The Suttie Arts Space

Grampian Hospitals Art Trust

Making connections

Evaluation Report on the Suttie Arts Space 2014 -2016

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Executive Summary

Introduction

GHAT commissioned an evaluation study of The Suttie Arts Space and requested that stories of venue use should form the central focus of the evaluation.

The evaluation plan assumed three areas of broad interest:

a. venue use
b. perceptions of venue and
c. perceptions of art exhibited within the venue.

Method

The primary research tool was the narrative interview. Twelve participants were self-selected and represented three groups: stakeholders, artists and visitors (inpatient and outpatient). In-depth narrative interviews were conducted, transcribed and analysed.

Additional sources of evidence, gathered over the 10 months, supplemented the findings of interviews. These sources included over 250 invigilator entries and visitor comment sheets. In addition, email correspondence took place with those who chose not to be interviewed but wanted to share their views. Finally, attendance at monthly GHAT meetings, alongside regular visits by the researcher to The Suttie Arts Space, ensured context for the findings.

Findings

The Suttie Arts Space was overwhelmingly described positively. This preliminary evaluation uncovered three themes: *a refuge or bubble of peace*; *making connections* and *contemporary ambiguity*. Over time, it was clear that GHAT as a whole grew and evolved. The first theme remained constant. The theme 'making connections' was clarified as having two sub-themes: making connections *at an individual and at a community level*. The third theme collated the concept of nurturing portrayed by visitors with respect to supporting The Suttie Arts Space.

The notion of The Suttie Arts Space as a refuge was especially strong in visitor perceptions. Furthermore visitors were increasingly accepting The Suttie Arts Space as somewhere they felt connected to, as well as making connections to individual exhibits within exhibitions. There was a recognition of the value of the 'Space' and a clear desire to promote and protect it. Finally, artists who are connected to The Suttie Arts Space also appreciated the venue's uniqueness and much valued the opportunity to be exposed to its unique audience.

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Part 1 Introduction to the report

GHAT – the organisation and scope of the evaluation project

Grampian Hospitals Art Trust (hereafter referred to as GHAT) started as the Aberdeen Hospital Art (ARI) Project over 30 years ago. Since then the charity, gaining Trust status in 1991, has continued to evolve to promote the idea of a 'healing environment'. The original exhibition space was on the lower ground floor of Aberdeen Royal Infirmary. The art GHAT provides can now be seen in NHS buildings across the North East of Scotland, encompassing Aberdeen city, Aberdeenshire and Moray; in wards, hospital corridors, waiting rooms - and currently also in His Majesty's Theatre in Aberdeen. As well as the commissioning, maintenance, preservation and curating of an extensive collection of art, GHAT also manages the ArtRoom projects. This branch of GHAT's work brings together patients, visitors and families with artists in Roxburghe House (a specialist palliative care unit), Woodend Hospital, Royal Aberdeen Children's Hospital and Royal Cornhill Hospital.

All GHAT projects are funded by grants. Grants also largely pay GHAT staff and the team of artists. As of April 1st 2016 GHAT employed eleven people, of which nine are creative professionals artists/writers or curators. There are also four ArtRoom cover/bank artists. There are thirteen artists' commissions (this includes the exhibitions). Two more artists will be employed in the next couple of months for projects in Dr Grays in Elgin and Inverurie.

By September 2013 GHAT had raised a substantial amount of money, much of which was donated by Dorothy and Ian Suttie, supplemented by NHS Grampian Endowments and a grant from Creative Scotland, to create:

> *A purpose-built new centre to deliver excellence in arts and health, enabling us to create, present and debate meaningful work– and provide a welcoming place to intrigue, inspire, relax and engage our diverse range of users and visitors.*

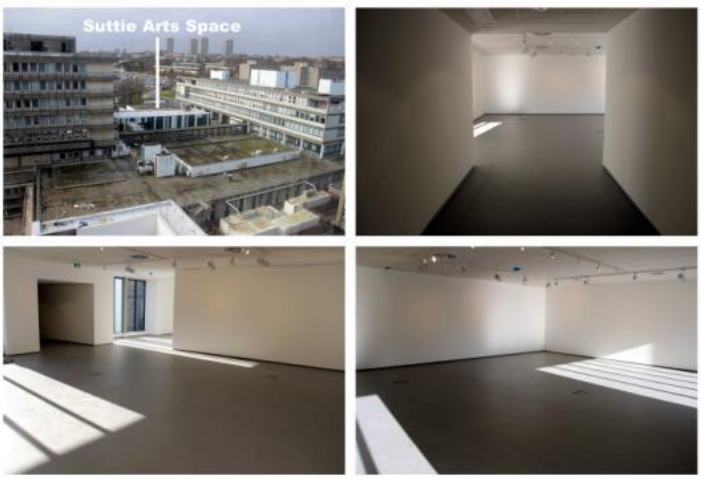

Figure 1 The Suttie Arts Space (photo GHAT)

The centre became The Suttie Arts Space, which is the focus of this evaluation. Since the opening of The Suttie Arts Space GHAT has made successfully bids for a number of funds and grants, e.g.: £17k from Creative Scotland in December 2015. These funds help to ensure new art work is commissioned, support artists and enable the Suttie Arts Space to offer a programme of exhibitions for the benefit of staff, patients

and visitors. GHAT's portfolio of projects is a unique venture and this public gallery, The Suttie Arts Space, which is open 24/7, is the first purpose-built art gallery in any NHS facility anywhere in the UK.

In GHAT's own words, The Suttie Arts Space hopes to provide an exhibition venue with a broad, unique brief in a hospital-based venue:

> *….an ambitious programme of arts to welcome all individuals, inclusive of patients, visitors and NHS staff, and a catalyst in which to develop projects across the whole of NHSG and the North East.*
>
> *….[GHAT] aims to be creative, effective, supportive, open and interactive. The Suttie Arts Space allows GHAT to support ambitious and high quality arts practice, and disseminate current arts practice for an audience within the North-East.*
>
> *We aim to support artists to produce new work for exhibition as much as is possible. Working with artists enables us to develop a positive relationship with them……[providing] .support and opportunities for artists in Aberdeen and beyond*.
>
> (Taken from GHAT's website, 2015).

Over a period of several months, the evaluation project explored the perceptions of The Suttie Arts Space and the art exhibited within it. Specifically, the evaluation project had three key objectives:

1. Explore the perceived value of art exhibited by GHAT to provide evidence that GHAT is meeting its objectives in terms of The Suttie Arts Space.

2. Collate findings in a manner which is sensitive to both the context and audience, reflecting the high ethical standards set by the British Psychological Society, as well as any local requests[1].

3. Produce a report, which captures the experiences of those exposed to GHAT artwork, in a form which can be shared and distributed as deemed appropriate by GHAT.

The Suttie Arts Space is unique in its focus on commissioning artists to produce new work for a changing exhibition programme in a hospital-based public venue. Consequently, this evaluation and its remit is similarly unique. There are, however, many overlaps with well-established research topics and much contextual information is available, including relevant government policy. The remit of this evaluation report is not an academic one and the report does not intend to provide a detailed literature review, which would be inappropriate in this context. Instead, the following sections of the introduction will offer 'a gentle stroll' through the type of further reading available to the interested reader. Full references are available in the reference list at the end of the report for those interested.

[1] A focus on capturing stories was identified early on in the planning stages.

Art and Individual Well-Being

The connection between art and well-being was established by the Ancient Greeks. The god of healing Asclepius and specifically his staff, with a snake wrapped around it, represents the modern medical profession. Today we can see the connection between Greek art and early medicine in museum pieces. Throughout history there continue to be various examples supporting the art and health link. In World War II art was not only commissioned by the government's War Artists Advisory Committee but also stored away safely. Once a month, paintings would be displayed to raise morale and help citizens be "uplifted and comforted". Fifty years later, research still confirms correlations between art and well-being. For example, large-scale longitudinal Swedish studies found links between the attendance of cultural events and survival (Bygren et al 1996). Explanations for this strong link can be found across the disciplines. From an evolutionary perspective, research has demonstrated a preference for natural landscapes. Why? At one level of analysis, from a biological perspective, research links the human eye's visual sensitivity to green light (Bossomaier, 2012). On a cognitive level, research demonstrates human preference for fractal patterns[2], leading to preference for natural landscapes (e.g.: Forsythe et al, 2011). Such research might then offer some insight into the ongoing popularity of landscape art. Other psychological perspectives link art and creativity to the unconscious, for example Freud (see *On creativity and the unconscious*) and later Jung. The former was interested in manifestations of the unconscious in terms of creativity and the latter explored the notion of a collective unconscious and manifestations of this in symbolism across cultures.

Psychological perspectives have triggered the concept of art therapy as a distinct discipline, which uses art as a medium for communication between client and therapist (Schaverien, 1992). Research has supported the use of art-based interventions in a number of areas. Research examples of successful use of art include work in the following areas: breast cancer treatment, (Thyme et al, 2009), Alzheimer's management (Chancellor et al, 2014), post-operative recovery of cardiovascular patients and acute psychosis (Montag et al, 2014).

On a practical level, Eaude & Matthew (2005) describe lessons learned from artwork groups in an educational setting, working specifically with children with behavioural difficulties. In short, the research linking art to health is multidisciplinary. This can be attributed to the fact that the impact of art is dynamic, connecting and reflecting social, psychological, biological and individual differences. Honing into healthcare aesthetics, Ulrich (1979, 1983, 1991) produced and prompted a large body of work which led to the concept of a "restorative environment" and later the "attention restoration theory" (Kaplan and Kaplan, 1989).

There is no shortage of research supporting the use of art in healthcare: for example, Wilstrom et al (2012) offer evidence to suggest that anxiety and depression can be alleviated if art is visible in a ward. On a more local level, GHAT published "The Healing Environment" outlining the ways in which GHAT links this well-established body of work to the NHS Grampian.

[2] A geometric pattern repeated at ever-smaller scales to produce irregular shapes and surfaces that cannot be represented by standard geometry. Even the most minute details of a fractal's pattern repeat elements of the overall geometric pattern (Free Dictionary).

Art and the Audience

Once the benefits of art to the individual are established, more questions then arise: what kind of art is 'best' and who should it target? What role does the artist play in considering the audience, if at all? Dewey (1934) proposed:

> *…that the creative process does not end when the artist 'completes' the marking. The active engagement of the audience is required to fully realise any work.*
>
> (Dewey, cited in Edmonds, Bilda & Muller, 2009).

What is known about the perception of art? It is a common assumption that art is not classless, and not for 'common people' (a reference to Jarvis Cocker's song of the same name based on his experiences at St Martin's School of Art). Silva (2006) presents a well-argued case against wholesale acceptance of class distinctions of art preferences as outlined by Pierre Bourdieu (1979 La Distinction). Her research offers interesting insights into gender preferences, for example, that men prefer landscape art and also that, whilst it is liked across occupation classes, it is least appreciated by professionals.

Table 1 Taste for Type of Art[a]

Type of art	Like the most (%)	Like the least (%)
Performance	8.3	13.1
Landscapes	47.3	5.9
Renaissance	4.4	4.8
Still lifes	4.6	10.2
Portraits	8.6	4.5
Modern	8.9	39.6
Impressionism	9.3	11.9
None/don't know	8.8	10.1

[a] $N = 1560$.

Figure 2 Art preferences - taken from Silva, 2006

Other research has honed in on preferences of specific groups. A good example is a paper entitled "Artwork I like" by the Paul Hamlyn's Centre for Design (Royal Academy of Art) which examined art preferences of those on the autistic spectrum. However, there are as many answers as there are types of preferences of perceivers and artists as there appear to be research papers in the area. All share a common search for understanding. In this respect, Professor Sir David Weatherall believes clinicians and artists are similar:

> *They are all striving to explore nature, or human nature, and understand its complexities.*
>
> (cited in Staricoff, 2006)

Comparing artists' intentions with the audience response has been another direction of interest (Lahlou, 2011), and there have been a variety of approaches adopted to capture experiences and thoughts as will be described in the next section.

Silva's study (2006) found that only 55% of the general population visits art galleries. Furthermore, with such research, it was possible to suggest that those disinclined to visit art venues prefer landscapes, still life, portraits and performance art. Importantly, using a hospital as curatorial space means art becomes accessible to audiences typically under-represented in cultural engagement, including the disabled and mobility impaired and ethnic minority groups (Ruiz, 2014).

Figure 3 Opening of The Suttie Arts Space (photo Mike Davidson)

How do you evaluate perceptions of art?

Evaluation is critical for any organisation, new or established. A good evaluation facilitates planning processes, so should be forward looking as well as retrospective. Quantitative analysis will inform the organisation of footfall, levels of interest in particular exhibits and so forth. In contrast, a qualitative evaluation can explore and challenge organisational assumptions and offer insight into what and why visitors visit. Since this is a front-end, formative evaluation, the findings should prove useful for longer term planning.

There is a substantial body of academic research addressing the question of how to evaluate perceptions of art, a small selection of which will be offered here. Looking at research conducted in museums and art galleries it can be seen that an innovative and broad range of tools and methods has been adopted.

Museums increasingly want to know how exhibitions are perceived and are progressively shifting towards interactivity. However, evaluation briefs for museums frequently focus on whether these changes are effective. Public art galleries similarly need to ensure best use is made of dwindling government funding. Evaluation reports in both museums and art galleries were found to use undercover observers, surveys, questionnaires, interviews, observations and focus groups.

There is much variation in evaluation budgets and in the evaluator expertise base in this sector. Evaluators are often based in management consultancies where income generation is the high priority; others may be education professionals, medics or specialists in anthropology and psychology. Levels of analysis correspondingly vary. For example, Trondle & Tschacher (2012) conducted a five-year, quantitative hi-tech study of visitors' physiological effects (e.g.: heart rate and galvanic skin response) to different exhibits as they moved around a venue. This allowed a hypothesis regarding famous and 'loud' exhibits to be tested and spatial behaviours to be observed and aesthetic ratings to be correlated with other measures. Art experts might well be dubious of the need to wear specially adapted gloves to understand the impact of art, but such research meets the criteria set by science for statistically significant, reliable data. This is unusual in the field of art and curating.

