of achieving unity with the godhead.

The real teaching of the poem is in the creating of a space where it can be heard. The physical experience of the poem is reading it aloud. Its breath patterns and rhythms move

through the body and mind, effecting a pure change. When I am teaching, I work to make a space where poetry, especially the poetry of those present to each other, might happen. In our bodies and in our minds.

I am drawn to situations where language is put under scrutiny, under pressure; where language is felt as an instrument of oppression; where control of language is used to keep people down; where language and the information coded in it manifests as raw power in action. I work against this. I believe in the truth, and in what truth-telling can do even in the most oppressive situations.

It's often in these situations that I find my own poems – not in any direct sense, and usually a long way down the line from the room or cell or ward of their inception. As a hunter-gatherer poet it's where I hunt, where I gather, behind the locked doors of the Republic. I bring words in, I bring words out.

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Paula Meehan is a Dublin-based poet and playwright. She was educated at Trinity College, Dublin and has a Fine Arts Masters degree from Eastern Washington University. She has held many residencies in universities, prisons, and in community settings in Ireland and abroad. She has also worked extensively with people in recovery from addiction. She has over thirty years of writing and publishing experience. Her work has been translated into many languages including Spanish, Galician, Japanese, French, German, Greek, Iranian, and Irish, and she has received many literary awards. In 1996 she was elected to Aosdána. Her most recent collections of poetry are *Dharmakaya* and *Painting Rain*, both published by Carcanet Press.

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Paula Meehan

## Cuisle a Fhéachaint, Teacht ar Thuairim

Bhí dán á dhréachtú agam ó nótaí a rinne mé i mí na Samhna seo a chuaigh thart, nuair a chuaigh mé le gaol scothaosta chun cuairt a thabhairt ar a dhochtúir ginearálta. Bhí cóir leighis á fáil aige maidir le fiabhras léana, breoiteacht a bhí air le linn a shaoil. Ach fiabhras léana, agus mí na Samhna ann? Bhí a shúile amh; bhí sé faoi léan leis le míonna. Chaith an dochtúir, a bhí ina bean shuáilceach, tréimhse na cuairte ag amharc ar scáileán ríomhaire. Ní dhearnadh aon seiceáil ar chomharthaí beatha. Chun an fhírinne a rá, ní dhearnadh aon tadhall idir an t-othar agus an dochtúir, seachas ar bhealach sciobtha. Taispeánadh na drugaí a ordaíodh dó san am a chuaigh thart ar an ríomhaire. D'ordaigh sí níos mó drugaí le haghaidh an fhiabhrais léana. Bhíomar amuigh as sin i gcúig nóiméad.

De réir mar a tharla (tar éis cuairt a thabhairt ar an Aonad Timpistí agus Éigeandála agus scrúdú oftalmach sciobtha a fháil) bhí riocht sláinte aige mar a chastar a mhogaill súile isteach - entropion - óna dteastaíonn dhá ghnáthamh máinliachta.

Is hoiméapat mo dhochtúir féin, cé go bhfuil sé cáilithe i míochaine an iarthair, agus creideann sé nach foláir dá othair a bheith gníomhach maidir lena gcúram sláinte féin. Níl ríomhaire aige. Féachann sé isteach i do shúile, scrúdaíonn sé d'ingne, féachann sé ar do chuid gruaige, cuireann sé ceisteanna ort maidir le mionsonraí d'aiste bia, agus faoi ghnóthaí do shaoil; léann sé an corp, na mothúcháin, an meon, an féin iomlánaíoch. Cleachtann sé a bhranda féin de mhíochaine shóisialta fosta maidir le táille a ghearradh: 'íocann gach duine de réir a chuid acmhainní féin'. De ghnáth maireann cuairt 45 nóiméad.

Dá bhrí sin, tá mé ag iarraidh dán a scríobh a bheidh braislithe thart ar smointe an radhairc agus an chneasaithe; faoin teanga agus faoi na daoine a rialaíonn teanga,

cuimhne meaisín, cuimhne an duine, cultúr na dtáibléad, an cneasáí cúig nóiméad. An gaol scothaosta atá eolach nach fiabhras léana atá ina bhreuiteacht aige. Agus nach n-éisteann aon duine leis. An dochtúir a spreagann a othair le labhairt leis ina gcuid focal féin, ar a luas féin.

Chaith mé tréimhsí suntasacha de mo shaoil féin mar fhile agus mise ag obair le daoine atá leochaileach ar bhealach amháin nó eile. Téim isteach (go príosún, saoráid shíciatrach, ospidéal, tionscadal athshlánúcháin) mar fhile, ní mar theiripeoir, ní mar chneasáí. D'fhéadfadh gné theiripeach a bheith ann, fiú uaireanta nuair a dhéantar cneasú, agus go minic bíonn claochlú ann. Ach is í ceird na filíochta a theagascaim. Is í an fhilíocht a thugaim don ghrúpa. Téim isteach in ollscoileanna, i bpobail, agus i gceardlanna scríbhneoireachta freisin. Bainim úsáid as na modhanna céanna, na hábhair chéanna; is é an féin céanna a bhíonn i láthair ag gach teagmháil.

Cuirim béim air seo mar baineann gnéithe eitiúla doimhne leis na teagmhálacha seo. Nuair a bhíonn siad críochnaithe imím liom. Ní chuirtear faoi ghlas mé don oíche. Bíim saor le siúl amach an doras cé nach mbíonn go leor de na daoine lena noibrím in ann sin a dhéanamh. Is féidir liom a rá go bhfuil mé leochaileach fosta, mar atá gach daonnaí san eachtra seo ar a dtugaimid an saol, ach ní ar an mbealach céanna leo siúd a fhágaim i mo dhiaidh taobh thiar de dhoirse faoi ghlas.

Uair amháin, agus mise ar Shráid Grafton, chuala mé didiridíú. Fear bundúchasach Astrálach a bhí sa cheoltóir, seandálaí a bhí ag taisteal timpeall an domhain, agus é ag buscáil lena ghléas ceoil chun maireachtáil. Nuair a dúirt mé leis go raibh mé in ann an fhuaim a mhothú i mo bholg agus mise ag taobh eile na sráide,



mhínigh sé dom an dóigh ina n-úsáideadh an gléas i geneasú traidisiúnta. Labhraíomar faoi Shámaigh na Sibéire a bhain úsáid as cantaireacht leis na mílte bliain chun breoiteacht a chneasú; labhraíomar faoin oiread traidisiún dúchasach ina bhfuil fuaim, agus deasghnáth arna dhéanamh di mar phatrúin agus rithimí sainiúla, ina cuid thábhachtach de ghníomh an chneasaithe. Labhraíomar faoi bhearta leighis agus faoi dhraíocht chneasaithe. Labhraíomar faoin dóigh ina n-úsáideadh cantaireacht i ngach mórthraidisiún reiligiúnach mar dhóigh chun aontacht a bhaint amach leis an diacht. Is é fíorthéagasc an dáin ná an dóigh ina gcruthaítear an spás ina gcluintear é. Is ionann léamh ós ard an dáin agus eispéreas fisiciúil an dáin. Bogann patrúin anála agus rithimí an dáin tríd an gcorp agus tríd an meon, agus athrú fíorghlan á chur i gcrích. Nuair a bhím ag teagasc, déanaim iarracht spás a chruthú ar féidir le filíocht a tharlú

ann, go speisialta filíocht na ndaoine a bhíonn i láthair. Inár gcorp agus inár meon.

Tá spéis ar leith agam i gcásanna nuair a chuirtear teanga faoi imscrúdú, nuair a chuirtear faoi bhrú í; nuair a mheastar teanga mar ionstraim chos ar bolg; nuair a bhaintear úsáid as rialú teanga chun smacht a chur ar dhaoine; nuair a dhéantar teanga agus an fhaisnéis atá ionchódaithe inti a réaladh mar chumhacht amh á cur i ngníomh. Oibrím ina choinne seo. Creidim san fhírinn, agus sa mhéid agus atá indéanta le hinsint na fírinne fiú sna cásanna is leatromaí.