Less 'scientific' but equally insightful approaches focus on how a visitor *experiences* the art - taking the stance that art perception is a personal and emotional encounter. Such evaluation methods might take a phenomenological approach where the focus is on meaning-making or psychoanalytic perspectives (Moss & O'Neil, 2013). Froggett and Briggs (2012) discuss the merits of such approaches and links to Donald Winnicott's ideas. Recent incarnations of these ideas merge together in Muller et al. (2015) who seek to understand the different layers or 'matrix' of experience for a psychosocial level of understanding. This evaluation places a high value on the individual's experience of the art they see.

There is a smaller pool of interest, which explores the meaning of a space. Gilliat-Ray (2005) wrote:

> *The production of space also implies the production of meaning, concepts and consciousness of space, which are inseparably linked to its physical production. (p. 304)*

This comes from the exploration of a 'sacred space', also within a unique setting, the Millennium Dome. Like this study of The Suttie Arts Space, the research design reflected efforts to minimise intrusiveness. The sources of evidence for the study were semi-participant observations and the use of a comments book by visitors. Eaude and Matthews (2005) also comment on the value of the physical as well as psychological space which art provides. The task for the current project is to gain an insight into the perceptions of the art exhibited and of The Suttie Arts Space itself. The experiences and hospital setting might be inseparable. The stories told by interviewees were not rehearsed, nor directed in any way. Whether the art or The Suttie Arts Space is the focus of stories is of interest – the reason for visiting is likely to arise.

Returning again to research in a healthcare setting, there are two contrasting yet overlapping areas of interest: one which favours a pure science approach and one which takes a step back to embrace the aforementioned individual experience and context. A good example of the former was offered by Staricoff et al (2006) in a study based at the Chelsea and Westminster Hospital in London. Patients in this study were exposed to different forms of art (live music or visual art) in four different clinics, including antenatal and day surgery. To ensure objective, non-biased standardised measures, data was taken from patient notes, e.g.: the amount of induction agents prior to anaesthesia or the length of labour. The research points to clinically significant benefits to subsequent to exposure to art.

Staricoff et al's research however, does not tap into the individual experience. Nor does such research seek to understand context specific findings. Instead, Staricoff and her team looked for general patterns and trends, as befits a positivist epistemology. Despite this, the researchers acknowledge there are clearly benefits to qualitative research. The current research is taken from a qualitative perspective. Qualitative or otherwise, there is no formal evaluation for most art projects in Scottish hospitals (Lankston et al, 2010).

To recap, the literature raises questions, based on the evaluation aims. These include:

- Is The Suttie Arts Space perceived to be a place of well-being?
- Will interviewee stories focus on the 'Space' or the art?
- Will the 'Space' appear to attract a broader audience than might otherwise be expected?
- Do the commissioned artists perceive a different audience and, if so, does this influence their work?
- Will the well-established connection between art and well-being be salient when the art venue is located within in a hospital environment?
- Will the contemporary nature of the art be perceived positively?

The qualitative approach aims to capture the perceived value of art exhibited by GHAT and the venue by listening to the interviewees' stories. How this was achieved, ensuring sensitivity to both context and audience, will be described in the next section.

Part 2 Method

There are many reasons for being in a hospital and often individuals in a quiet space, such as The Suttie Arts Space, may not want to be disturbed. Quantitative research, for a new venture such as The Suttie Arts Space, would aim to be objective, seek carefully managed, representative samples and adopt a standardised approach. But with a quantitative study, what hypotheses could be set? What assumptions would have to be made about a unique space? What *could* be measured *objectively* and meaningfully with a changing programme of innovative art exhibitions? Who would make up an adequately sized sample to collect enough data to permit meaningful statistical interpretation?

The current project set out to collect the stories of those visiting The Suttie Arts Space and this points to a qualitative methodology. No assumptions were made; the project was designed to listen to those associated with The Suttie Arts Space. Such an approach provided a participant-led understanding of what this unique space means to the users, allowing the voices of the users to be heard.

Ethics

It was unclear whether the parameters of the evaluation fell under the NHS ethics policy. Advice was sought from relevant departments, and a full ethical review, later amended to a *partial* ethical review was recommended and applied for. This decision protects NHS staff and hospital users. Whilst GHAT is a *charity* operating a *public* gallery, The Suttie Arts Space attracts both staff and patients and is located on NHS property. Adherence to NHS procedures allowed assurances to be made that the researcher, for example, attended appropriate training in seeking informed consent. All paperwork for public indemnity insurance and paperwork associated with conducting research in a public body was appropriately formatted, signed off and stored in accordance with the Data Protection Acts. Furthermore, checks were made to ensure the researcher was suitably qualified to manage the range of emotions and reactions which might be elicited by interviewees. The Suttie Arts Space visitors might be patients recovering from traumatic surgery, possible coming to terms with chronic or life threatening conditions, as well as recovering or gaining/offering support to lead and maintain a comfortable life; they might be people visiting seriously ill friends or relatives or even be grieving; they might be the surgeons, having had to tell sad news to relatives. The ethics clearance process took over three months at the end of which the researcher was granted an NHS “research passport”: ethical clearance and permission to proceed. The author is a chartered psychologist with the British Psychological Society, working within the professional code of conduct. The NHS guidelines and protocols were no different with respect to ‘best practice’

Advice and reassurance that all paperwork was correctly in place was also sought from the ethics *monitoring* team *before* the project officially commenced.

Positive implications of chosen ethics strategy

- Setting protocols such as a sampling strategy ‘in stone’ has its drawbacks. For example, any changes as a result of this preliminary report would need further approval. This was not necessary, although it would have been a comparatively quick process. This was discussed with monitors and ethics committee representatives to ensure a swift amendment would be possible.
- If the process of seeking ethical, Research & Development, and Site Specific Investigation approval was time-consuming, the process has registered the project within the NHS, set up

good working relationships with key figures in the ethics and research departments - including auditors and offered GHAT a template for the NRES[3] database for future projects.

- Approaching the monitors at such an early stage was an unconventional step but was praised by the ethics department. The Site Investigator file was given a seal of approval and indeed commended.

Participants

An NHS approved poster (Appendix 3) requesting participants to come forward to share their views was located within The Suttie Arts Space. Whilst this meant that only those entering the 'Space' would see the recruitment poster, this reflected the aims of the report, which was to find out how visitors perceived the space. The participant sample was inextricably linked by profession, health or ill health of a relative or friend to the research topics of art and well-being. Stakeholders and artists were included in the preliminary report sample. In total 12 formal interviews were conducted. Interviewees were aged between 21 and 73 years of age. Six men and six women were interviewed, names and identifying features were removed or changed to preserve anonymity of eleven interviewees. David Mach, the patron of GHAT, waived the right to anonymity.

Table 1 Summary of interviews

Category	Interviewees	Total number
Artists	'Easton'** 'Oliver'** 'Rhys'** David Mach	4
Stakeholders	'Oliver'** David Mach	2
Patients	'Pip'** 'John'	2
Visitors	'Louise' 'Gus' (formally patient)** 'McKenzie'	3
Staff	Matilda Felix	2
Total		12

David Mach and Oliver were interviewed as stakeholders, but are also professional artists.
** These interviews were included in the preliminary report.

Procedure

On contacting the researcher, all participants were provided with a consent form and participant information sheet (see appendices 2 & 3). If participants were still keen to take part, a date for the interview was set. Interviews took between one and 3.5 hours and were unstructured/semi-structured: see section below. All interviews were recorded and fully transcribed. One carefully crafted question was

[3] National Research Ethics Service

asked of each interviewee to encourage the telling of their story. The question omitted any value–laden words and asked interviewees to "start wherever they want". All were told that they would not be interrupted and instead notes were made to ask follow up questions. This interview style is an adaptation of Wengraf's (2007) biographic narrative interpretative method and adapted from the author's previous use (McDougall, 2013). The narratives captured individuals' feedback, reactions and personal stories - essentially stories of their experience connecting them to the art and/or The Suttie Arts Space. The contextualisation through narrative rather than traditional interviews was considered necessary to reflect the unique setting and unique circumstances in which patients, visitors and/or staff might find themselves. It was recognised that the circumstances of a visit to The Suttie Arts Space might have been stressful, as opposed to a purposeful visit such as to an art gallery or museum. This open narrative approach allowed the individuals to choose which points of the visit they wanted to share, that they thought were important and explain why. Four of the interviewees were also shown pictures, or walked round the Aberdeen Arts Society artwork to trigger further narrative; two were also shown pictures, or walked round the H_2O exhibition.

Once the individual had concluded their narrative, any relevant points of interest were picked up and explored further. For a list of relevant questions, see appendix 1.

After the first five interviews, a preliminary report was presented to GHAT. There was positive feedback was on the so-called 'Pen Pictures' (the interviewees' stories) and GHAT also made the request to capture the perceptions of visitors, rather than more artists/stakeholders. One further interview with an artist had just been conducted. This was therefore not transcribed and not included in the sample set.

Why listen to stories?

The written word is a relatively new addition to our culture; the human species has a far longer history of story-telling. Communicating ideas and experiences verbally is natural (Lieblich et al 1998) but also captures sense-making in progress, especially when the interviewee 'thinks aloud'. Therefore, when a story is told for the first time, it is not unusual for it not to follow a linear path. Furthermore, on the way the narrative may twist and turn and even end up offering contradictory views. Sense-making in progress is insightful to the trained analyst, as it provides information on an individual's construction of reality. For this evaluation, of specific interest is what the interviewee deems worthy of note, what is salient and memorable and what might be confusing or misunderstood.

The evaluator shied away from a relativist position, instead adopting a middle ground of accepting stories as a socially constructed 'truth'. This fits with DelBanco (2008)'s idea that contemplation of art requires a "slow approach":

> *Each of us can own a painting by looking hard…..each of us can make it part of our own personal history. (p. 153)*

The heavy use of direct quotes from the interviewees' in the Pen Pictures is aimed to help the reader reach their own conclusions, about the interviewee's credibility and the context of the words. This strategy adds to the transparency of the method and its interpretation. Whilst fascinating, the individual's narrative interpretation is outwith the scope of the report, but occasional references to a story's coda or narrative theme were included where it helped to shed light on the interpretation of the interviewee's experience. Focus has been placed on material relevant to the research question - perceptions of The Suttie Arts Space.

The narrative approach is one which allowed the interviewees to lead the direction of the interview. This enabled the interviewees to tell their story, giving them permission to raise issues they felt were important. Once transcribed, the narratives were analysed. Firstly, the individual's narrative was examined, taking a phenomenological approach[4]. The intention being to understand the individual's experience. All interviews were then analysed to group together common themes to address the question: what are the perceptions of The Suttie Arts Space and the art exhibited? To help the reader, Pen Pictures together with extensive descriptions of the interview content were included then followed by the Findings. This rich 'thick' description strategy was aimed to help the reader imagine the characters visiting The Suttie Arts Space and to provide material to be used as seen fit by GHAT.

To minimize subjectivity, an independent researcher, Dr Mary Brown Lecturer Robert Gordon University, validated the thematic analysis.

Additional/background sources of information

Organisational culture

The contract began in May 2015 and much of this first month was spent in The Suttie Arts Space, talking to staff, artists and volunteers to gain an insider's perspective of how the 'Space' worked. This included attending open evenings, lunchtime art classes, making extensive notes of conversations with artists, over and above the interviews and the monthly team meetings. The author also made numerous visits to The Suttie Arts Space at various times of day and night during exhibition times, taking notes of visitor numbers and, later, of how many people walked past. The information gathered contributed to an understanding of how often the space is used and how. This led to an early recommendation that a people counter was installed at the entrance of The Suttie Arts Space.

GHAT provided blank comments sheets for visitors to complete anonymously. The content of these and other anecdotal findings were used to reinforce findings. Stickley (2010) also promotes the idea that evaluations should "reflect the philosophy and ethos" of the organisations. Whilst not explicitly reported, the collection of anecdotal evidence helped the author understand how The Suttie Arts Space was managed and where it fitted in to the overall structure of GHAT.

Literature review

Use of academic literature in this preliminary report has been kept to a minimum and not examined until after the preliminary interview analysis. The reason for this was twofold:

1. It ensured that the focus of what was important to the users of The Suttie Arts Space remained interviewee-led, a grounded theory approach (Corbin and Strauss, 1990).

2. The report met the third objective:

   Produce a report, which captures the experiences of those exposed to GHAT artwork in a form that can be shared and distributed - as deemed appropriate by GHAT.

[4] See https://www.rgs.org/NR/rdonlyres/F50603E0-41AF-4B15-9C84-BA7E4DE8CB4F/0/Seaweedphenomenologyresearch.pdf for a quick overview.

Part 3 Pen Pictures

Pen Picture 1: Gus	visitor/outpatient
Pen Picture 2: Easton	artist
Pen Picture 3: Oliver	artist/stakeholder
Pen Picture 4: Rhys	artist
Pen Picture 5: Matilda	staff
Pen Picture 6: McKenzie	visitor
Pen Picture 7: Neter	visitor
Pen Picture 8: Felix	staff
Pen Picture 9: David Mach	patron and artist
Pen Picture 10: Louise	outpatient's companion (visitor)
Pen Picture 11: Pip	outpatient
Pen Picture 12: John	patient

Pen Picture 1: Gus (visitor/outpatient) – seat and spade required

Gus is a middle-aged professional. He is confident, intelligent and spoke eloquently. Our pre-interview conversation inferred he was well travelled. Whilst not from the art world, his narrative described cultural activities, which included visiting art galleries when on business trips around the world. He has strong opinions on what is 'good' and not-so-good art. Serendipity led him to The Suttie Arts Space. Whilst perhaps not representing the typical demographic of an out-patient, his narrative demonstrated a clear contrast between perhaps perceived perceptions and expected perceptions of the art and its value. Gus' body language was relaxed from the outset. He sat comfortably at the table, leaning back frequently to look upwards as he considered his answers. His opinions were strong and spoken in a way which suggested he firmly believed he was right.