Go minic is sna cásanna seo a thagaim ar mo chuid dánta féin – ní in aon chiall dhíreach, agus de ghnáth bealach fada feadh na líne ó sheomra nó ó chill nó ó bharda a dtionscanta. Mar fhile atá ina fiagaí cnuasaitheoir, is taobh thiar de dhoirse faoi ghlas na Poblachta a bhíonn áit mo chuid tóraíochta, áit mo chuid cnuasaigh. Tugaim focail isteach, agus tugaim focail amach.

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Is file agus drámadóir Paula Meehan atá lonnaithe i mBaile Átha Cliath. Fuair sí a cuid oideachais ag Ollscoil na Tríonóide, Baile Átha Cliath agus tá Máistreacht sa Mhínealaín aici ó Ollscoil Eastern Washington. Bhí go leor cónaitheachtaí aici in ollscoileanna, i bprósúin, agus i suíomhanna pobail in Éirinn agus thar lear. D'oibrigh sí go forleathan le daoine i mbun athshlánú ó andúil. Tá níos mó ná tríocha bliain de thairbh aici ar scríbhneoireacht agus ar fhoilsitheoireacht. Aistríodh a saothar go dtí go leor teangacha éagsúla lena n-áirítear an Spáinnis, an Ghailísis, an tSeapáinis, an Fhraincis, an Ghearmáinis, an Ghréigis, an Iaráinis agus an Ghaeilge, agus bronnadh go leor duaiseanna litríochta uirthi. In 1996 toghadh í ina comhalta d'Aosdána. Is iad Dharmakaya agus Painting Rain na bailiúcháin filíochta is déanaí uathí, agus an dá bhailiúchán arna bhfoilsíú ag Carcanet Press.

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Dr Austin O'Carroll  
The Value of Arts and Health

Those in the arts and health sector seeking to enter the realm of medicine face a dilemma. How do they gain access? How do they prove that arts and health practice is worth funding, especially when resources are scarce? How do they perform before the gaze of the medical audience? This is the gaze of the medical scientist, the gaze that requires proof, factual confirmation and hard virile evidence. The choice faced by artists is whether they choose to gain credibility within the rules set down by the medico-scientific discourse or do they try to challenge that discourse from an alternative paradigm.

If artists choose to seek integration within the boundaries of the medico-scientific discourse they face a difficult task. In the world of health, medical professionals, in particular doctors, have been assigned the role of arbiters of truth. Evidence-based medicine seeks to distinguish therapeutic interventions that are proven to make a difference from those laden with false promise. Not only must those seeking to promote their therapy prove that their potion is efficacious, they also must demonstrate it is value for money. Evidence-based medicine has achieved great strides ensuring that patients only receive interventions that will actually benefit their health. According to this paradigm, artists must prove firstly, that arts and health practice makes a difference and secondly, that it also represents value for money.

If the arts do choose the route of seeking affirmation within the medical gaze they choose a dangerous course. When assessing evidence one can choose either to use that evidence to assess the truth of a proposition or else to simply bolster one's preconceived position. Those seeking truth will weigh up the strength and validity of the evidence; those seeking support for their position often fail to distinguish the chaff. Those at the vanguard of arts and health need to be careful that in their zeal they do not proffer every shred of possible evidence that supports their position and ignore evidence or common sense arguments incompatible with their beliefs.

Within evidence-based medicine there are three differing perspectives as to the type of evidence required. Firstly, hard-line quantitative scientists will demand numerical objective proof demonstrating that arts and health practice produces defined health outcomes (e.g. the presence of murals in a burns unit resulted in significantly less patient reported pain intensity and less anxiety). If one does seek hard evidence for the contribution of the arts, there are two interesting examples of movements that sought validation within the medical community which bear comparison.

The first example offers hope. Communication skills have been recognised as being increasingly important over the last half century. However, many doctors, while professing a recognition of the importance of communication, believed that its value lay in improving the experience of patients rather than improving their health. However, studies have shown that communication skills decrease hospital inpatient stays, improve blood pressure and diabetic control, and speed up recovery, from hip operations, among other outcomes. This has led to a heightened respect for communication skills and has resulted in training in communication becoming a central component of health education.

A less hopeful story is that of how the psychotherapy community sought an evidential basis for what they perceived as the great benefits to be accrued to their clients. Numerous studies were done to demonstrate that clients needed to consult doctors less often, required

less medication or showed improvement in mood as assessed by standardised depression questionnaires. Unfortunately, the gold standard medical arbiter, the Cochrane database (where all studies on a particular subject are collated, assessed and their results combined so as to gain an overall picture of what the evidence on that subject suggests) concluded that ‘in the long term, counselling is not any better than GP care...although some types of healthcare utilisation may be reduced, counselling does not seem to reduce overall healthcare costs.’

The danger is that the arts and health sector would broadcast findings related to health outcomes without assessing the strength of the evidence. For example, there have been trials on drama therapy with people with schizophrenia which have had promising results. However, when the Cochrane database reviewed the area they found that ‘studies have been successfully conducted in this area but poor study reporting meant that no conclusions could be drawn from them. The benefits or harms of the use of drama therapy in schizophrenia are therefore unclear.’ The reality is that evidence of health outcomes in arts and health, while they do exist, are limited. There is also very little evidence as to whether the arts provide value for money.

The second type of evidence relates to patients’ evaluation of arts programmes in medical settings. The danger of relying on this type of evidence is that it may imply the arts are a luxury and that in times of recession, money will be directed towards activities that are seen to produce tangible outcomes.

The third research route is that of qualitative research. While medico-scientists tend to prefer the quantitative method, qualitative research has a strong healthy tradition in the social sciences and has gained increasing respect within the health community. In my opinion, qualitative research offers the best avenue for artists to explore the impact of their work on patient care.

The danger for the arts and health sector is, if it relies exclusively on the evidence-based route to promote worth, it faces a real possibility of discovering the arts make little difference to patient outcomes and that while most patients may value the arts within the medical setting that they will not see the arts as ultimately being important to their health.

An alternative approach is to challenge the medico-scientific discourse. The spaces where medical professionals practice are glittering, glowing, germless, unsoiled and unsullied. I spent my early childhood in Crumlin hospital, which was designed so as to ensure that infection did not spread through its occupants. Most rooms were single so as to allow isolation, surfaces were designed to be easy to clean and sterilise. The disinfectant-smelling bare walls and floors echoed the sounds of children crying for their parents. The rooms were free of sentimental objects which could interfere with the objective scientific gaze

The art in my surgery seeks to humanise the space, to fill those bare walls and floors of my childhood. When I first moved into the surgery thefts were common. Phones, bags, money, prescription pads and toilet rolls all made their way out my surgery door. When I did up the surgery and put in over thirty paintings and sculptures I was told I was mad as they would disappear. Not only did they not disappear, other thefts ceased. By showing respect to my patients and by humanising my surroundings they returned the respect.

I also use the arts in educating medical trainees. The use of the arts challenges students personal preconceptions, stereotypes and attitudes towards the world and its inhabitants; it enables an exploration of narrative approaches to understanding ill health, and promotes awareness of the moral, ethical and philosophical issues that pervade their work as medics and healers. I have found it a powerful, transforming educational approach.

It is in these arenas that the arts can challenge the medical paradigm. Humanising one’s experience in a healthcare setting is a worthwhile aspiration irrespective of whether it

reduces the length of inpatient stays or pain intensity. Life is to be lived, not survived. Using the arts to challenge the stultifying, dehumanising, unwritten medical curriculum offers a rich education vein to be mined.

The most likely scenario is that the arts will use both arguments to ply their trade within the medical community. It is only right that questions as to whether the arts promote healing in its more holistic conception are explored. However, it would probably be wise that they equally, if not more strongly, stress the non-evidence based reasons for having art in hospital; the transformation of an intimidatory, cold and clinical environment into one where patients can engage with their surroundings on a human and empathic level.

If I may make one last observation which deviates from my main text. As one who works in a deprived community yet inhabits one of the middle class islands in the North Inner City, it has often seemed to me that the arts pander to those moneyed classes. Poverty is the biggest predictor of poor health. If art does want to make a difference in health settings it should focus on those settings in areas of deprivation. Let art not be yet another affirmer of Tudor Hart's infamous Inverse Care Law i.e. 'the need for healthcare is inversely proportional to the provision of healthcare'.