Pen picture 2: Easton (artist) – communicating, meaning-making

A shared taste in an eclectic genre of music helped Easton open up and his story included much depth including comments on his motivations, interests and his future work. He spoke frankly and came across as very genuine and intense. *His* interest in *my* interest sparked a discussion about whether he set out to communicate an idea or emotion in his art. Initially the answer was a strong 'no'. Asking him to expand his answer led him eventually to contradict his original answer – much to his own surprise. This vocalised meaning-making was a fabulous insight. He described the interview as 'therapeutic' and it was certainly one I enjoyed as a researcher and a psychologist.

Pen Picture 3: Oliver (artist/stakeholder) – all around the (colourful) houses

Oliver is a stakeholder and an artist. He has extensive experience of working within the art world and clearly enjoys speaking to people about art generally. This interview was the longest of the six preliminary interviews and included content which captured key elements relevant to the understanding of the art world from the 'inside' as well as many anecdotal mini-narratives, which added further insight into the relative stance of The Suttie Arts Space in relation to other galleries. Whilst paying great attention to what was being asked, it took a little time to move him away from his well-rehearsed discourse. Although unplanned, the use of pictures from the earlier Aberdeen Artists Society exhibition were used to help encourage Oliver to share his personal views. His narrative identified two strands: his 'public' commentary and the narrative, reflecting his personal thoughts and feelings. Both are considered relevant for the purpose of this evaluation. The analysis shed light on the second main theme three, exposing elements of conflict between those *in* the art world and those outside looking in.

Pen Picture 4: Rhys Owens (artist) – pause, connect and stop

Rhys Owens is an artist who has exhibited at The Suttie Arts Space. The interview was scheduled soon after the close of an exhibition, which included his work. The narrative was punctuated with long pauses during which responses to my questions were thought through before vocalising them. Even when more relaxed, the pauses did not completely disappear, although he did begin to vocalise his thoughts, which were insightful. He considered contradictory answers, before settling on his chosen answer. In a couple of instances, he opted to cut short an answer or not to offer an answer at all. This reflectiveness, coupled with an unusual choice of words and phrases, added an insight into the depth of this artist's sense-making, his desire to connect and as well as the tensions that he felt as an artist. There was clear gratitude to GHAT for the opportunity to exhibit and this gratitude was a strong theme from the outset. The narrative also identified the artist's values, preferences and beliefs about art and how it might be perceived by the public – and why.

Pen Picture 5: Matilda (staff) – seeking excitement, calm and balance

Matilda, a member of non-medical staff, was very keen to be interviewed. Contrary to this determination to take part, Matilda held back from expanding on her views and opinions during first half of the interview. Her initial story of her experiences of The Suttie Arts Space was very short. Once follow-up questions on her initial narrative were exhausted, images from previous exhibitions were used to help coax more narrative. These helped Matilda open up. Thereafter her stories were infused with a theme of happiness as pictures of exhibits triggered childhood memories. These stories offered an insight into the value of experiences gained in The Suttie Arts Space. She also reflected on how others perceived the 'Space' and why, from her own experience, they chose to visit or not to visit. Such stories within stories offered a useful insider's perspective as Matilda is part of the staff network within the hospital. Her narrative themes of the value of privacy which emerged in these later stories helped me to understand her initial reluctance to elaborate on 'thank you' and 'please keep going'. The thank-you message was also part of another central theme: gratitude for her lot in life. It was of note, too, that Matilda expressed a clear need to achieve balance. On one side she was driven to seek variety through novelty. On the other side, she was also driven to escape this excitement and find '*calmness*'. Matilda perceived the art space as somewhere which offered a workplace-based opportunity for her needs to be met.

Pen Picture 6: McKenzie (visitor) – seeking new places

Mackenzie is an engineer who has recently been made redundant. Initial contact suggested a confident, in control and determined young engineer. During the interview however, it was evident that a combination of events, together with the serious illness of a close friend, had taken its toll. Whilst seeking to remain in control of her emotions throughout Mackenzie appeared to fight back tears when she spoke about her friend. Her willingness to come and talk about her experiences were testament to her determination to seek new opportunities, to be "*useful*", while she had the unexpected free time. The Suttie Arts Space had been a particularly welcome respite after rather emotional visits to a close friend, an inpatient at the hospital.

Pen Picture 7: Neter (visitor) – awesome New Yorker

Neter is a colourful, exuberant teacher who exuded warmth and vitality. She initiated the interview with an email, then called to say that she was very keen to share her delight at finding The Suttie Arts Space. Neter's narrative of her experience was punctuated with occasional pauses, where she considered her thoughts before vocalising them and at other times, she gushed with enthusiasm. Three themes were identified in her narrative: ("*pops of*") colour, sound ("*It just brought* [the abstracts] *to life*") and time, of which there was never enough. Reference to time was notably absent in Neter's descriptions of her experience within The Suttie Arts Space. Frequent reference to colour and sound are not surprising as Neter described herself as an artist, too. Reference to time was assumed to reflect either a pre-existing deep-seated value or Neter's awareness of her short time left in Scotland, the latter reflecting a comment she made before the interview began. Either interpretation: time as being usually important because she is a choreographer and dancer or, simply salient because of her imminent return home - is equally feasible.

After the interview Neter worked with one of GHAT's artists in an art class starting, by coincidence, straight after the interview. She emailed some weeks later to say that her collage had been accepted in a local gallery in Aberdeen.

Pen Picture 8: Felix (staff) – learning required

Felix is a trainee pharmacist. He arrived for the interview promptly and is smartly dressed. He appears slightly anxious. Over the course of the interview, he becomes more relaxed, although he remains intense. His love of learning shines through and he comes across as someone who pays attention to detail. After a short narrative in response to the opening question, just a couple of additional questions were needed to settle him into giving a helpful verbalised stream of thoughts. He was acutely aware of contradictions in his sense-making for which he was, at times, apologetic. His memory of strands of narrative left unresolved was impressive as he picked up threads himself to re-visit and analyse. An interesting interview.

Pen Picture 9: David Mach (patron and artist) – explicitly honest opinions

David Mach, a well-known artist[5], was the only interviewee who had no intention of maintaining his anonymity. The interview took place in a courtyard garden across the road from where he was setting up an exhibition in St. Andrew's. David spoke candidly about many topics: his views on contemporary art, The Suttie Arts Space, his work and motivations - and more generally about his life, politics, the economy, his likes and dislikes - all of which influence his work. Collectively, his opinions and perspectives contribute to both a stakeholder's perspective, as a patron and as an artist. His interview was the most difficult to transcribe as he often projected ideas as another person, using voice intonation to convey an idea and sometimes changed the direction of a topic mid- sentence to incorporate his anecdotes and short stories.

In an attempt to respect the spirit of the interview material no attempt is made to shy away from frequent expletives – for which he did apologise at one point - and to use his words as much as possible. He acknowledged:

> *…it doesn't stand you in good stead when you tell them what you actually thin*k.

And to this end, his narrative was given to the patron in advance to ensure he was happy with the content of his pen picture.

Pen Picture 10: Louise (outpatient's companion/visitor) – pretentious but positive

Louise is a woman who by her own admission likes "*a good discussion*". Her reason to be interviewed was ostensibly, to explain her husband's (a frequent patient) lack of visits to The Suttie Arts Space. She felt it was important to capture his reasons for not visiting, as well as her own reasons for visiting. Her stories soon veered into offering largely her opinions on The Suttie Arts Space; the exhibition at the time; artists generally and the management of the 'Space'. Many recommendations were made and each was justified with personal anecdotes and life experiences. The lively stories needed little encouragement. An analysis of Louise's narrative suggested there was a little less self-confidence beneath the surface than was portrayed, perhaps as a result of husband's deteriorating – albeit currently stable - condition. At this stage of her life, she recognised both her husband's fragility, in terms of his health, as well as her own advancing years. Any comment on his ill health was always matched with positive reflections. The opportunity to discuss The Suttie Arts Space and share opinions appeared to be invigorating. The interview gave Louise permission to voice opinions simultaneously uncovering a fiery, controversial side of her character. This resulted in insightful, and at times inflammatory, comments on the art world.

5 https://www.royalacademy.org.uk/artist/david-mach-ra

Pen Picture 11: Pip (outpatient) – calm, concise and nice

Pip was a regular hospital outpatient. She was heavily pregnant and stopped in at The Suttie Arts Space after attending one of the three different clinics she was scheduled to visit regularly. This, she explained, took time out of an already busy life with an energetic young son, who had just started school. She arrived at The Suttie Arts Space later than anticipated, due to delays at the clinic. Prior to recording, she spoke of her frustration over the medical attempts to manage and control her pregnancy. She was fed up with clinic delays and the seemingly constant stream of '*medicalisation*' of her pregnancy. Having vented her frustrations, she was then keen to share her views on The Suttie Arts Space and happily flopped down in the seating area in The Suttie Arts Space. Her physical discomfort however, led us early on to walk around the 'Space' where there was an exhibition on at the time. Walking about triggered her to offer comments on the artwork and I showed her pictures of art from previous exhibitions.

Pen Picture 12: John (patient) – sea, stones and serenity

John was a patient in ARI. He made reference to his fourth week since his operation so was familiar with the hospital. John had lost a leg and had recently become a wheelchair user. He used The Suttie Arts Space as somewhere to practice turning corners: "*I'd go round and round and the music would start, then I'd go round the other way".* He arrived at The Suttie Arts Space with his partner and was very keen to share his story. John was a geologist so the Terra Nova exhibition which was on at the time was particularly relevant to him "*…you know, the whole trauma of operations and everything else, which just disappeared with this current exhibition".* His story is included in this report. Respecting his wishes, his short story of memorable, rich connections with The Suttie Arts Space are shared.

These pen pictures, using a selected choice of quotes, aim to bring to life the participants of the evaluation and help contextualise the Analysis which follows.

Part 4 Analysis and Findings

The Suttie Arts Space vision statement captures a broad range of interests. Filtering it down, there appear to be six main strands:

1. An ambitious programme of arts
2. Welcomes all
3. A catalyst to develop projects across the NHSG[6] and North East
4. High quality arts practice,
5. Disseminate current arts practice
6. Support artists to produce new work for exhibitions

The values mentioned include GHAT's aim to *be creative, effective, supportive, open* and *interactive*. GHAT motto is that art should be intriguing, never medical and never offensive. 'Ethical' has more recently been added.

What does the evaluation of stories about visiting The Suttie Arts Space tell us with respect to reflecting GHAT's vision the above?

In the following pages, the three themes which have emerged from the first and second set of interviews are unpacked for the reader.

The first theme, "a refuge or bubble of peace" was a strong one, which was easy to identify as it featured in all interviews. The second, "making connections", required more interview material after the preliminary report to fully form. The third theme was the most contentious: "contemporary ambiguity". This theme features in all the interviews in different guises and the analysis of the second set of interviews clarified the shape of the theme.

The description of preliminary themes has been left in the report to illustrate how visitor perceptions have changed over time.

Following the preliminary report, there was a request to focus on visitors in the second tranche of interviews. With the exception of David Mach, who was interviewed at the start of the project, the remaining interviewees were visitors, whether staff, patients or visitors to patients.

The second analysis found further strong support for theme 1, the idea that The Suttie Arts Space was a bubble and a refuge. The second theme became clearer and split into the idea of individuals making connections with the art and connections with the art triggering individuals to make connections between The Suttie Arts Space and the community. One connection led to the other. The third theme had the biggest transformation. Here the theme suggests that those visiting The Suttie Arts Space are embracing, protecting and nurturing the 'Space'. This is manifested in their efforts to suggest ways to help the new venture develop and mature so as to continue being a space they – and those around them - benefit from.

[6] National Health Service Grampian

THEME ONE: A refuge or 'bubble' of peace

Art washes away from the soul
the dust of everyday life.

(Pablo Picasso)

Each story began with positive comments on the venue space. It was of note that the visitor descriptions overlapped into a shared belief. The belief was that the venue provided a respite from the stressful environment within which the Space is located. Words such as "beautiful" (Rhys), "sanctuary" (Oliver), "positive" (Easton), "calm" (Pip) and "relaxing" (Gus) capture this shared perception. The clever design of The Suttie Arts Space, which included a much-appreciated "corridor", muffled the hospital sounds. There is a perceptible difference in the volume of noise on entering. Even the navigation to get to The Suttie Arts Space accentuated the psychological distance between the "alien" world of the hospital (Oliver) and this inner "generous" place (Rhys). So strongly was the contrast between the two worlds felt that descriptions included analogies of both "moats" which have connotations of safety, and "chapels" – sacred spaces of contemplation. The reference to chapels is of interest as chapels were traditionally a place of community worship. Research points to chapels (or places of worship), especially those within public buildings, to be increasingly used for individual rather than group purposes. Historically, too, treatment requiring hospitalisation meant, on average, longer stays and chapel spaces were shared public spaces. Technology and medical advancements have decreased the length of hospital visits and a move away from public to personal visits to chapels, as discussed in Gilliat-Ray's paper in 2005. There is a shift away from public prayer to personal space, together with a generally less conventionally religious culture or perhaps a multi-faith spiritual, but not religious, culture. This means that the analogy of a chapel is close and understandable. The perception of the Suttie Arts Space as chapel also has implications on the preferred low numbers and perhaps inferred preference for the type of art on display, as will be discussed in the following themes.

Another strand of this theme was the benefit that all interviewees also perceived for patients: "a lovely kind of area to chill out in" (Pip), visitors: [although white walls] "ironically it didn't feel clinical at all…it was quite calming" (Gus), staff and art generally: "testing bed" (Oliver). Each interviewee expanded on this idea depending on their own narrative theme. For example, Pip clearly felt she had lost her identity and voice as an informed professional, as inferred from her pre-interview conversation and reinforced by the fact that she valued the ability to leave behind her unwanted and restrictive 'patient' label with all the emotional baggage that came with it. Thus, Pip and Gus both associated the benefits of The Suttie Arts Space with positive mental-health. The link between mental well-being and physical health is well-established in psychological literature and has been embraced by the layman now too. In contrast, Rhys was excited about the opportunity to connect with a different a different kind of audience and work in a completely different setting without the 'traditional' type of gallery audience arriving with pre-conceived expectations. The notion of escape is interlinked with connectivity, as the second theme will illustrate.

Unpacking this theme a little deeper, the notion of a refuge was also reflected strongly by the artists. Easton felt strongly that his art must be displayed appropriately. He would not, for example, allow his art to be hung in a restaurant as "free decoration" until sold. The curator's role, it was noted by Oliver, Rhys and Easton, is one which enhances the ability to appreciate art and soaks up difficulties for all concerned. Curated in the right way, art is given "power" (Easton). Rhys praised GHAT staff for their knowledge and the 'hands on' support offered to all artists. The importance of reliably good curating, the perceived beauty of the venue space, together with the real understanding of the staff, helps to provide refuge for artists. The bubble the space creates, removed from commercial pressures of the 'real world', gives artists space to be creative and display creativity in new ways. The 'Space' is "removed" (Oliver), as described above for the benefit of all.

The word 'bubble' has connotations of effervescence or fizz. It has been chosen specifically as there is an excitement and dynamism associated with The Suttie Arts Space shared amongst stakeholders and artists. A refuge is ideally stable; but stability also has the potential to stifle creativity. The two visitors' emotions about the 'Space' leaned more towards the refuge properties of The Suttie Arts Space.

Positive perceptions of the venue are shared. Perceptions of venue use are equally shared but reasons for positivity appear divided.

The theme description ended with two questions:

1. Will further evaluation point to the need to reconcile the notions of a *refuge* and a *bubble*?
2. Are the two concepts incompatible and, if so, how?

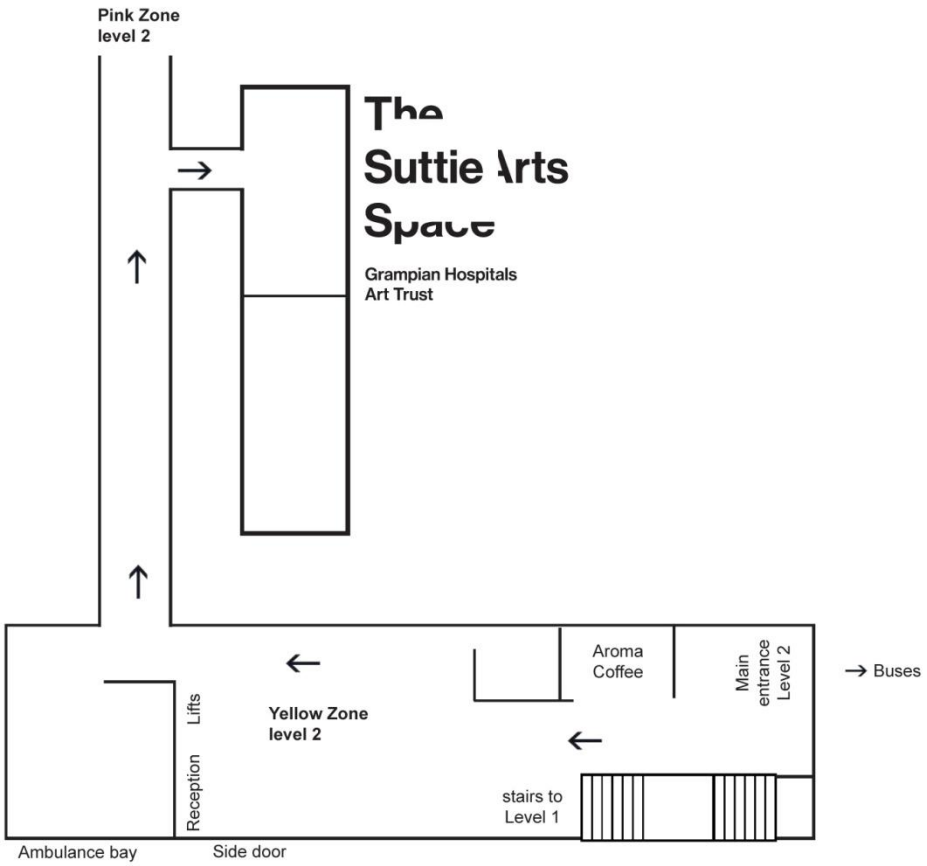

Figure 4 The Suttie Arts Space location map

DEVELOPMENT OF THEME 1: A refuge AND 'bubble' of peace

The preliminary report asked whether there was a need to reconcile the two notions of the 'Space' as a bubble and the 'Space' as a refuge. The answer is a clear and resounding 'no'. Interestingly, only one artist/stakeholder's material was included, so the theme largely represents the views of visitors to The Suttie Arts Space. The interviews capture a year's worth of exhibition cycles and a link became apparent between the theme and the exhibition content.

John, the patient, was keen to be interviewed so as to share his gratitude for the refuge the 'Space' provided. This "quiet space" and the "tranquillity" of the 'Space' reinforced the notion of a refuge. It was not only a welcome space to allow him to develop his newly required physical skills but importantly as a space where the exhibits all "fitted into [his] head". It also allowed his "mind to be opened". The therapeutic benefits of a refuge – both physical and mental - were especially clear in this interview.

In contrast to a place of refuge, Neter, the visitor, gleefully described the joy of finding an exhibition, which left her wondering: "Where am I?" She described being (pleasantly) "engulfed" and was overjoyed at the experience. The exhibition was described as being artistically inspirational and she explained why she ended up lying on the couch being intoxicated by the sounds. In a different way, The Suttie Arts Space acted as a bubble too for MacKenzie. She visited during a different exhibition (Go Here!) and was drawn to warm pinks and inviting lighting as she left a particularly emotional visit on a ward. Her narrative describes a gratefully found 'bubble' into which she could step and escape the harsh realities she faced: "moving away from real life…stepping into the threshold of something different". Later, she said one of the benefits of her time in the 'Space' meant her car journey home was a safer one. The time spent composing herself in the quiet "warm, non-clinical space" was clearly beneficial. The Suttie Arts Space is located on a major linking corridor between wards and receptions areas and is well-placed for this type of 'time out". Louise, whilst not a fan of the exhibition she visited, would perhaps agree. Exhibitions provide a place to go when her chronically ill husband undergoes treatment. It then provides a topic to "create dialogue and conversation" – or enjoyable "major arguments" with her husband. In this respect the notion of a bubble, a place to separate and connotations of momentarily fizz - or a refuge, to escape or seek shelter from something - are one and the same in the narratives. The implications of this are discussed later.

The theme appears to capture the visitors' value of the exhibition's otherworldliness be this inspiration, relief or controversy. "Something else to think about (McKenzie); "peace" (John) or "awesome and relaxing" (Neter). This appeared to be the case regardless of which exhibition was on and whether or not the exhibits were perceived positively by the visitors. The members of staff expanded on this theme of refuge. Both used The Suttie Arts Space as somewhere to stop in, either for a quick two-minute "recharge" (Matilda) or as a "contemplative space" (Felix) perhaps to stop and eat lunch in a nicer environment than their work space. Of interest, however, was how they also considered the value of the 'Space' for patients. Matilda expressed her happiness at its ability to give patients something else to think about. Felix, the pharmacy student, wondered out-loud about the possibility of incorporating a recommendation to his patients to visit The Suttie Arts Space. This was drawing on his own experiences of "immersive" art. The 'Space's' art, as he put it, allows you to "forget you're there…in a hospital." What Felix is voicing is the belief that a mental refuge could be added to an informal toolkit of recommendations when in a consultation with a patient. This train of thought might suggest that The Suttie Arts Space is evolving in the conscience of ARI workers – see also anecdotal evidence. This overlaps with the second theme "making connections".

Finally, we turn to the artist, David Mach's narrative. Like MacKenzie and Louise, parallels are drawn between The Suttie Arts Space and a chapel – a traditional place of "solace" (a word used by Neter, too). The theme, whilst represented in his narrative, took a slightly different, broader shape. As well as a place where visitors *should* go, David Mach was keen to emphasise the need for the art within it. For him, art and all the restorative effects it has should, and indeed *must,* be accessible to all, especially those who are not art aficionados. Furthermore, to reflect his narrative theme of inclusivity, David believed that new artists should be invited to benefit from this unique arts space and have access to the associated unique audience.

Figure 5 Evident Care exhibition (photo Mike Davidson)

THEME TWO: Making connections

Vision as reception
Vision as reflection
Vision as projection

(Bill Voila, 1986)

Overlaps and connections are perhaps already apparent: Rhys repeating Gus' notion of a place to escape connects to Easton's safe space surrounded by a moat. Pip and Oliver's ideas connect with their notion of The Suttie Arts Space being a sanctuary. The ability to physically connect with others, or choose not to, was warmly welcomed by Pip: "there's the opportunity, *if you want to talk to somebody,* about something other than hospital stuff". The Suttie Arts Space, through its existence as a public space and the shared appreciation of a 'refuge', provides fertile ground for connections between people to occur. Stakeholders and artists talk about art being given space. Visitors hint at wanting to fill the space more.
Space and connections are juxtaposed, perhaps space is needed to make the connections. Nonetheless, too much space is uncomfortable for some visitors, unless given familiar prompts such as seating, labels and so forth, are provided: see third theme. Connections might be through the art workshops; by meeting like-minded audience members at events; as participants at openings and so on. Artists and stakeholders too, benefit from making connections through their one-to-one contact with GHAT staff and networking at opening events. However, the concept of connectivity emerging from the interviews has a different focus. The theme reflects the artists' perceptions of connecting with the viewer from the artists and stakeholder's perspective - and the visitors' perceptions of their connections to the art.

All art, according to Leo Tolstoy in 1898, is like speech, a form of communication. Communication is, in essence, a means by which to connect with another person. What is being communicated to the perceiver through the art GHAT has exhibited? Is the message the same as the artist intended? Did the artist have any intended message for the perceiver? Does it matter? What does the creativity of GHAT exhibits say to people about GHAT? In this preliminary report, there was no clear theme encompassing all the answers. There was a general collection of ideas pointing to connectivity but it was a rather diverse theme without a clear structure. More interview material was needed. However, as a preliminary report, findings to date were offered, beginning with the visitors perceived connections to the art. As can be seen in the second tranche of interviews, this collection of threads wove itself into a clear theme. The preliminary theme findings are described first.

<u>Perceiver connections with the art.</u>

Connectivity was manifested in the way artwork evoked personal memories for the viewer. For example: Pip liked the Aberdeen skyline picture simply because she recognised it. Of the two artists' work, which Gus spoke about, what he took away from the exhibition and warmed to was Hannah Imlach's work, the exhibits which he could make connections to. Specifically, Gus was animated about the plants as they represented a personal connection to his gardening hobby.

However, the art that facilitated the 'escapism' Gus referred to was Sam Dransfield's large print, with which he could not make a verbal connection: "I could have quite happily sat and stared at that for a while".

Figure 6 Sam Dransfield's large print (photo Mike Davidson)

Artists and stakeholders too, offered narrative demonstrating that art which evoked memories created a (usually) positive connection. A connection through topic and personal memories was a connection the perceiver could understand and enjoyed. Although at times, elements of this experience were the cause of disgruntlement (Gus): "I did feel sorry for the plants".

If the topic was one which evoked potentially negative memories or there was no basis for connection, the reaction was mixed: Pip said she "scurried by" and in another instance vocalised her distaste for the art because she could make no connection (Piper). Where the topic evoked a positive memory, e.g. a visit or event, in Pip's words "these things can almost transport them [patients] there".

Artists' connections with the perceiver?

So were the artists intending to connect with the audience? If so, what are the implications of this? This aspect of the theme was still unclear after the preliminary report, although the theme was manifested in the artists' stories. Rhys' interview theme was in fact about connectivity on a different level: his drive was, in part, to make connections, but he was not necessarily driven to communicate with the perceiver. He was clear, however, that he did set out to put a message across in his contribution to a GHAT exhibition, but not "from any kind of soapbox or pedestal". During the interview he also reflected on the high value he placed on the connection taking place instantly - "a kind of engagement with the immediate surroundings"; the immediate, first response to art was critical. The theme also manifested itself in Rhys' value of the curating to help the gallery viewer see how the art exhibited connected and "bounced" off each other.

Easton's narrative began by saying no, he had no intention of connecting to anyone other than his inner self; there was no message to the perceiver. However his own vocalised sense-making during the interview led him to conclude that perhaps, he was indeed intending to communicate to the viewer:

> *I wonder if people like a certain artist more than another one because they make a connection more strongly or maybe, like sometimes people pick up on things that you are unaware of or were unintentional….*

Taking the perspective an art therapist might take, Easton's 'journey' captured in his narrative is understandable. Artwork seems to mediate a transformation of the artist's inner world to the perceiver in the outer world.

Whilst no firm conclusions on the nature of connectivity are reached yet, the author takes some solace in Freud's words on the nature of describing art, specifically in this case Michelangelo's Moses, and its effects on him, an untrained – at least in the art discipline - perceiver:

> *I do not mean that connoisseurs and lovers of art find no words with which to praise such objects to us. They are eloquent enough it seems to me but usually in the presence of great art each says something different from the other; and none of them says anything that solves the problem for the unpretending admirer. (Freud, 1917)*

Finally, from a stakeholder/artist perspective, Oliver offers a tentative third dimension to the theme. He reflects that the art might be transformative for the perceiver and create memorable experiences for the audience. Rather than reaching out in more directions, further interview material was sought.

DEVELOPMENT OF THEME 2: Making Connections

Only one artist's narrative was included after the preliminary phase of the evaluation, at the request of GHAT. Nonetheless, David Mach's considerable number of years' experience and success is worthy of note. His vehement and colourful description of the hoped-for reaction to his art is clearly a desire to connect with the audience. Evoking a reaction was a key driver for David, even if it was perceived as "slap with a wet fish." The enthusiasm for this aspect of his work was clear: "it's seriously brilliant fun being an artist"…and he remains "pathetically excited" by the things he does. The artist's desire to connect with the perceiver was evident and this aspect of the theme was already reflected in the analysis of the artists' interviews in the preliminary findings. The "making connections" theme was also evident in, for example, as seen in the interview with the artists for the Terra Nova exhibition[7] (see footnote).