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Dr Austin O'Carroll has worked as a GP in an inner-city practice since 1997. The Mountjoy Street Family Practice specialises in providing primary care to excluded groups including homeless people, non-nationals and drug users. Dr O'Carroll founded SafetyNet a networking organisation for health professionals providing primary care services to homeless people. He has won an award from the African Refugee Network for his work with non-nationals and published research in the area of health inequalities. He is presently doing a doctorate on the barriers to accessing healthcare faced by homeless people. He is a trained relationship counsellor. He teaches GP trainees and specialises in communication skills and personal development. He has used the arts extensively in his teaching. Dr O'Carroll has also been involved in the disability movement and worked with arts and disability organisations. He has a large art collection housed at the Mountjoy Street Family Practice.

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Dr Austin O'Carroll  
Luach na nEalaíon agus na Sláinte

Tá aincheist os comhair na ndaoine siúd in earnáil na nealaíon agus na sláinte atá ag iarraidh páirt a ghlacadh i míochaine. Cén chaoi a bhfaigheann siad bealach isteach ann? Cén chaoi a gcruthaíonn siad gur fiú maoiniú a dhéanamh ar chleachtas na nealaíon agus na sláinte, go háirithe ós rud é go bhfuil ganntanas acmhainní ann? Cén chaoi a n-éiríonn leo i súile an lucht féachana míochaine? Is iad sin súile an eolaí míochaine, na súile óna dteastaíonn cruthúnas, dearbhú fíorasach agus fianaise dhoshéanta láidir. Is é an rogha atá ag ealaíontóirí ná creidiúint a bhaint amach taobh istigh de na rialacha atá leagtha síos ag an dioscúrsa míochaine-eolaíochta nó dúshlán a thabhairt don dioscúrsa sin ó pharaidím mhalartach.

Má roghnaíonn ealaíontóirí comhtháthú a lorg taobh istigh de theorainneacha na míochaine agus na heolaíochta, bíonn obair chrua os a gcomhair amach. I gcúrsaí sláinte, tá ról mar eadránaithe na fírinne ag gairmithe míochaine, dochtúirí go háirithe. I gcúrsaí míochaine ar bhonn fianaise, déantar iarracht idirghabhálacha teiripeacha a dhéanann difear cruthaithe a scaradh amach uathu siúd atá lán le gealltanais bhréagacha. Ní hamháin go bhfuil orthu siúd a dhéanann iarracht a dteiripe a chur chun cinn a chruthú go n-oibríonn an rud atá á dhíol acu, ní mór dóibh a chruthú freisin go bhfuil luach ar airgead le fáil air. Tá go leor bainte amach ag míochaine ar bhonn fianaise chun a chinntiú nach bhfaigheann othair ach na hidirghabhálacha a rachaidh chun sochar a gcuid sláinte. De réir na paraidíme seo, ní mór d'ealaíontóirí a chruthú i dtosach báire, go ndéanann cleachtas na nealaíon agus na sláinte difear, agus ina dhiaidh sin, go bhfuil luach ar airgead le fáil air.

Má roghnaíonn na healaíona dearbhú a lorg faoi shúile na míochaine, beidh bóthar contúirteach á roghnú acu. Nuair a bhíonn measúnú á dhéanamh ar fhianaise is féidir le duine roghnú an fhianaise sin a úsáid chun fírinne na tairisceana a mheas, nó chun cur leis an réamhthuairim atá glactha aige nó aici. Féachann na daoine a lorgaíonn an fhírinne ar láidreacht agus ar bhailíocht na faisnéise, ach is minic nach n-aithníonn siad siúd atá ag lorg tacaíochta dá réamhthuairim féin an fuíoll ón ábhar fiúntach. Ní mór dóibh siúd atá ar thús cadhnaíochta sna healaíona agus i gcúrsaí sláinte a bheith cúramach gan gach píosa fianaise a thacaíonn lena seasamh féin a sholáthar d'fhonn díograis, agus neamhaird a thabhairt ar argóintí fianaise nó céille nach dtagann leis an méid a chreideann siad féin.

Taobh istigh den mhíochaine ar bhonn fianaise, tá trí pheirspectíocht éagsúla ann maidir leis an gcineál fianaise a theastaíonn. Ar an gcéad dul síos, bíonn eolaithe cainníochtúla dochta ag lorg fianaise oibiachtúil uimhriúil a léiríonn go dtagann torthaí sláinte sainaitheanta as cleachtas na nealaíona agus na sláinte (m.sh. ba é an toradh a bhí ar mhúrmhaisithe a bheith i láthair in aonad dónna ná go raibh laghdú suntasach ar imní agus ar dhéine péine á thuairisciú ag othair). Má tá fianaise dhoshéanta á lorg ag duine don méid atá le fáil ó na healaíona, tá dhá shampla spéisiúla ann de ghluaiseachtaí a lorg dearbhú taobh istigh den phobal míochaine, agus is féidir comparáid a dhéanamh eatarthu.

Tugann an chéad sampla cúis dóchais dúinn. Le leathchéad bliain anuas, aithnítear an tábhacht ar leith a bhaineann le scileanna cumarsáide. Bhí go leor dochtúirí, áfach, a dúirt gur aithin siad an tábhacht a bhain le cumarsáid, ach a chreid gur amhlaidh a

fheabhsaíonn sé taithí na n-othar seachas a sláinte. Tá sé léirithe i staidéir, áfach, go laghdaíonn scileanna cumarsáide an tréimhse a chaitear mar othar cónaitheach in ospidéal, go bhfeabhsaíonn siad brú fola agus rialú diaibéitís, agus go mbrostaíonn siad téarnamh ó obráidí ar an gromán, i measc torthaí eile. Tá meas níos mó ar scileanna cumarsáide dá bharr seo agus tá oiliúint i gcumarsáid mar ghné lárnach den oideachas sláinte mar thoradh air.

Scéal nach bhfuil chomh dóchasach céanna atá ag an bpobal sícíteiripe, a lorg bunús fianaise do na sochair shuntasacha a chonaic siad a bhí á bhfáil ag a gcuid cliaint. Rinneadh an-chuid staidéir chun a léiriú nach raibh gá d'othair dul i gcomhairle le dochtúirí chomh minic, nach raibh gá acu leis an méid céanna cógais nó gur léirigh siad feabhas ina ngiúmar de réir mar a rinneadh meas air i gceistneoirí dúlagair caighdeánaithe. Ar an drochuair, ba é an conclúid a bhí ag an eadránaí míochaine tosaigh, bunachar sonraí Cochrane (áit a mbailítear gach staidéar ar ábhar ar leith chun measúnú a dhéanamh orthu agus a dtorthaí a cheangal le chéile d'fhonn pictiúr foriomlán a fháil den mhéid a léiríonn an fhianaise ar an ábhar sin) ná 'go fadtéarmach, níl comhairleoireacht níos fearr ná cúram an Dochtúra Ghinearálta... cé go bhféadfaí an úsáid a bhaintear as cineálacha áirithe cúram sláinte a laghdú, ní cosúil go laghdaíonn comhairleoireacht costais fhoriomlána an chúraim sláinte.

Is é an baol ata ann ná go gcráolfadh earnáil na nealaíon agus na sláinte torthaí a bhaineann le torthaí sláinte gan láidreach na fianaise a mheas. Mar shampla, bhí trialacha ann le teiripe dráma ar dhaoine a bhfuil scitsifréine orthu, agus tháinig torthaí maithe as na trialacha sin. Nuair a rinne bunachar sonraí Cochrane athbhreithniú ar an réimse seo, áfach, is éard a fuarthas ná go bhfuil 'staidéir déanta go rathúil sa réimse seo, ach mar gheall ar dhroch-thuairisciú ar staidéir níorbh fhéidir teacht ar aon chonclúidí dá mbarr. Mar sin, níl na buntáistí ná na baol a bhaineann le húsáid teiripe dráma i scitsifréine soiléir.' Is é frinne an

scéil ná go bhfuil an fhianaise a bhaineann le torthaí sláinte sna healaíona agus sa tsláinte teoranta, sa chás gur ann dóibh ar chor ar bith. Níl ach fíorbheagán fianaise atá ann ach oiread maidir leis an luach ar airgead a fhaightear ó na healaíona.

Baineann an dara cineál fianaise leis an luacháil a dhéanann othair ar chlár ealaíon i gcomhthéacs míochaine. Is é an baol a bhaineann le brath ar an gcineál seo faisnéise ná go bhféadfadh sé tabhairt le tuiscint gur só atá sna healaíona, agus le linn cúlú geilleagrach, go ndíreofar airgead i dtreo gníomhaíochtaí ar dhóigh go dtiocfadh torthaí inbhraite astu.

Is é an tríú modh taighde ná taighde cáilíochtúil. Cé gur iondúil gur fearr le heolaithe míochaine an modh cainníochtúil, tá traidisiún láidir sláintiúil ag taighde cáilíochtúil sna healaíochtaí sóisialta agus tá an meas atá ag an bpobal sláinte orthu ag méadú de réir a chéile. I mo thuairim, cuireann taighde cáilíochtúil an deis is fearr ar fáil d'ealaíontóirí chun féachaint ar thionchar a gcuid oibre ar chúram othar.

Má bhraitheann earnáil na nealaíon agus na sláinte go heisiach ar an mbealach ar bhonn fianaise chun luach a chur chun cinn, is é an baol atá ann ná go dtarlódh sé go bhfaighfí amach gur beag difear a dhéanann na healaíona do thorthaí na n-othar. Ina theannta sin, cé go gcuireann formhór na nothar luach ar na healaíona i suíomh míochaine, b'fhéidir nach mbraithfidís go bhfuil tábhacht ag baint leis na healaíona i gcomhthéacs a sláinte.

Cur chuige eile ná dúshlán a thabhairt don dioscúrsa míochaine-eolaíochta. Áiteanna glioscarnacha, lonracha, gan frídíní, gan salachar, gan smál iad na háiteanna ina mbíonn gairmithe míochaine ag cleachtadh. Chaith mise mo luathóige in ospidéal Chromghlinne, a bhí deartha chun a chinntiú nach scaipfí ionfhabhtú i measc na nothar. Ba sheomraí singile ba mhó a bhí ann ionas go bhféadfaí daoine a scaradh óna chéile, agus bhí dromchlaí deartha ionas go mbeidís furasta le glanadh agus le haimridiú. Bhí na ballaí agus na hurláir gan chlúdach, an

agus thug siad macalla d'fhuaim na leanaí ag caoineadh dá dtuismitheoirí. Bhí na seomraí saor ó aon nithe maoithneacha a chuirfeadh isteach ar an dearcadh eolaíoch oibiachtúil.

Tá an ealaíon i mo lialann ann chun an spás a dhaonnú, chun ballaí agus urláir gan chlúdach m'óige a chlúdach. Nuair a bhog mé isteach sa lialann i dtosach báire, ba mhínic a tharlaíodh goid ann. Goideadh teileafóin, málaí, airgead, bileoga oidís agus páipéar leithris as an lialann. Nuair a d'athchóirigh mé an lialann chuir mé isteach os cionn tríocho pictiúr agus dealbh ach dúradh liom go raibh an chiall cailte agam mar nach i bhfad a bheidís ann. Ní hamháin nár goideadh iad, ach tháinig deireadh leis an ngoid eile. Ós rud é gur léirigh mé meas ar m'othair agus go ndearna mé daonnú ar an timpeallacht, léirigh siad meas orm chomh maith.

Bainim úsáid as na healaíona freisin chun oideachas a chur ar oiliúnaithe míochaine. Tugann úsáid na n-ealaíon dúshlán do réamhthuarimí, steiréitíopaí agus dearchtaí na mac léinn maidir leis an domhan agus na daoine a chónaíonn ann. Cabhraíonn sé chun féachaint ar chur chuige scéalaíoch maidir le tuiscint ar dhrochshláinte agus cuireann sé feachtas ar na saincheisteanna morálta, eiticiúla agus fealsúnachta atá mar chuid lárnach dá gcuid oibre mar liachta agus mar dhaoine leighis. Cur chuige oideachasúil láidir, bunathraitheach atá ann, de réir na taithí atá agam air.

Sna réimsí sin, is féidir leis na healaíona dúshlán a thabhairt do pharaidím na míochaine. Is fiú go mór daonnú a dhéanamh ar thaithí an duine i láthair cúram sláinte, is cuma an laghdaíonn sin fad na

tréimhse a chaitear mar othar cónaitheach nó déine péine nó nach laghdaíonn. Is le maireachtáil atá an saol, ní le cur díot. Is deis shuibhir oideachasúil atá i gceist le húsáid a bhaint as na healaíona chun dúshlán a thabhairt don churaclam míochaine atá bréagnach, neamhdhaonna agus neamhscriofa.

Is éard is dóchúla a tharlóidh ná go mbainfidh na healaíona úsáid as an dá argóint chun a gceird a chur chun cinn taobh istigh den phobal míochaine. Níl ann ach an ceart go bhfiosraítear an é go gcuireann na healaíona cneasú chun cinn ar bhealach níos iomlánaíche nó nach gcuireann. Mar sin féin, is dóigh go mbeadh sé ciallmhar béim chomh láidir céanna, nó níos láidre fós, a chur ar na cúiseanna nach bhfuil bunaithe ar fhianaise gur chóir ealaíon a bheith in ospidéal: timpeallacht scanrúil, fhuar agus chliniciúil a athrú ina timpeallacht inar féidir le hothair dul i ngleic lena dtimpeallachtaí ar leibhéal daonna agus ionbhá.

Ba mhaith liom ruid amháin eile a rá, a imíonn ó mo phríomhthéacs. Mar dhuine a oibríonn i bpobal díothach ach a chónaíonn i gceann de na hoileáin mheánaicmeacha i Lár-Thuaisceart na Cathrach, is minic a fheictear dom nach bhfreastalaíonn na healaíona ach amháin ar na haicmí sin a bhfuil airgead acu. Is é an bhochtaineacht is mó a thuarann drochshláinte. Más mian leis an ealaín difear a dhéanamh ó thaobh na sláinte de, ba chóir dó díriú ar ionaid sláinte i gceantair dhíothacha. Ná bíodh na healaíona ina sampla eile de Dhlí Cúraim Inbhéartaithe Tudor Hart .i. 'tá an gá le cúram sláinte i gcomhréir inbhéartaithe le soláthar cúram sláinte'

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Tá an Dochtúir Austin O'Carroll ag obair mar Dhochtúir Ginearálta i gcleachtas lárchathrach ó 1997 i leith. Díríonn Cleachtas Teaghlaigh Shráid Mhuinseo ar chúram príomhúil a chur ar fáil do ghrúpaí eisiata, ar a n-áirítear daoine gan dídean, eachtrannaigh agus úsáideoirí drugaí. Bhunaigh an Dr O'Carroll Safetynet, eagraíocht líonraithe do ghairmithe sláinte a chuireann seirbhísí cúram príomhúil ar fáil do dhaoine gan dídean. Tá duais buaite aige ó Líonra Teifeach na hAfraice (African Refugee Network) as ucht a chuid oibre le heachtrannaigh agus tá taighde foilsithe aige maidir le héagrotiomachtaí sláinte. Tá sé i mbun dochtúireachta faoi láthair maidir leis na baic a bhíonn ar dhaoine gan dídean teacht ar chúram sláinte. Is comhairleoir caidrimh oile é. Múineann sé daoine faoi oiliúint le bheith ina nDochtúirí Ginearálta agus tá sé sainoile i scileanna cumarsáide agus i bhforbairt phearsanta. Tá úsáid fhorleathan bainte aige as na healaíona agus é i mbun múinteoireachta. Bhí baint ag an Dr O'Carroll freisin leis an ngluaiseacht míchumais agus tá obair déanta aige le heagraíochtaí ealaíon agus míchumais. Tá bailiúchán mór ealaíon aige ag Cleachtas Teaghlaigh Shráid Mhuinseo.