The concern for this part of the main report, however, lies with the visitors' perceptions. Analysis of the interviews pointed to the theme developing into two clear categories:

- making a connection at an individual level, and
- making a connection at a community level.

Making connections at an individual level

At an individual level there was a clear line of causal links. Interviewees' reflections often voiced connections between the art they saw and the emotion it evoked in them. This was then reflected in positive descriptions of well-being associated with visiting the exhibition and their perceptions of The Suttie Arts Space more generally. Importantly, it was the art in The Suttie Arts Space that started this chain reaction for all. A clear example was provided in John's interview where, because he connected with the art, he felt at home in the 'Space', and it had a positive effect on his ability to cope. This then allowed him to use the 'Space' for his needs. Pip was quick to make strong connections with specific exhibits and this helped her relax after fighting the system. She connected with The Suttie Arts Space as somewhere in the hospital where she did not need to defend, explain or even talk. It was a place she connected with not being a patient. This ability to switch off from whatever role was played prior to arriving in the 'Space' was also spoken about by Neter, Felix, Matilda, McKenzie and inferred by Louise (see anecdotal evidence). The theme was especially strong in Matilda's narrative where the very topic of art was associated with positive childhood memories. The Suttie Arts Space was therefore, not surprisingly, perceived as an overwhelmingly positive concept. There was acknowledgement too that not all the exhibitions would please everyone all of the time.

It is interesting then to specifically consider an example of someone who did not connect with one of the exhibitions. Louise was especially vocal in her dislike about the exhibition she visited, describing it as: "irritating", "superficial", "gimmicky", "stark", "clinical" and "soul-less." What did she consider the root cause of this unhappiness? Louise put forward a number of suggestions. Firstly, there was an underlying suspicion about "Young British Artists". In her words: "I wonder if GHAT has got their money's worth." Louise's own preference is clearly for more, rather than less, in an exhibition, preferably "cheek by jowl" as seen in the hospital corridors. The number of exhibits within any one exhibition was commented on by a number of interviewees, across all exhibitions.

[7] See https://vimeo.com/150925021

However, a connection with only *one* piece appeared to be enough to trigger the positive connections with The Suttie Arts Space. For example, for Mackenzie it was the warmth of the colours seen on the back wall, as she walked past the window.

Secondly, Louise's lack of connection to one exhibition was perhaps more that Louise missed the connection with the artists: "I want to feel that the artist is really engaging with the painting and they want to express it".

Thirdly, although not offering an explanation for her own perceptions, Louise offers an analytical perspective. It may be, she hypothesises, that individual differences in the management of emotions will draw some individuals to emotive art, and others away from it. So, a person whose emotions are already close to the surface would not necessarily want a further emotive experience. Bearing in mind the hospital location of the 'Space', this analysis is especially relevant – and ties in with GHAT's values.

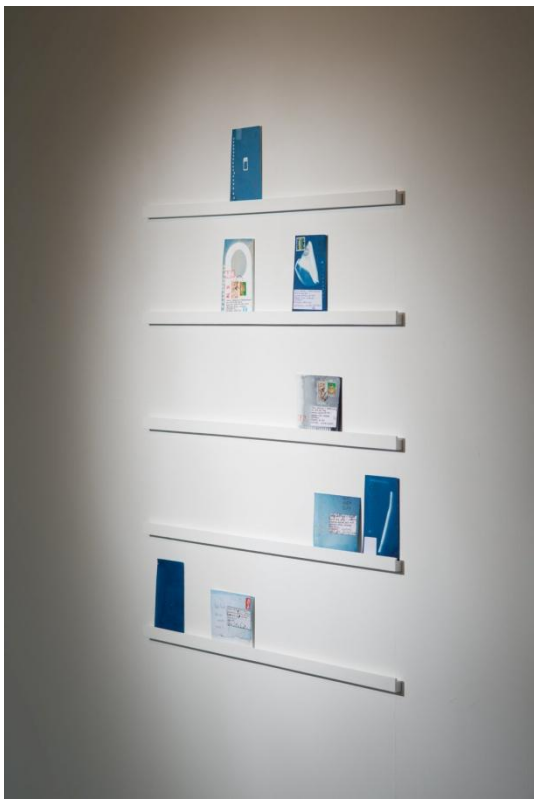

Figure 7 H_2O exhibition (photo Mike Davidson)

Finally, Louise told the story of why her husband actively did not want to make any connection. Her husband had already made a strong, negative connection with the hospital. Even an exhibition in an area of interest, a polar visit, was not able to weaken this negative connection and persuade her husband to extend his hospital visit and see the exhibition. This is perhaps true of many potential visitors to The Suttie Arts Space.

Making connections at a community level

This was a new development of the theme but it came through strongly as The Suttie Arts Space exhibitions moved through the programme. At a simple level, visitors are clearly beginning to see the benefit of the 'Space' to them beyond a one-off curiosity. If it benefits them, they feel it must therefore benefit others. When a new diet, recipe, gadget, book etc. is discovered, news of it is shared and it becomes enmeshed into a framework of knowledge. The same seems to be happening with The Suttie Arts Space. Its existence is slowly knitting into the lives and community of those that have visited.

MacKenzie was in the process of re-establishing her links with her community: behaviour which was triggered as a result of her recent redundancy. Interestingly, MacKenzie ventured that she might make a special visit to the hospital if there was an exhibition which she was particularly drawn to. This decision came despite being keen to explain at the start of her narrative that she only enjoyed the art on display *if* she was already visiting the hospital. This shift in mind-set developed during the course of the interview, part of her vocalised sense-making was not unique. Not all visitors will have the opportunity to voice their perceptions of The Suttie Arts Space to trigger this type of sense-making. It will be considered further in 'Development of Theme 3'.

Matilda actively tries to engage those in her work, encouraging them to step in and become part of her new network. Felix was considering actively promoting connections with the 'Space' within his patient community. Louise, Oliver and David both agreed that The Suttie Arts Space had the potential to help an atypical audience to be introduced to the art world. These are examples of visitors triggering community building in the workplace and at a professional level.

Figure 8 November Issue exhibits (photo Mike Davidson)

The preliminary report suggested that a shared space of this nature might well prove to be fertile ground for new networks and new connections. Humans have evolved to look for patterns, seeking instinctively to make the world a more predictable place. At times the desire to find predictability and familiarity leads us to see patterns where none exist. This is the explanation for beliefs which are on the fringes of acceptability and the basis of many 'magic' tricks. A place where emotions are perhaps running high and/or the unexpected appears, in the form of an art venue in a hospital, is very likely to trigger this instinct

for visitors to make connections. The connections help those visiting make sense of what they see and experience which, within a hospital setting is often, the unexpected. For some, these connections are individual, deeply personal and meaningful. For others, the connection is one which they wish to expand on and share further. An empty room is neither likely to trigger positive emotions nor encourage conscious or unconscious connections to be made. The art exhibitions within The Suttie Arts Space are essential for triggering connections.

A final good example of making connections in the community is Neter's engagement with the girl who came into The Suttie Arts Space with her family while Neter was there. Neter wanted to enhance the experience and share the experience she had so enjoyed. This extended to creating a piece of art triggered by her visit which was later exhibited at the New Wave Gallery in Aberdeen. In this instance the informal community of the 'Space' stretched from New York to another art audience in Aberdeen as a result of visitor's serendipitous finding of The Suttie Arts Space. Whilst this represents a one-off example, it offers evidence of the potential ripple effect that an audience it connects can have, at both an individual and community level.

Since individuals vary in their life experiences, so the connections will inevitably also vary. For some the connection was missing or not strong. Then, the desire to see how connections could become more salient became a noticeable element of stories (see next theme). Mackenzie couched the notion of a connection thus:

> *..sometimes you walk in and you walk out, it doesn't create an impression on you. That [pointing to the exhibition] made it memorable*.

THEME THREE: Contemporary ambiguity

Some people like it and some people won't.
That's what makes it good.

(Pip)

Verbalising sense-making often leads to conflicting opinions. Sometimes the story-teller is only aware of the conflict at the end of their story. Conflicting stances were evident in both Oliver and Rhys' stories. These interviewees' shifts in stances within the interview were linked to understanding, in-depth, the nature of contemporary art and its place within the hospital. It was noted too, that Oliver's narrative made frequent reference to the *contemporary* nature of this gallery, a descriptor mentioned in passing by Gus and not mentioned at all by Pip. The categorisation of different types of art, the notion of 'contemporary art' may well be part of common discourse amongst stakeholders and artists. It is not necessarily a meaningful word outside the art world. This theme highlights the implications of different discourses, which come together in The Suttie Arts Space.

Rhys believes the best art is open to interpretation. However, contemporary art is a niche area, traditionally attracting a subset of gallery visitors. His experience is that some art will be generous enough to offer a special connection – a precious feeling that is highly valued. The fact that the 'public' is being exposed to contemporary art is, in his view, exciting and creates a drive to exhibit. There is, however, a tension here: he also cautions that GHAT curators need to act as moderators, yet infers that he disagrees with any form of censorship, which might stifle creativity. There is no ambiguity with respect to what GHAT considers unacceptable. Rhys is also aware of public wariness of art galleries in general – museums are more likely to be within the 'public's' comfort zone. *Contemporary* art might well be a step too far for many who do not seek it out specifically. Passing visitors and staff have a choice not to enter. There is no signage, however, other than that which follows the usual marketing aimed at the traditional gallery visitor, at the entrance. The entrance is as ambiguous as it is welcoming.

This uncomfortable position is mirrored in Oliver's narrative, too. He believes that GHAT must take responsibility for content because of the context, i.e. the hospital setting. However, whilst in a contemporary gallery "anything goes", public art spaces must be meaningful to the community. The Suttie Arts Space falls between the two; GHAT also needs to reflect a funder's needs, for example, that of Creative Scotland but, on the other hand, contemporary art can be intimidating. Whilst artists are easily offended, Easton's discussion refers to "damage limitation." Like Rhys, he believes that art must evoke reactions and that extreme ones are better than none at all. But GHAT has a duty of care to protect the vulnerable so The Suttie Arts Space is, he concedes, an "interesting testing bed."

Easton also reflects on the nature of the art on display at The Suttie Arts Space but is content with the notion of self-censorship. Art, he reflects, must be emotive but, equally, extremes must be avoided. There was no tension from Easton's perspective. There will always be different viewpoints and solution is simply to ensure a programme with variety to suit all tastes. The inference was that contemporary and what a non-trained visitor would consider 'classic' or traditional art, such as framed paintings, should be on the programme.

As with the second theme, at this point in the preliminary report, more interview material is needed. However, from the visitor's perspective, the theme manifests itself most clearly in the issue of whether or not labelling should be provided. Artists felt unanimously and vehemently that labels were not required. Oliver, the stakeholder, drew on his experience:

> *People who feel nervous and unsure in galleries, they go to the text straight away and they cling to that and they're looking for the meaning of that.*

This was mirrored in Gus' frustrations at his misunderstanding of Sam's H_20 postcard display. He also says:

> *I want to try and understand what the artist is trying to portray ….you can then either agree or disagree. … it's, well, it's part and parcel, is good to understand….*

This need to understand led onto Gus' request for better leaflets – and the need for seats, regardless of whether or not they were the norm in contemporary galleries. The use of invigilators is not a well-researched area but was also picked up by Oliver. This excerpt from a The Guardian points to the invigilator role having increasing importance.

> *As certain branches of contemporary art become ever more based around the creation of installations, situations and ephemeral experiences, the function of the invigilator has increased and expanded. It has reached the point where this role frequently plays a crucial part in the creation of the artwork itself and certainly the gallery visitor's experience of it. Depending on how an individual invigilator interprets what is presented to them to deliver, the experience becomes even more subjective for the visitor.*
>
> (Taylor, 2012)

Pip was keen too to know more but was equally interested in *how* things had been made. She admired how "clever" the artist was, for example:

> *It looked so blurry, so wonder how did the, how did they get it to look like that?*

Pip and Gus were both interested in art, which made them think. Pip used the word "challenging". Asked to expand on this, she offered an example of a picture she had to try and "decipher":

> *Kind of forces you to think about things more deeply, doesn't it?*
> *Basia: And is that good?*
> *Yeah, definitely.*

It is possible to interpret this theme in light of the idea of a bubble and refuge. A refuge does not challenge, it protects from difficulties, it comforts and the best refuge will accommodate individual needs. Gus and Pip described their joy at finding The Suttie Arts Space as a refuge. Both also reflected on the contemporary nature of the art within the 'Space' but in more ambiguous terms, the bubble was not entirely inclusive in some respects. Taking into consideration the potential for unmet needs of the audience, the bubble analogy is better suited perhaps for the artists. This raises the question as to how The Suttie Arts Space should be marketed. One interviewee said:

If I go to a city I think to go round two or three galleries and do it in an afternoon and erm, they usually quite city centre and manageable whereas this one, if you don't have a car then you will have to get a bus here and there are quite a lot of hurdles potentially. If you want to seek out this exhibition so I think that's harder. I think there are probably challenges around marketing.

Easton, Pip and Oliver were familiar with the art world and its advertising norms; those not in the art world are not. The *usual* marketing channels for an art gallery are unlikely to reach the *unusual* type of visitor to The Suttie Arts Space. Gus and Pip knew nothing about future programming for the 'Space', furthermore, Gus did not use any social media. Neither said they would know where to look to find out what was going on. Even the notion of an exhibition 'cycle' or 'programme of events' does not necessarily hold any meaning for those outside the art world – it represents another ambiguity and, therefore, a barrier. The author has been asked what happens during an "Exhibition Opening", how long it took and what the dress code was.

Expecting someone to look for the website of a place, however interesting, or to find it serendipitously, when within the emotion-laden location of a hospital - is not ideal. Even when consciously looking for The Suttie Arts Space, it is not always found:

We might have entered the hospital from the wrong gate, but there was no indication whosoever of an Art Space. I did not see a map on the website nor at the hospital.

After we parked, we walked all the way back to the Suttie Centre and it turned out that is not the Suttie Arts Space or anywhere near it. No staff could tell us where the venue was exactly…
(Email correspondence from visitor to event held at Suttie).

Once at the entrance, it has been observed that passers-by do not know if they are "allowed" to enter. The norm within the rest of the hospital is that rooms are not entered unless you are invited in by a nurse or doctor – or if you are visiting a patient. The ambiguity regarding even entering The Suttie Arts Space was especially noted during the "film festival". The author was approached to find out at what time the films started and the cost of watching any one film. How many other potential visitors are lost in this way?

As a side note to the reader, news of the venue is spreading not just via official channels and not just about the official programme, but also about the organisational culture and individual members of staff. From Rhys' narrative, it is clear that via the grapevine, he is spreading positive news about The Suttie Arts Space, albeit within his art world network. Tamsin's and Fraser's respective roles in GHAT would appear to be highly influential in this regard, representing the public face of GHAT. Sally's current drive to network is complementing this at higher levels too within the art world. This does not, however, tackle the ambiguity this theme suggests may exist for the visiting public.

To conclude, the art is, without doubt, appreciated. The contemporary nature of it means there are additional barriers which are not insurmountable but which need to be recognised, as Gus neatly summarises:

It's contemporary, which makes it difficult for people to appreciate it.

DEVELOPMENT OF THEME 3: Ambiguity – embraced, protected and nurtured

In the preliminary report, the last theme was far from being fully formed. There was no saturation. Analysing the second batch of interviews, it seemed at first that the same, at times, dispirited and disjointed theme was emerging. It took a step back to realise that, whilst some of the same elements of 'discontent' emerged, e.g. seating and marketing, there was a shift in the way in which the theme was presented in interviewee's narrative.

Firstly, there was a drop in references to 'contemporary' art. Only Louise and David used the word in their narrative. This reflects GHAT's efforts to avoid the word following the preliminary report. The word is now only seen on one page of GHAT's website. This demonstrates how quickly a difference can be made to individual perceptions once they are engaged.

Secondly, the theme of ambiguity was always coupled with suggestions on how to avoid any further perceived ambiguity. The interpretation here is that the interviewee wanted to help shift the Space away from ambiguity towards greater success. It could be argued that this was a reflection of the interviewer-interviewee dynamics: however, the following rejects this interpretation:

- Matilda recalled offering to help water the plants in the H_2O exhibition;
- Felix's suggestion of a multi-cultural exhibition, which he believed he, and those like him, would enjoy;
- Neter's comments to complete strangers entering the Space to expect a magical experience - and encouragement of family members to visit again after she returns to the US;
- MacKenzie's suggestion for more comfy seats to help the encourage people to appreciate the exhibits for longer, specifically to make "long term reading" more comfortable;
- Louise's suggestion that more exhibits are included so that staff have more to talk about with their patients and friends.

The list of recommendations goes on and visitor recommendations are listed in Appendix 6.

Another interpretation might be that the interviewees, a self-selected sample, were not representative of the 'typical' Suttie Arts Space visitor. Whilst this might be true, the development of this theme captures a shift over time which cannot be otherwise easily explained. Furthermore, all the interviewees included stories of friends, relatives and colleagues who either had also visited or had been encouraged to visit. The interviewees' perceptions are therefore embedded in a wider community of shared meanings.

There was no particular sense that the interviewees were part of a Suttie Arts Space community. However, there was a sense that they embraced the 'Space' and shared similar perceptions of the 'Space'. Their impromptu recommendations point to visitors wanting to help support this young venture, rather than simply criticising it. *Why* did they want to do so? The reasoning offered here is that having found The Suttie Arts Space beneficial to them – and recognising it as a new venture - they want to ensure it continues. The interviewees offered no indication that these well-intended nurturing comments were in any way forced, always being part of their natural narrative. The Suttie Arts Space is effectively 'young' and as such benefits from advice. There was only one art-related professional (David Mach) in this later sample so it's a credit to The Suttie Arts Space that non-professional visitors warmed to it and felt that they were in a position – and *wanted* to give advice.

The most common manifestation of this theme was associated with misplaced concern about perceived low visitor numbers.

Matilda's story of the volunteer exclaiming: "Oh the red carpet's gone, I loved that red carpet!" offers a good example. Matilda could have simply said that the carpet was gone because the exhibition had ended. Instead, she offered detail about the carpet being part of a film festival, which had 27 films running 24/7 and at no cost to the viewer. She told the hospital volunteer that she "**ought** to have come!" At another point of the interview, Matilda wondered whether there was a sign at the entrance saying "All welcome". On receiving an unclear response, she immediately jumped to her feet to go and check. Signage, or the lack of it, was similarly questioned by others and interviewees felt that it was not obvious that The Suttie Arts Space was open to the public, see anecdotal evidence for theme 1. Again, a variety of recommendations were put forward to help increase footfall by visitors (see appendix 6).

Notably, comments were now no longer about *where* The Suttie Arts Space was. Instead, interviewees wanted more information about when an exhibition was ending. When the 'Space' was closed, information was requested about when it would open again – and what the exhibition was going to be about. All the interviewees (bar David Mach) found The Suttie Arts Space serendipitously as they were walking past; they expected to find information about opening hours, and details of current and present exhibitions at the entrance. It was surprising how many did not care for internet websites, declaring a preference for paper. Even Felix, the youngest interviewee, discovered the 'Space' was closed on turning up the second time with his friends. It had not occurred to him to look online to check whether the exhibition he brought his friends to see, was still open. Neter, despite her overwhelmingly positive experience and after arranging the interview online asked: "So does The Suttie Arts Space have a website?" Louise expressed frustration that GHAT's latest annual review was missing. Again, this criticism was aimed at supporting or, perhaps protecting an organisation she wanted to do well. Her overall perception of the 'Space' was a positive one, despite her misgivings and she remains a regular visitor. Collectively, these are comments made to ease their visits of the 'Space' and those in their community.

While the internet is without doubt an invaluable tool, the thematic analysis suggested it was not perceived to be the obvious place to find information about The Suttie Arts Space. This resulted in questions and concerns being raised, some of which would have been satisfied had the interviewees visited GHAT's website. There was a common misconception that the information would be part of the NHS website. Never having considered looking online for information about an art gallery located within a hospital, is likely to reflect the position of the majority of the visitors. Whether staff or patients, neither are in an environment which is steeped in online computer work; patients in particular have difficulty even getting online. See also anecdotal evidence for theme 1 with regards looking into The Suttie Arts Space. In short, the 'Space' attracts visitors who are passing by – and they expect information to be available at the entrance. This, it seems would resolve some of the ambiguity described regarding who is welcome, when and for what exhibition.

On a different note, Louise focused on the common discussion about labels and whether or not they are helpful. Rather than simply offer her stance, whilst not offering a solution other than requesting more pamphlets generally, she analysed the perceived problem and reached this conclusion:

> *And by nature, I would have thought many artists are not writers so their writing isn't exactly engaging. So I think titles are quite helpful.*

In short, there was a call for more information, be it about the artist's own motivations (Louise and Neter) or about GHAT's work (Felix and MacKenzie) or simply a greater emphasis on welcoming people in (Matilda). The focus of comments was not on the artists making more effort. If David Mach's efforts are representative, then little more could be done:

> *I already make work I think that does the dance of the seven veils, wiggles its hips, whistles and sort of smacks its lips trying to get you to come in with a beckoning finger….*

To summarise, the art is very much appreciated, even if it is not always understood. Visitors are convinced that the 'Space' is a good idea, they embrace it and see it as something slowly evolving, which they feel is for their good - and the good of all who visit.

> *A huge thank-you to them [staff and curators] for just giving us exposure. For working in an environment, to see what we're seeing…. it's very,* ***very*** *healthy for the soul. (Matilda)*

Figure 9 Evident Care exhibition (photo Mike Davidson)

Part 5 Anecdotal Support for Findings

Whilst the rich, in-depth analysis findings are robust, there was much scope for observational research and other anecdotal evidence to be collected over the extended evaluation period. This was catalogued and has been added to the body of evidence to allow the reader a better understanding of The Suttie Arts Space and the factors which affect the dynamics of decision-making about the 'Space', which in turn impact on visitor perceptions.

THEME 1 –Anecdotal support

It became apparent that The Suttie Arts Space was used around the clock, reflecting the hospital's 24 hour work, as both a refuge and a bubble of peace. The exhibition openings attract a large influx of people. Thereafter there would only ever appear to be a small trickle of people, with the 'Space' empty for short periods. However, this observation was based on staff feedback. An early suggestion was to install a simple, unobtrusive people counter. This showed that a steady trickle amounted to a considerable footfall over a period of 24 hours, even when GHAT staff numbers were deducted. Furthermore, the 'Space' was clearly being used throughout the night and in early hours of the morning, too.

Staff kept paper records of how many visitors walked in during a random 10-minute period they happened to be in the 'Space'. In addition, the author of the report also dropped in early mornings and late at night. These informal recordings supported the people counter findings and also added insight into how long people stayed, which exhibits attracted their attention and whether or not written descriptions and leaflets were read. Exhibit and exhibition preferences supported the thematic analysis. Notes indicated that the visits fell into one of two categories:

- less than 3 minutes in length – usually taking a quick walk around, with or without reading some information, and then only the most visible, e.g. large lettering on the wall;
- over 10-15 minutes – either due to an apparent interest in the exhibition or taking no notice of the exhibition and moving directly to a seating area.

Short stay visits are discussed later. It is the second, smaller group of people who are of interest here. They were clearly already aware of the 'Space' and were using it as presumably a refuge or bubble of peace. It was reported, for example, that one surgeon regularly visits The Suttie Arts Space before operating. Footfall numbers also showed that the film festival, which had continuous films running around the clock, was a particular favourite. Notably, you do not interact with others when watching a film.

The Suttie Arts Space is located off a main corridor. At one end there is a central reception area, with the main hospital entrance, lifts, reception desk, café, shops and separate exit to the free bus service to other hospital sites and back to the city centre. At the other end of the corridor are wards, a clinical area. In a public area, especially one with public facilities and services such as shops, a pharmacy, cash point and seating, the greatest proportion of people are members of the public or staff during 'time off' e.g. a lunch break. Social behaviour is dictated by the facilities offered. In a public area it is normal to choose what to look at, be free to look at an item of interest, choose to go through a doorway into a shop or café to see what it is like etc. In a clinical space, it is very different; on entering a ward as either a patient or a visitor, you will be directed to where to go. It is neither appropriate to direct your gaze at other patients, nor to chose to enter another room out of curiosity. This unfamiliarity might further be associated with a degree of negative emotion, especially if past associations with hospitals are somehow painful, be this pain physical

or psychological. The Suttie Arts Space is located off a corridor between the 'normality' of a public space and clinical areas. How do people behave in this 'Space'?

Informal observations were made about how often people peered into the 'Space'. Since it has a huge glass window facing onto the corridor, it was easy to sit and watch those walking past unobtrusively and it seemed that public behaviour quickly changed into 'clinical space' behaviour. There was minimal looking into the gallery, despite the open vista. Furthermore, most glances into the space were made in a way which suggested that they felt that they should not be looking in – quickly looking away as if having been seen looking in. This diagram illustrates the consistency of this 'clinical mode' behaviour.

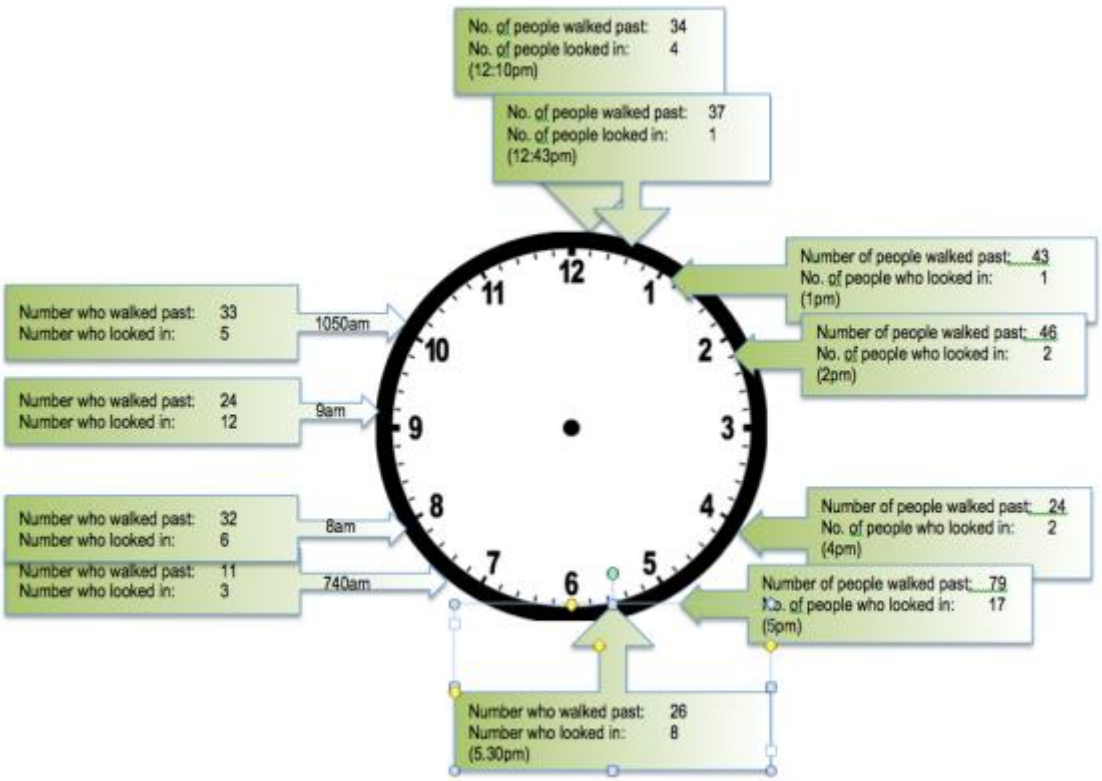

Figure 10 Corridor use outside the Suttie Arts Space.