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Emmett Scanlon  
Architecture and Health

Recently, on that Sunday in Farmleigh, it was passionately, persuasively and potently suggested that as the institutions we once respected collapsed around us, the arts remain built on solid ground, undamaged, unbroken, thumpingly thriving, still vital to society's well being. In other words, they are, now that you mention it, very well, thank you.

Some recent coverage of architecture in the media might suggest that the art of architecture is alive and well too, as we excitedly report the continued and hard won international success of our best Irish architects working in cities such as London, Cairo and Milan. However, most media interest has focused on the fact that the profession of architecture has been devastated by the economic collapse of our country, reminding us that architecture has become almost inextricably and indelibly intertwined with the now threadbare construction industry. Architecture's pulse, I would suggest, has noticeably slowed.

Perhaps, in recent years, architects have been more linked to the act of building than the art of architecture. Irish society's focus in terms of our built environment in the last decade, has been on development and growth in an economic rather than in any other sense, and in quantitative rather than qualitative terms. Cemented to the building industry, commodified and marketed, discussed in the property more than any other pages, architecture has not been established as a distinct artistic discipline as clearly as we might have wished. Accordingly, and accepting that the arts have an essential, positive role to play in our daily lives, architecture is perhaps an art which has yet to complete the construction of a proper stage on which to play out this vital role.

Of course, describing architecture as an art is often divisive amongst architects, who may not necessarily consider themselves 'artists'. Referring to architecture as an art may even appear contradictory when arguing for architecture's positive benefits on our well-being. There is a perception that to even discuss architecture as art is to make it more remote, more distant from our daily home or working lives, or it is to over simplify a complex and multifaceted profession. One could imagine however, that by aligning architecture with art, by beginning to discuss more deeply the place of architecture amongst the arts, we might shift our generally-held view of architecture as a commodity and something that is only necessary for planning, legal or contractual reasons, a bonus to bolster an abstract economic value of a property. Our view might look up and out, back towards society and we might consider afresh the role that architecture – as one of the arts – has to play in the social sustainability of our built environment.

Architecture is based on immutable, tangible things such as light, volume, space, structure and material, and at its best, an optimistic and generous view about how we, as a society, might live. Our emotional and psychological well being is entirely and unarguably connected to the quality of our built world, and so using the best architecture to make our built world, should have the best effect on our well-being. To be clear, the built world is not out there somewhere, it is in here, it is the room in which you are sitting as you read these words. It is your kitchen, the garden, it is where you queue in line to pay your tax or buy a stamp, where you sit or stand all day while working, where you watch a film with friends. Whether we care to realise it or admit it, how we organise a collection of rooms together to make a building, how easy or exciting it is to use those rooms for their chosen purpose, how



full of light and air they are, affects how you and I enjoy life, or enjoy each other's company. Our social life is key to our well being and our social life is key to architecture.

The fact that considerable and significant work is being carried out in healthcare or other social settings in Ireland, work where art and architecture are often aligned in a restorative, nourishing role, indicates a strong belief, by those who know, in the social potential of art and architecture and in architecture's ability to positively affect our well being. In such settings, where we are often at our most vulnerable and fragile, the arts are being employed precisely and with purpose. Much work has been undertaken recently to develop design guidelines for our hospice buildings, where the significance of the quality of the spaces we occupy as we live each individual day, are brought sharply into focus. Projects whose sole purpose is to engage with those often ignored by, and on the margins of, society, such as the Sundial House homeless wet-hostel in James St, Dublin by Gerry Cahill architects, uses architecture strategically and in detail to restore some dignity to the lives of each individual who elects to use this place.

Our approach with regard to architecture and health though, could be wider. Our emphasis could be on the concept of health as 'a state of complete physical, mental and social well being not merely the absence of disease or infirmity', as defined by the World Health Organisation. To understand how this might happen, our priority must be to deepen our understanding of the social, emotional and psychological effects of our built environment via research. While these effects seem to be appreciated in healthcare settings, they are much less well understood in our day-to-day world, but it is in the day-to-day world that architecture thrives, its pulse quickening. Perhaps it is this ordinary, everyday world which can provide a setting and a stage for architecture to more precisely do its job, to deliver its lines, to play its part in contributing to our well being. It is certainly time to act.

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Emmett is a director of CAST architecture. Formerly project director at Grafton Architects, Emmett has extensive experience of working with private and public clients on a variety of building types, including primary and secondary schools, public and private housing, and third-level educational buildings. Emmett currently advises the Arts Council on architecture, and in 2008 project-managed a team which carried out research into 'Public Engagement + Architecture in Ireland' on behalf of the Arts Council. A lecturer in Design at UCD Architecture for ten years, Emmett writes regularly for national and international journals, and is, with Sarah Cremin, Irish correspondent for A10, the European journal on architecture.

## Emmett Scanlon Ailtireacht agus Sláinte

Tugadh le fios go fuinniúil paiseanta áititheach i bhFarmleigh ar an Domhnach sin, bíodh is go bhfuil na hinstitiúidí sin a bhíodh meas againn orthu ag titim go talamh thart timpeall orainn, tá na healaíona tógtha ar bhunraith daingean agus tá siad slán gan bhriseadh gan damáiste. Tá rath an domhain orthu agus iad lánriachtanach do leas na sochaí. Is é sin le rá, ó luaigh tú an scéal, go bhfuil siad go han-mhaith ar fad, go raibh maith agat.

D'fhéadfaí a thuiscint ó chuid den chur síos sna meáin go raibh an ailtireacht beo beathaíoch freisin, agus sceitimíní orainn agus muid ag cur síos ar an rath leanúnach idirnáisiúnta a bhí ar ár n-ailtirí is fearr agus iad ag obair i gcathracha mar Londain, Chaireo agus Milano, agus ní gan dua a d'éirigh leo. In ainneoin sin is uile, tá formhór na meán ag díriú ar an gcaoi ar thug cliseadh eacnamaíoch na tíre buille na tubaiste don ailtireacht, agus iad ag tabhairt le fios dúinn go bhfuil cás na hailtireachta fite fuaite go dlúth daingean le cás an tionscail tógála atá in ísle brí. Déarfainn go bhfuil moill tagtha ar chuisle na hailtireachta.

B'fhéidir gur tharla sé le blianta beaga anuas go raibh baint níos mó ag ailtirí le hobair thógála ná le healaín na hailtireachta. Is léir ó thaobh na timpeallachta tógtha de gur leag sochaí na hÉireann béim le deich mbliana anuas ar fhás agus ar fhorbairt eacnamaíochta seachas ar aon fhorbairt eile, agus ar cheisteanna cainníochta seachas ceisteanna cáilíochta. Nascadh an Ailtireacht go dlúth le tionscal na tógála, rinneadh tráchtearra di, rinneadh níos mó plé uirthi sna leathanaigh réadmhaoine seachas in aon áit eile, agus níor glacadh léi mar dhisciplín ealaíne faoi mar a d'fhéadfaimis a bheith ag súil leis. Dá réir sin, agus má ghlacaimid leis go bhfuil ról dearfa lánriachtanach ag na

healaíona inar saol laethúil, is dócha gurb ealaín í an ailtireacht nach bhfuil ardán ceart tógtha aici fós chun an ról ríthábhachtach seo a chleachtadh.