The number of people looking in appeared to increase at the start and end of 'clinic times', or normal office hours. It is difficult to interpret this with any degree of confidence. Is it a manifestation of transition behaviour as people walk between public and clinical areas of the hospital? Or is it perhaps that people have a clear purpose to be walking to or from a clinical area? Regardless, this reticence to look, or be seen to be looking into The Suttie Arts Space, may have negative implications for marketing. However, the anecdotal finding is mentioned here as it helps understand how The Suttie Arts Space maintains its separateness from the rest of the hospital. Once in the bubble of The Suttie Arts Space, behaviour adopted in the corridor means that despite the glass wall, visitors leave behind the hospital. The effect is further reinforced by the muffling effect of the short entrance corridor. Once inside, the quietness is preserved. If someone is present, new visitors often speak in hushed tones, as they would in a library or place of worship. The 'Space' maintains an air of reverence permitting it to be largely a place of solitude.

These anecdotal observations support the first theme and offer an insight into why The Suttie Arts Space is perceived as a bubble of peace.

THEME 2 - Anecdotal support

Anecdotal observations such as those mentioned overleaf also demonstrated that The Suttie Arts Space is increasingly being used as a meeting place, e.g. at the end of a shift, or as a place to come in to stop for a short break. These reinforced the finding that the hospital staff use the 'Space' and actively promote the it amongst patients. The interview findings suggested that The Suttie Arts Space is slowly becoming a fixture in an individual's community. Were the findings representative? GHAT's feedback sheets were purposefully left blank, allowing less confident gallery users, or those who simply did not want to be interviewed, to offer their reflections too. This coupled with the invigilator comments were also collated and used in supplement this evaluation.

There were over 250 comments from invigilators and feedback sheets collected from the time The Suttie Arts Space opened (November 2014) until the end of the Terra Nova exhibition (February 2016). A large proportion of these were invigilator comments regarding number of visitors and length of stay, for example, this entry from the 25th June, 2016:

> *A lady came in to ask if it was OK to look around.*
> *3 nurses came in during their coffee break.*
> *Ambulance driver took a patient to see the exhibition.*
> *A couple came in and stood in front of the email conversation, seemed to read every word. They came from London and were getting an artist in residence for their business. They asked what happens to the artists' work when the exhibition is finished.*

Once these comments were removed, the remaining comments on the art and the 'Space' were categorised into negative comments and positive comments. A small proportion did not fall neatly into either and these were largely recommendations, suggestions or requests. Proportionately, the largest number of comments fell into the 'positive bracket' (70%)

The positive comments were again split into comments on an exhibit/exhibition or on the 'Space'. Most were easy to categorise. The following is an example of a comment which would fall into the category of 'positive comment on Space':

> *Feeling sorry for myself. Found your Space, thank you, senses occupied with much nicer thoughts/feelings.*

A distinct category became apparent where individuals detailed a particular reason or connection for the positive comment. The positive comments were fairly evenly spread across the exhibitions[8] and across time, see table overleaf.

[8] The DanceLive event was not represented. It is assumed that either there were no comments sheets completed or no invigilators present. This represents a two-week gap in anecdotal evidence over the period of exhibitions.

Nature of feedback		Percentage of comments
Criticism	Negative comment	14%
Positive	Positive comment on exhibit/exhibition	23%
	Positive comment on Space generally	29%
	Positive - explicit comment on a perceived connection with an exhibit/exhibition	18%
Neutral and/or positive	Recommendation/suggestion/request	12%

Table 2: Distribution of visitor feedback content

With regards further support for the theme 'making connections', the negative feedback clearly identified a proportion of visitors who did not connect with the 'Space'. The lack of seating was a common theme which was also picked up in the interviews. Other negativity was aimed at particular exhibits - the plants in the H_2O exhibition attracting a fair proportion of these: "*The plants hate it in here, give them freedom!*" Some misplaced negativity was voiced about a perceived waste of NHS money:

> *A total waste of space and money. Money could be better spent on patient and staff facilities.*

This misunderstanding regarding how GHAT is funded was also evident in some visitors' reactions to the exhibits: "*Why on earth go to China for granite. Beats me!"* Misunderstanding of GHAT's charity status alongside the previously identified debate regarding the labelling is currently being tackled by GHAT, for example a stronger social media presence and a charity abseiling event on the 18th September, 2016.

As the table overleaf shows, positive comments (70%) far outweighed negative comments (14%). Patients in particular took the time to give fuller explanations as to their connection with particular exhibits:

12/12/15

> *I really loved the fascinating exhibition 'Terra Nova', there is much more behind it that it looks at first. Sitting in front of Digital movie screen I dived into the mystery of the land and sea, the ever-changing colours, as nature does to. I was lucky, as an in-house patient, to make and to have the time to take it in on several levels (not just a 'quick look') during several visits, and enjoyed it very much, and wanting to get more from Souter's journey about that expedition. Thank you very much artists, Found collective, and gallery for this exhibition!*

Occasionally, feedback was emailed across, too:

29/7/15

> *The strangest experience this evening–wandered into the arts space and taking the exhibits read 're: Hello Sam' on the very day I was supposed to fly from Aberdeen to Beijing for one week. The fact is, my son is an inpatient at RACH[9] and consequently my trip has been cancelled…...Through complete serendipity Sam's work spoke to me today and I thought I would share this journey and they are in connection with you. Thank you for this wonderful peaceful space.*

[9] Royal Aberdeen Children's Hospital

At other times, the feedback was shorter but no less poignant, offering support for the first theme, a refuge and bubble of peace:

4/1/16

Thank you for sharing your life's work and for being such an inspiration to me at this very sad time of year, and help me get over a very painful Christmas and New Year.

Visitors' connections to individual pieces were often clear:

11/11/15

I think this is a great idea. I especially like Ade Adesina's "The Question". It's an oasis of peace in a shared environment. Thank you.

The largest proportion of comments did not however, refer to a particular exhibit or exhibition, nor did any one exhibition attract more negative feedback. These comments supported The Suttie Arts Space as a place staff, patients and visitors could choose to be in, rather than simply a *venue* for exhibitions but a much valued place because of the *art* it contained.

11/11/15

A nice place to pass time with children (to give a granny some peaceful time with a granddad on the ward). Got just talking about art which we wouldn't normally do. Thanks for the space, and the seats.

16/12/15

How lovely! Came in to kill time waiting for daughter to come out of surgery, very emotional and stressed. A calming influence. Thanks.

16/7/2015

Great to have an open, quiet space. The 'space' in the exhibition because the opportunity for reflection and mindfulness. Thanks.

20/7/15

Refreshing! Great space– really gives a good mental space away from the hospital environment.

These comments and many more similar comments provide further support for the interview findings. The Suttie Arts Space is increasingly becoming a regular part of staff routines, as well as for regular visitors, and in-patients. The following comment, left by a junior doctor, supplements many of the invigilator comments on 'regulars' to The Suttie Arts Space:

09/02/16

Thank you for keeping the space open 24/7. On a busy night shift, I like to pop in for five minutes to get some breathing space.

– A grateful junior doctor.

19/6/15

This is my halfway point [between place of work within the hospital and exit] *from the front door, I always stop and have a look on the way past.*

The comments 'making connections' at a community level came specifically from staff. Their enthusiasm was clear. Two examples capture this category well. The first comes from the notes made by an invigilator on the 10th July, 2015:

> *Two nurses came in today with patients in wheelchairs. One told me: "at our weekly quality indicating meetings I tell them we're taking the patients to the gallery, I'm spreading the word for you."*

The following is a snippet of a conversation another invigilator had with two porters during the first film festival:

> *Best thing you've ever done. Can't believe it. Porter told me during lunch that Senna was playing centre upstairs and I dropped everything and ran up to see it. Came back with John Lennon film. Been back every day I stayed behind for a film after work. I tell everyone else about it and wielding patients, and brought in outpatients.*
>
> *I've worked in hospitals over 30 years and never enjoyed myself that much, great distraction, brightening up everyone today. People are telling me they stopped hanging about outside as they are enjoying the films, and don't worry about hanging about for waiting times now as they can come here instead. I'm looking forward to more film stuff, Will keep coming back and checking what's on.*
>
> *You've done a lot of positive stuff in the hospital, loads of people talking about it.*

Figure 11 Opening of the Film Festival (photo GHAT)

The GHAT meeting in November 2015 reminded the team of GHAT's values: creative, effective, supportive, open and interactive. The feedback comments outlined here provide evidence for the values being perceived and valued by the majority of visitors.

GHAT staff also organised events which supported these values, (for example on the 20th August, 2015, see appendix 5). Whilst open to all, it was clear that most who attended were already closely networked to the speakers, although near maximum capacity for the venue was reached. At this event three presentations were very much focused on the notion of art in health and the community. Jackie Bremner spoke about her extensive experience of art in the NHS. Claudia Zeiske[10] spoke about art in the community in her capacity as Deveron Arts Director. Gemma Connell and Angela Main (artists) spoke about their sound project[11]. The event drew together three topics considering three layers of interest: art in the community, art in the hospital community and art from the artists' perspectives. The event was very well-received and it would be interesting to consider what more might be done to extend the audience to include patient groups as well, beyond exhibition openings.

Figure 12 Artroom (photo GHAT)

[10] http://www.deveron-arts.com/home/
[11] http://sonada.org/torrysoundproject/

THEME 3: Anecdotal support

The interaction with invigilators complemented the information gathered and demonstrated, too, that the impact of an exhibition had a lasting effect. One invigilator's comment was about a visit by two members of staff. They had come in to help tend to the plants – like Matilda, there was hands-on nurturing!

One visitor explained she still had images of Miranda's exhibition on her phone. Another invigilator's comment on the 2nd July 2015 combined the staff promotion with a patient's connection with the 'Space':

> *2 patients were wheeled in by two nurses from the day before. One patient had his family with him. He used to own three allotments, half the size of the Suttie Arts Space for 30 years. He gave us some tips on how to look after the plants and said they were 'mostly in good condition'.*

Figure 13 H_2O Plant Exhibit (photo Mike Davidson)

This nurturing for The Suttie Arts Space was mirrored in the number of suggestions made on the feedback sheets, for example:

> *I would like to make some suggestions: bin, floor cushions, some more artwork, children's wall for RACH[12]. What a lovely space, I would hope that it's used more in 2015.*

It is unknown whether the reference to 'more' was with reference to more exhibitions or more exhibits.

Generally, the suggestions were framed as ways to help The Suttie Arts Space, rather than outright criticisms. For example, on the 17th February 2016, a visitor wrote:

> *The soft music is relaxing but not on long enough as the music plays for just a few minutes with very long breaks between. If soft music could be played continuously, I think this would encourage more people to come and enjoy the peaceful surroundings.*

[12] Royal Aberdeen's Children's Hospital

This theme was also supported through informal chats with the staff. Sally (Director of GHAT) for example commented on how she was frequently given advice on her staff's curating role, often from those who had little or no experience in the sector. This again, supports the idea that the venture is embraced. If comments were outright criticism perhaps, the recommendation would be to close the doors permanently, or more politely, offer no feedback at all.

Taking a much broader perspective, on the 31st January, 2016, another visitor wrote:

> *<u>Suggestions</u>:*
> *Less paperwork*
> *A big photo is a short intro the artist should be here for all to see*
> *More publicity in schools, colleges, uni*
> *Workshops/seminars please promote BME (black and minority ethnic) artists*
> *Trust hospital, more promotion should be done.*
> *Best wishes.*

This was the only documented time that less rather than more information should be available.

Other than these invigilator comments and feedback sheets, the research process too, forged links across the hospital. From the outset, the researcher became familiar with various departments associated with gaining various ethical and research and development process approvals. This together with attendance of two open, drop-in art classes run in The Suttie Arts Space gave some insight into the benefits of meeting other members of staff. Even being able to say 'hello' to someone as they passed in a corridor gave a sense of belonging and community, which was powerful. This, together with the nurturing of the author's very well-hidden artistic side, opened channels of communication, possibly in a similar way that the exhibited art did for those visiting. Hannah Imlach, a new artist's feedback to Tamsin and Fraser (GHAT staff) resonated with comments from those who took part in the art classes:

> *I just wanted to say a big THANK YOU again for being such great people to work with. You have both created an environment of such can-do enthusiasm and support for making new work, which has been invaluable. I am really pleased with the exhibition.*
>
> Email sent 22 June 2016

Part 6 Summary and Conclusions

> Don't think about making art, just get it done.
> Let everyone else decide if it's good or bad,
> whether they love it or hate it.
> While they are deciding, make even more art.

(Andy Warhol)

Overall, the evaluation of The Suttie Arts Space points to success. Perceptions of the exhibitions and the 'Space' are very positive. This finding is based on both the in-depth interviews and supplemented with a large body of anecdotal evidence. The following section recaps on key findings and poses questions to help continue shaping the evolving organisation.

Interview themes

Without exception, all interviewees reinforced the idea that The Suttie Arts Space is perceived as both a refuge and/or a bubble. It is is, without doubt, a place for many - be they staff, visitors or patients - to escape harsh realities; to recharge; contemplate; relax, experience, enjoy or even criticise the art, as well as a place where artists can create exhibitions to be experienced. The Suttie Arts Space's unique setting appears to enhance the value and diversity of reasons for visiting. Comparing the 'Space' to a chapel was a frequent analogy. This reflects a serenity felt by those who ventured in. The immersive nature of exhibitions and exhibits means that it is a place where labels such as 'patient' can be left at the entrance, along with heavy emotional connotations and expectations. The exhibitions offer psychological as well as physical space.