Dar ndóigh is rud conspóideach é ealaín a thabhairt ar ailtireacht óir tá ailtirí ann agus b'fhéidir nach nglacfaidís leis gur 'ealaíontóir' iad féin ar chor ar bith. D'fhéadfadh an chosúlacht a bheith ar an scéal gur rud frithráiteach é a rá gurb ealaín í an ailtireacht nuair a bhítear ag maíomh go ndéanann sí ár leas. Measann daoine áirithe má dhéantar plé ar ailtireacht mar ealaín go mbeidh sí níos scoite amach ónár saol baile nó ár saol oibre, nó go ndéanann sé róshimpliú ar ghairm atá coimpléascach ilghnéitheach. D'fhéadfadh duine a shamhlú, áfach, dá ndéarfaí gurb ealaín í an ailtireacht, agus dá ndéanfaí plé níos doimhne ar áit na hailtireachta i measc na n-ealaíon, go bhféadfaimis athrú a dhéanamh ar an tuiscint a bhíonn ag a lán daoine gur tráchtearra í an ailtireacht agus nach bhfuil sí riachtanach ach amháin i gcomhair cúrsaí pleanála, dlíthiúla nó conartha, agus gur rud breise í a chuirfeadh le luach réadmhaoine. D'fhéadfaimis breathnú suas san aer agus amach ar an saol agus siar arís ar an tsochaí, agus d'fhéadfaimis breathnú athuair ar an ról atá ag an ailtireacht – mar cheann de na healaíona – ó thaobh inbhuaine ár dtimpeallachta tógtha.

Tá an ailtireacht bunaithe ar rudaí do-athraitheacha inbhráite mar sholas, toirt, spás, struchtúr agus ábhar agus bíonn dearcadh fial soirbh le sonrú san ailtireacht is fearr ar an chaoi a bhféadfaimis maireachtáil mar shochaí. Ní féidir a shéanadh go bhfuil ár leas mothaitheach agus síceolaíoch nasctha go hiomlán le cáilíocht na timpeallachta tógtha ina mairimid, agus ar an ábhar sin má úsáidimid an ailtireacht is fearr chun ár dtimpeallacht

a thógáil ba chóir go mbeadh an tionchar is fearr aici sin ó thaobh ár leas a dhéanamh. Ní mór a bheith soiléir faoin scéal. Níl an timpeallacht thógtha le fail in áit éigin amuigh ansin. Tá sé sa seomra ina bhfuil tú i do shuí anois agus tú ag léamh na bhfocal seo. Tá sé i do chistin, sa ghairdín. Tá sé san áit ina seasann tú i líne chun do chuid cánach a fóc nó chun stampa a cheannach. Tá sé san áit ina mbíonn tú i do sheasamh nó i do shuí nuair a bhíonn tú ag obair agus san áit ina mbreathnaíonn tú ar scannán le do chairde. Is cuma má bhacaimid lena thuiscint nó lena admháil nó nach mbacaimid, ach bíonn tionchar ag an gcaoi a neagraímid seomraí éagsúla le chéile chun foirgneamh a chruthú ar cé chomh héasca nó cé chomh spreagúil is atá sé na seomraí sin a úsáid chun na críocha sin ar ceapadh iad. Bíonn tionchar ag an méid solais agus aeir atá sna seomraí sin ar an taitneamh a bhaineann mise agus tusa as an saol, agus ar an taitneamh a bhainimid as bheith i gcomhlúadar a chéile. Is é ár saol sóisialta eochair ár leasa agus is í an ailtireacht eochair ár saoil shóisialta.

Tá mórchuid obair shuntasach á déanamh in ionaid chúram sláinte agus in ionaid shóisialta eile in Éirinn ar áiteanna iad ina bhfuil ról cothaitheach athnuachana tugtha don ealaíon agus don ailtireacht iontu, agus is léir uaidh sin go bhfuil creideamh daingean ag na daoine sin atá ar an eolas faoi go bhfuil cumas sóisialta ag ealaín agus ag ailtireacht agus gur féidir le hailtireacht ár leas a dhéanamh. Is minic a bhímid in ísle brí agus leochaileach in áiteanna mar sin agus is díreach chun na críocha sin a úsáidtear na healaíona iontu. Rinneadh mórchuid oibre le déanaí chun treoirilínte deartha a fhorbairt i gcomhair

ár bhfoirgneamh ospíse, áit a léirítear go soiléir an tábhacht a bhaineann le cáilíocht na spásanna sin a mbímid ag maireachtáil iontu gach lá. Tá tionscadail áirithe ann arb í an phríomhaidhm atá acu ná cabhrú leo siúd atá ar imeall na sochaí agus a ndéantar dearmad orthu go minic. Sampla amháin de na tionscadail sin é an brú i gcomhair meisceoirí gan dídean i Sráid San Séamas. Sundial House a thugtar air. Ba iad na hailtírí Gerry Cahill a dhear é agus d'úsáid siad an ailtireacht go straitéiseach agus go mionsonrach chun roinnt dínite a thabhairt ar ais do gach duine a thograíonn an áit sin a úsáid.

D'fhéadfaimis cur chuige níos leithne a bheith againn maidir le hailtireacht agus sláinte. Ba chóir dúinn béim a leagan ar choincheap na sláinte a léiríonn an Eagraíocht Dhomhanda Sláinte nuair a deir siad gurb é atá sa tsláinte ná 'staid maidir le folláine iomlán fisiciúil, mheabhrach agus shóisialta murab ionann agus easpa galair nó easláinte'. Más mian linn a thuiscint cén chaoi a bhféadfadh sin tarlú, caithfimid tús áite a thabhairt do thaighde chun tuiscint níos doimhne a fháil ar an tionchar atá ag an timpeallacht thógtha ar chúrsaí sóisialta, mothúchánacha agus síceolaíocha. Bíodh is gur cosúil go dtuigtear na torthaí sin in ionaid chúram sláinte, ní thuigtear chomh maith sin iad sa ghnáthshaol laethúil. In ainneoin sin is uile is sa ghnáthshaol sin a bhíonn rath ar an ailtireacht agus go gcuirtear dlús faoina cuisle. B'fhéidir gurb é an gnáthshaol laethúil sin an áit inar féidir leis an ailtireacht a jab féin a dhéanamh, a bhfuil le rá aici a fhógairt, agus a cion féin a dhéanamh trínár leas a dhéanamh. Cinnte, tá sé sin tábhachtach beart a dhéanamh.

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Tá Emmett ina stiúrthóir ar CAST architecture. Bhíodh Emmett ina stiúrthóir tionscadail ar Grafton Architects agus tá taithí fhorleathan aige ar obair le cliant idir phríobháideach agus phoiblí agus ar réimse cineál foirgneamh, lena n-áirítear bunscóileanna agus meánscoileanna, tithíocht phríobháideach agus phoiblí mar aon le foirgnimh oideachasúla tríú leibhéal. Tugann Emmett comhairle faoi láthair don Chomhairle Ealaíon maidir le cúrsaí ailtireachta agus bhí sé ina bhainisteoir tionscadail ar fhoireann a rinne taighde in 2008 ar 'Rannpháirtíocht an Phobail le hAiltireacht in Éirinn' thar ceann na Comhairle Ealaíon. Bhí sé ina léachtóir deartha ag an gColáiste Ollscoile, Baile Átha Cliath ar feadh deich mbliana agus scríobhann sé go rialta i gcomhair irisí náisiúnta agus idirnáisiúnta. Is é féin agus Sarah Cremin comhfhreagrathie na hÉireann de chuid na hirise Eorpaí faoin ailtireacht, A10.

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## Mary McAuliffe

### HE+ART—Celebrating the Diversity of Arts and Health Practice in Sligo

As we move into more uncertain and difficult times for the arts in Ireland arts and health practice remains a vital and dynamic aspect of Sligo’s cultural ecology. The Sligo model demonstrates the value of embedding partnership relationships between local authorities and the HSE, which in turn supports the commissioning of artists, innovation and a wider understanding of the value of arts and health practice.

Adopting a strategic approach to the development of arts and health practice is vital in order to address issues of sustainability, mainstreaming projects, maximising resources and integrating learning to inform policy and practice. This can be achieved on a phased, incremental basis, if key local stakeholders come together and work as partners to create opportunities for cross sector involvement. However, to really succeed arts and health projects require public service buy in from the HSE and the local authorities. In Sligo, we started with one project and grew from there; the Maugherow Pilot Project (1998–2001) provided the initial focus to bring people together and acted as catalysts in the formation of important cross-sector relationships through the sharing of knowledge and skills.

Projects can then be used to demonstrate the positive impact of arts and health work on the ground for service users, their families and the broader community, which in turn can motivate key stakeholders to expand into new health care and community settings. Furthermore, the life-enhancing capacity of arts and health practice provides an effective advocacy tool to influence thinking and build support within the HSE and local authorities.

In Sligo setting up the Arts and Health Steering Group marked a second phase in the development of cross-sector collaboration. Members of the steering group brought a wide range of expertise, ideas and perspectives to the table. Group meetings encouraged effective communication across and between branches of the same sector. New linkages were formed across a range of resource organisations, which led to an improved range of approaches and a diversity of programming in the county.

Secondly, in 2006, Orla Moloney was commissioned by the steering group to examine:

- international research on the role of the arts in maintaining and improving health and social gain;
- the impact of Sligo’s arts and health programme on participating stakeholders, how the effects of these programmes coincided with outcomes elsewhere, how they fitted in relation to local, regional and national policies;
- how partnership could maximise the potential for the organisation and delivery of arts and health programmes in Sligo and the North West in the future.

The research found that the principles of equity, individual contribution and quality artistic input, as well as person-centered approaches to making art that were not therapy focused were central to the Sligo approach.

On the ground, the application of these principles continues to impact positively on the mental and physical health of participants. The partnership model is facilitating a more human and holistic engagement with service users where they are understood by their families and care staff in terms of their ability and talent as opposed to merely being seen as ‘clients’.

Our understanding of arts and health practice is developing and changing as we evolve and this is bringing its own improvements for all concerned. A good example of this is tackling the ‘professional isolation’ artists often experience in planning and delivering arts and health projects.

Artists need a forum where they can share their experiences and approaches and also discuss issues of concern that might arise from time to time. In Sligo, these issues were highlighted through the research process and they are being addressed now through an annual artists' forum. This forum is building its own links with care staff and health professionals through organised talks and presentations.

Artists are reaching new levels of understanding of the shared nature of their interaction with participants. For a long time many of the artists involved felt they were doing all the 'giving' at workshop sessions, but this is changing - many now acknowledge that the process is an 'exchange' where conversations and work produced by the participants can and are informing the artists own work and practice. This is being achieved through high quality exchanges and building relationships based on respect and potential. A more recent development enables artists to share their own work and practice with participants and care staff created in response to workshops throughout the year.

In Sligo, lead partners pool resources and this is increasing the number of commissions for artists and the number of new spaces for the practice of arts and health. The range of professional development opportunities for artists, health professionals and care staff has improved and new innovations, such as open platform events to share experience and discuss practice, have emerged.

The person-centered approach to arts and health practice in Sligo is enabling people to contribute in a significant way to meet their own creative and health needs and this in turn is making the task of promoting a wider understanding of the value of arts and health much easier.

The decision by the steering group to develop an agreed policy and strategic framework for arts and health based on common values is impacting in a significant way on arts and health practice in Sligo and was undoubtedly one of its most far reaching and important decisions. The consultation involved in the development of the strategy, coupled with the research and the production of the strategy itself created confidence and a sense of achievement within the local arts and health sector that was inclusive and created shared ownership. This process provided the steering group with the transformative element that won hearts and minds at senior management levels within the HSE and the Sligo Local Authorities.

The launch of *HE+ART A Participatory Arts and Health Strategy for Sligo (2007-2012)* which was endorsed by the two lead public service partners the HSE and the Sligo Local Authorities remains a high point for the local arts and health sector. It reflects the diverse nature of the sector, its vitality and its strength. It also illustrates the importance of embedding relationships early on and that working together enhances not only the lives of others but also our own.

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Mary McAuliffe has worked in a variety of sectors including education, business, the arts and the public service. For over a decade she has worked within Local Government in the field of arts policy and planning where she has been to the fore in leading ground breaking initiatives in arts and health, public art, youth arts and music development. A central focus of her work is the development of high quality arts participation programmes delivered in partnership with key stakeholders. In the field of Arts and health her work in Sligo has brought strategic rigor and a policy focus towards the goal of establishing an Arts and Health Partnership for the city and county and the publication of *HE+ART An Arts and Health Participation Strategy for Sligo*. In 2007, she was seconded to develop an integrated culture-led strategy to support the regeneration of Sligo North East inner city. Mary worked for Waterford Corporation as Arts Officer from 1995 – 1997. She joined Sligo County Council in 1997.

Copies of HE+ART can be obtained from Sligo Arts Department, Sligo County Council  
email: [sleavy@sligococo.ie](mailto:sleavy@sligococo.ie)

For publications relating to the Maugherow Intergenerational Arts Project please see [www.sligoarts.ie](http://www.sligoarts.ie)

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Mary McAuliffe  
Ceiliúradh Éagsúlacht Chleachtas na nEalaíon  
agus Sláinte i Sligeach

Bíodh is go bhfuil saol deacair éiginnte ann ó thaobh na n-ealaíon in Éirinn, gné fuinniúil de shaol cultúrtha Shligigh is ea iad na healaíona agus cúrsaí sláinte. Léiríonn scéal Shligigh an luach a bhaineann le dlúthchuid a dhéanamh den chaidreamh idir na húdaráis áitiúla agus FSS, trína dtugtar tacaíocht do choimisiúnú ealaíontóirí, don nuáil agus do thuiscint níos leithne ar luach na nealaíon i gcúrsaí sláinte.

Tá sé ríthábhachtach cur chuige straitéiseach a ghlacadh i leith fhorbairt na n-ealaíon agus cúrsaí sláinte má táthar chun aghaidh a thabhairt ar cheisteanna inbhuanaitheachta, tionscadail a phríomhshruthú, acmhainní a uasmhéadú agus foghlaim a chomhtháthú chun go mbeidh sé mar bhunsraith faoi bheartas agus chleachtas. Féadfar é sin a bhaint amach ar bhonn céimneach incriminteach má thagann na páirtithe leasmhara áitiúla le chéile agus má oibríonn siad mar chomhpháirtithe chun deiseanna a chruthú i gcomhair rannpháirteachas tras-earnála. Má tá rath ceart le beith ag tionscadail a bhaineann leis na healaíona agus cúrsaí sláinte, ní mór do FSS agus do na húdaráis áitiúla glacadh leo. Thosaíomar le tionscadal amháin i Sligeach agus d'fhás sé uaidh sin. Ba é Tionscadal Píolótach Machaire Eabha (1998 – 2001) a spreag daoine le teacht le chéile agus bhí sé ina spreagthóir chun caidreamh tábhachtach tras-earnála a chruthú trí scileanna agus eolas a mhalartú.

Is féidir tionscadail a úsáid ansin chun dea-thionchar na n-ealaíon agus obair sláinte a léiriú go praiticiúil do lucht úsáidte na seirbhísí, dá dteaghlach agus don phobal níos leithne, agus féadfaidh sé sin na príomhpháirtithe leasmhara a spreagadh chun an cleachtas a leathnú

amach go hionaid nua cúram sláinte agus pobail. Lena chois sin, ós rud é go bhfuil an cumas ag cleachtas na n-ealaíon agus cúrsaí sláinte chun dálaí maireachtála a fheabhsú, cruthaíonn sé sin deis éifeachtach aighneachta le dul i gcionn ar dhearcadh FSS agus na n-údarás áitiúil agus iad a spreagadh le tacú leis an obair.

Ba í an dara céim maidir le forbairt an chomhoibrithe thras-earnála i Sligeach na bunú Ghrúpa Stiúrtha na nEalaíon agus Sláinte. Bhí réimse leathan saineolais, smaointe agus dearcaí ag baill an ghrúpa stiúrtha. Spreag cruinnithe na ngrúpaí éagsúla cumarsáid éifeachtúil idir brainsí na hearnála céanna agus i measc na mbrainsí féin. Cruthaíodh naisc nua i measc réimse eagraíochtaí acmhainne sa chaoi is go raibh réimse cur chuige níos fearr ann agus breis éagsúlachtaí maidir le planáil sa chontae. Ansin, choimisiúnaigh an grúpa stiúrtha Orla Moloney in 2006 chun na nithe seo a leanas a iniúchadh:

- taighde idirnáisiúnta faoi ról na n-ealaíon maidir le sláinte agus dul chun cinn sóisialta a choinneáil agus a fheabhsú;
- tionchar clár ealaíon agus sláinte Shligigh ar na páirtithe leasmhara rannpháirteacha, an chaoi a raibh tionchar na gclár sin ar aon dul le tionchar in áiteanna eile, agus an chaoi ar luigh siad le beartais áitiúla, réigiúnacha agus náisiúnta;
- an chaoi a bhféadfadh comhpháirtíocht uasmhéadú a dhéanamh ar an gcumas atá san eagraíocht cláir faoi na healaíona agus cúrsaí sláinte a sholáthar i Sligeach agus san Iarthuaisceart amach anseo.

Léirigh an taighde go raibh prionsabail na cothroime, sciár an duine aonair agus

ionchur ealaíne ardchaighdeán mar aon le cineálacha cur chuige maidir le cruthú ealaíne, a bhí dírithe ar an duine agus nach raibh dírithe ar chúrsaí teiripe, ina ngnéithe lárnacha de chur chuige Shligigh.

Bíonn dea-thoradh i gcónaí ar chur i bhfeidhm na bprionsabal sin ar shláinte aigne agus coirp na rannpháirtithe. Cabhraíonn an córas comhpháirtíochta le dul i ngleic ar bhealach níos daonna agus níos iomlánaíche le lucht úsáidte na seirbhíse sa chaoi go bhféachann a dteaghlach agus a bhfoirne cúraim ar a n-inniúlachtaí agus a dtallanna seachas breathnú orthu mar ‘chliant’.

Tá tuiscint níos fearr á fáil againn i gcónaí ar na healaíona agus ar chleachtas sláinte agus tá an scéal ag athrú de réir mar a dhéanaimid dul chun cinn, rud a chuireann feabhas ar gach duine lena mbaineann sé. Sampla maith de sin is ea an chaoi a dtéann sé i ngleic leis an ‘aonarú gairmiúil’ a airíonn ealaíontóirí nuair a bhíonn siad ag pleanáil tionscadail ealaíne agus sláinte.

Ní mór fóram a bheith ag ealaíontóirí inar féidir leo labhairt faoin taithí atá acu agus plé a dhéanamh ar rudaí a d’fhéadfadh teacht chun cinn ó am go céile agus a bheadh ina n-ábhair imní acu. Tháinig na saincheisteanna sin chun cinn i Sligeach tríd an bpróiseas taighde agus tá aghaidh á tabhairt orthu anois i bhfóram bliantúil na n-ealaíontóirí. Tá a chuid naisc féin á gcruthú ag an bhfóram sin le foireann chúraim agus le gairmithe sláinte trí chainteanna agus léirithe eagraithe.

Tá tuiscint níos fearr á fáil ag ealaíontóirí ar nádúr comhroinnte na hidirghníomhaithe atá acu le rannpháirtithe. Mheas na healaíontóirí ar feadh tamall maith gurbh iad féin an dream a bhí ag soláthar gach rud ag na seisiúin cheardlainne, ach tá an scéal sin ag athrú agus aithníonn a lán acu anois gur ‘malartú’ a bhíonn ar siúl agus gur féidir le caint agus obair na rannpháirtithe dul i gcionn ar obair agus ar chleachtas na nealaíontóirí féin, rud atá ag tarlú. Tá sé seo á bhaint amach trí chumarsáid ardcháilíochta agus

trí chaidreamh bunaithe ar mheas agus ar acmhainneacht. Cuireann ceann de na forbairtí is déanaí ar chumas ealaíontóirí a gcuid oibre agus a gcleachtais féin a roinnt leis na rannpháirtithe agus leis an bhfoireann chúraim. Rinneadh an fhorbairt sin mar fhreagra ar cheardlanna i gcaitheamh na bliana.

Roinneann na príomh-chomhpháirtithe a gcuid acmhainní le chéile i Sligeach agus dá bharr sin tá méadú ag teacht ar líon na gcoimisiún a dtugtar d’ealaíontóirí agus líon na n-áiteanna ina mbíonn na healaíona agus sláinte á gcleachtadh. Tá méadú tagtha ar dheiseanna forbartha gairmiúla i gcomhair ealaíontóirí, gairmithe sláinte agus foirne cúraim agus tá rudaí nuálacha ann anois mar na himeachtaí oscailte inar féidir le daoine an taithí agus an cleachtas atá acu a phlé le chéile.

Tá an cur chuige maidir leis na healaíona agus sláinte atá dírithe ar an duine ag cur ar chumas daoine a riachtanais chruthaitheacha agus sláinte a shásamh ar bhealach suntasach agus cabhraíonn sé sin go mór chun tuiscint níos fearr a scaipeadh faoi luach na n-ealaíon agus na sláinte.

Bheartaigh an grúpa stiúrtha creat comhaontaithe beartais agus straitéise bunaithe ar luachanna coitianta a fhorbairt agus bhí tionchar suntasach ag an gcinneadh sin ar na healaíona agus ar an tsláinte i Sligeach. Níl amhras ar bith ann ach gurbh é sin an cinneadh ba thábhachtaí agus ba mhó tionchar dá ndearna siad. Bhí sé riachtanach taighde a dhéanamh agus dul i mbun comhairle chun an straitéis a fhorbairt, agus chruthaigh na nithe sin muinín agus an tuiscint go raibh éacht déanta acu in earnáil na n-ealaíon agus na sláinte. Bhraith siad go léir é agus bhíodar bródúil as. Chuir an próiseas seo ar chumas an ghrúpa stiúrtha dul i gcionn ar dhaoine sinsearacha bainistíochta i FSS agus in Údarás Áitiúla Shligigh. Ba é buaicphointe na hearnála ealaíon agus sláinte áitiúla ná seoladh HE+ART Straitéis Rannpháirtíochta na nEalaíon agus na Sláinte do Shligeach (2007-2012) agus an chaoi ar ghlac príomh-

chomhpháirtithe na seirbhíse poiblí, FSS agus Údarás Áitiúla Shligigh léi. Léirítear beocht, neart agus éagsúlacht na hearnála sa straitéis. Léirítear freisin a thábhachtaí

is atá sé caidreamh a chruthú go luath agus go gcuireann sé feabhas ar do shaol féin agus ar shaol daoine eile má oibríonn tú i gcomhpháirt leo

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D'oibrigh Mary McAuliffe in eárnálacha éagsúla, lena n-áirítear oideachas, gnó, na healaíona agus an tseirbhís poiblí. Tá breis agus deich mbliana caite aici ag obair leis an Rialtas Áitiúil i réimse bheartas agus phleanáil na nealaíon áit a raibh sí chun tosaigh ag treorú tionscnamh úrscothach sna healaíona agus sláinte, ealaín poiblí, ealaíon na n-óg agus forbairt ceoil. Díríonn sí den chuid is mó ar clár ardchaighdeán rannpháirtíochta sna healaíona a fhorbairt, a gcuirtear ar fáil iad i gcomhpháirt le príomhpháirtithe leasmhara. Bhí beachtas straitéiseach ag baint le hobair Mary i réimse na nEalaíon agus na Sláinte i Sligeach agus bhí beartas aici a bhí dírithe ar Comhpháirtíocht na nEalaíon agus na Sláinte a bhunú i gcomhair an bhaile agus an chontae, agus ar fhoilsiú *HE+ART Straitéis Rannpháirtíochta na nEalaíon agus na Sláinte do Shligeach*. Tugadh ar íasacht í in 2007 chun straitéis chomhtháite bunaithe ar chultúr a fhorbairt le tacú le hathnuachan an cheantair thoir thuaidh i lár bhaile Shligigh. D'oibrigh Mary mar Oifigeach Ealaíon le Bardas Phort Láirge idir 1995 agus 1997. Chuaigh sí ag obair le Comhairle Contae Shligigh in 1997.

Féadfar cóipeanna de HE+ART a fháil ó Rannóg Ealaíon Shligigh, Comhairle Contae Shligigh  
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Chun teacht ar fhoilseacháin faoi Thionscadal Ealaíon Ghlúin go Glúin Mhachaire Eabha, féach [www.sligoarts.ie](http://www.sligoarts.ie)



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