One interviewee hypothesised that The Suttie Arts Space might be transformative and create memorable experiences for the perceiver. Interviews offered support for this. The nature of the sampling strategy predisposed the likelihood of narratives to support this theme. However, the theme cannot be ignored because it was perhaps predictable. The impact of the art as well as the 'Space' reflects the experience of many – it is perceived as a place of refuge and a bubble beyond the hospital environment. Some form of connection between the art and the visitor seems to enable the 'Space' to be this refuge and bubble.

There is a potential for conflict here. There appears to be a largely shared acceptance of The Suttie Arts Space as a refuge – a shared value. Individuals therefore are ab,e to make connections to the art and artists value this unique scenario. A community is typically one where each member feels a shared emotional connection. This box is ticked. A community must also allow its members to feel that they have a voice to control the action and direction of the community. Is this desired? Perhaps not. It does however, offer an alternative explanation as to why so many comments are offered in terms of how to improve The Suttie Arts Space. The interpretation of the interview material, perhaps ironically, suggests that, at present, telling GHAT how to improve the 'Space' reflects an increasingly embraced venture, rather than a sense of community. Future consideration might be given to how to ensure visitors have a voice.

The comment cards were insightful; what form should future evaluations of exhibitions and the 'Space' use take? On-going evaluation and allowing visitors to have their opinions heard is important, as inferred by the quote below:

> *The art world is like a little universe with its own concerns and interests, submerged in a world where the influences of many other fields affect its operations.*
>
> *(Silva 2006 p. 142)*

Ensuring the direction of GHAT continues to balance the needs of the visitors with the needs of the art world is a difficult balance. The difference is not perceptible unless the outside world is allowed in through hearing the voices of those alien to the world.

Another question for the organisation in the future may also be: how to maintain the valued sense of refuge and peace alongside increased audience engagement, or development of a community?

Figure 14 Suggestions for choreograph for DanceLive

Anecdotal evidence

Comment cards, observations and informal conversations at first allowed a holistic understanding of the organisation. Collectively, the mass of notes found further support for the findings and interpretations. A point of concern expressed by GHAT stakeholders is that the key findings were based on a small sample of interviews. The sampling method meant that only those who entered The Suttie Arts Space – and then proactively chose to be interviewed - were in the sample pool. This infers the individual had a degree of confidence, past experience or a strong desire to share experiences. It was not surprising, for example then, that all the interviewees had previous art gallery experience. The comments sheets suggest the findings were robust and representative when suggesting that visitors would come again, for example, this first time visitor wrote:

> *It's no fun for anyone to be in hospital this is a space I would happily visit again. ARI has always supported art through the great range of pictures on that corridor walls but this is a brilliant extension of that initiative. Thank you ☺*

Figure 15 ARI corridor with art from GHAT's Collection

Trepidation and awkwardness about entering was however, sometimes observed. This could be explained by the conflict in entering a space into which one was not invited. Within a hospital setting, entering a room, such as consulting room without an explicit invitation to do so is unacceptable. Trepidation might also be linked to the novel experience of entering an art gallery space. Looking into The Suttie Arts Space, even through the large open window, was actively avoided by most who walked past. This reinforced the corridor's transitional position between public and clinical areas. Individuals observed social norms associated with the respective spaces. Furthermore, most people will have had experience of museums, perhaps only as children.

With there being only one publically owned large art gallery in Aberdeen, it is conceivable that some hospital visitors will not have been in an art gallery or will be infrequent visitors. Furthermore, an art gallery is also not expected in a hospital. Research suggests that 40% of the population feel they lack the knowledge to appreciate art (Silva 2006).

The Suttie Arts Space might consider what more can be done to encourage individuals to break social norms and encourage passing footfall to stop and look. It is appreciated that various attempts have been made to date and it might be wise to continue experimentation in this regard. See also visitor recommendations for visitor's suggestions in appendix 6.

Do perceptions meet GHAT objectives?

….an ambitious programme of arts to welcome all individuals, inclusive of patients, visitors and NHS staff….

The Suttie Arts Space is undoubtedly ambitious and the open doors policy is in place. Visitor numbers *appear* low, adding to the feel of a peaceful refuge. Objective use of a people counter evidences high numbers of visitors around the clock. Visitors are NHS staff, patients and patients' visitors. There is little evidence at this point that the public, if unrelated to either the artists or stakeholders, are making the journey to exhibitions.

The author's recent research in an unrelated area indicates that simply *knowing* events are taking place - and being invited - is enough to have a *measurable* difference on individuals' perceptions (McDougall 2015). Is such a finding transferable? Research on the Millennium Dome's use of its "Sacred Space" would appear to share a similar conclusion that knowing the 'Space' is there is enough for it to be valued, supported - and visited when there is a need.

> *……and a catalyst in which to develop projects across the whole of NHSG and the North East.*

Whether it is a catalyst is not formally explored. It was noted, however, that exhibiting artists added their exhibition in The Suttie Arts Space to their 'CV' and this no doubt enhances their visibility and credibility. Staff networks have led to further connections with artists and further successful exhibitions. Now that The Suttie Arts Space appears to be established in its primary goal of providing art for the NHS, it might well serve as a catalyst of good practice. Dissemination of lessons learnt through this evaluation project documenting GHAT's journey to date might be one way forward.

Finally, GHAT's mission aims to be:

> *…. creative, effective, supportive, open, interactive and ethical.*

Creativity is evident in the exhibitions to date. This represents a success for the strong partnerships between artists and GHAT staff. Similarly, the perceived support commented on by interviewees and informal comments from artists is evidenced in the interview feedback.

Interactivity through events has been tried and audience engagement was clearly increasing throughout the duration of the evaluation. Plans are already afoot to increase audience engagement.

> *The Suttie Arts Space allows GHAT to support ambitious and high quality arts practice, and disseminate current arts practice for an audience within the North-East.*

The Suttie Arts Space is recognised as being a successful step-up from offering art as the "fabric of the building" (Rhys) i.e. in hospital corridors. All three groups in the sample recognise the value and difference of the new, purpose built space. The dissemination of arts practice infers education. The exposure of new audiences is an education in itself. As mentioned, The Suttie Arts Space is experimenting and learning from events. For example, midwifery students have repeated their organised visit to learn from GHAT staff.

We aim to support artists to produce new work for exhibition as much as is possible. Working with artists enables us to develop a positive relationship with them…….support and opportunities for artists in Aberdeen and beyond.

The evaluation can confirm that the programme of events is producing new work. All artists spoken to were keen to confirm that they had developed positive relationships with staff. The GHAT intern (Catherine Smith) also went on to produce her own exhibition in GHAT's Small Gallery, helping her to launch her career. Other artists appear to be proud to have exhibited in this new space. The nurturing theme is clearly an active dynamic between artists, the organisation and the audience.

The Suttie Arts Space could be considered a micro-example of the macro-project to study the relationship between art and well-being. The project is well grounded and supports theory and research. To date, this art project, The Suttie Arts Space, has proven it is possible to take action to maximise art's positive impact throughout NHS Grampian region. Artists are benefitting and the process clearly supports patients, visitors and staff.

Just to keep doing what they are doing really. (Pip)

Figure 16 Terra Nova exhibition (photo Mike Davidson)

Figure 17 The Collection (photo GHAT)

Figure 18 The Artroom (photo GHAT)

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APPENDICES

Appendix 1 Areas of interest – as submitted to NRES:

A. Venue Use

- Other than for your art exhibition have you been here before?
- If yes, did you come for the art, to enjoy a quiet place or did you stumble across it?
- Do you think you are likely to visit again?
- Are you aware of the programme of events and exhibitions? (if not, would you like to know?)
- Do you usually visit art exhibitions?

B. Venue Perception/Feedback

- How did you feel before you first entered this space?
- Did the art you display here change how you felt?
- What does this change mean to you?
- Do you think visitors will feel differently because of [your] art displayed here? Why?
- What does this change mean to you?
- Is there any feedback you'd like to give to the Suttie Art Space curators?
- Does art in this context change how you feel about art? Why?

C. Perception of Art

- If other art is being displayed: Are you drawn to any one piece of art? Why?
- If you could pass on comment to the artist, what would you ask/say?
- Artist: What reaction do you expect someone looking at your artwork might have? Why?

Appendix 2 NRES approved Consent Form

CONSENT FORM

Title of Project: **GHAT Art Space Evaluation Project**

Name of Researcher: **Basia McDougall**

Please initial all boxes

1. I confirm that I have read and understand the information sheet dated **15 June, 2015** (version **2**) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without consequence. ☐

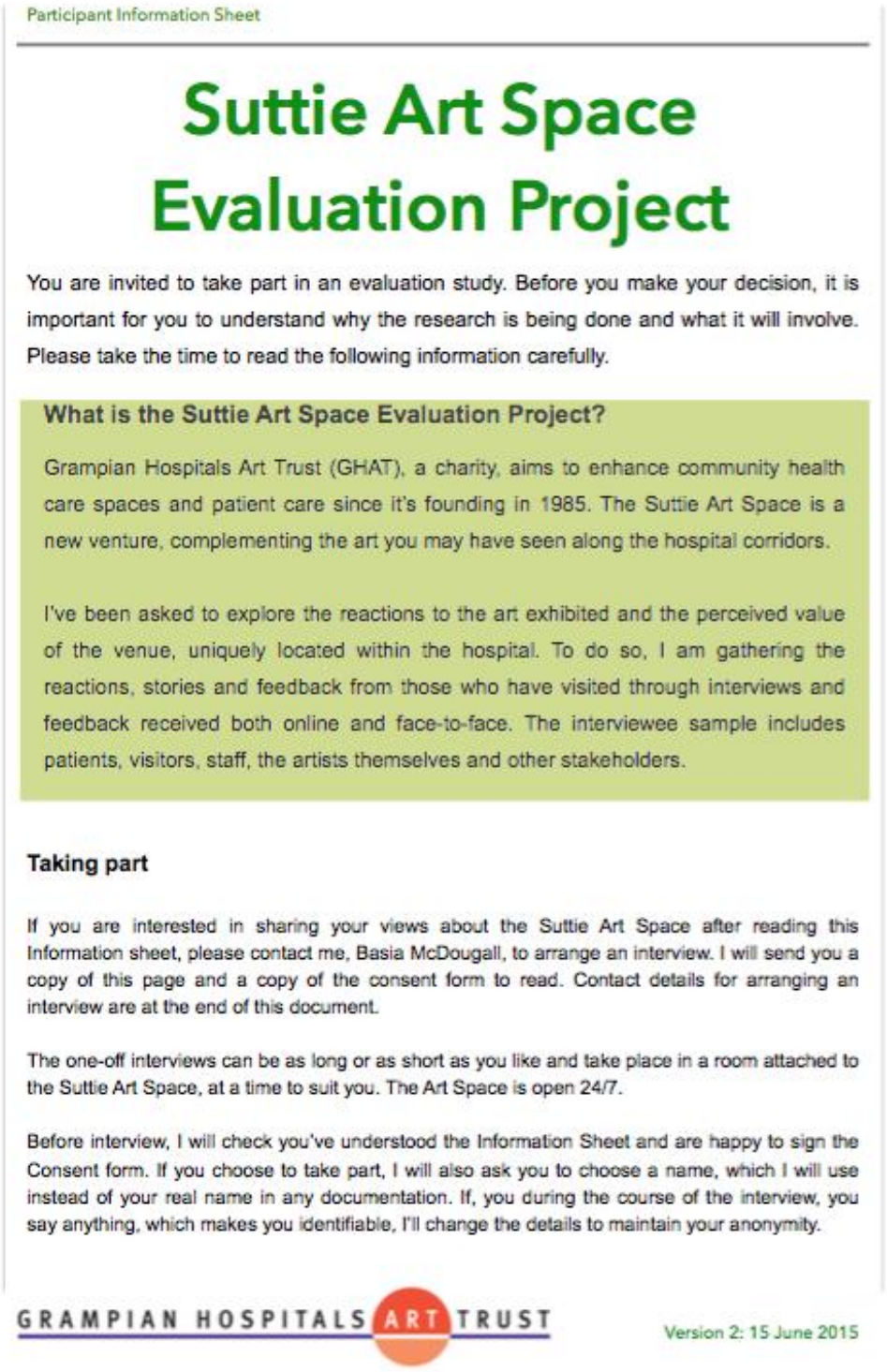
3. I understand that the evaluation study has no connection to my medical care (if a patient) or employment (if member of staff). ☐

4. The recorded interview will be transcribed and quotes may be used in the evaluation report, GHAT publicity material and/or the researcher's future publications. My name and any identifying details will be changed to ensure my anonymity. I give permission for this use of my interview material.

5. I agree to take part in the above study as an interviewee. ☐

Name of Participant	Date	Signature
Name of Researcher	Date	Signature

Appendix 3 NRES approved Participant Information Sheet



Participant Information Sheet

Suttie Art Space Evaluation Project

You are invited to take part in an evaluation study. Before you make your decision, it is important for you to understand why the research is being done and what it will involve. Please take the time to read the following information carefully.

What is the Suttie Art Space Evaluation Project?

Grampian Hospitals Art Trust (GHAT), a charity, aims to enhance community health care spaces and patient care since it's founding in 1985. The Suttie Art Space is a new venture, complementing the art you may have seen along the hospital corridors.

I've been asked to explore the reactions to the art exhibited and the perceived value of the venue, uniquely located within the hospital. To do so, I am gathering the reactions, stories and feedback from those who have visited through interviews and feedback received both online and face-to-face. The interviewee sample includes patients, visitors, staff, the artists themselves and other stakeholders.

Taking part

If you are interested in sharing your views about the Suttie Art Space after reading this Information sheet, please contact me, Basia McDougall, to arrange an interview. I will send you a copy of this page and a copy of the consent form to read. Contact details for arranging an interview are at the end of this document.

The one-off interviews can be as long or as short as you like and take place in a room attached to the Suttie Art Space, at a time to suit you. The Art Space is open 24/7.

Before interview, I will check you've understood the Information Sheet and are happy to sign the Consent form. If you choose to take part, I will also ask you to choose a name, which I will use instead of your real name in any documentation. If, you during the course of the interview, you say anything, which makes you identifiable, I'll change the details to maintain your anonymity.

GRAMPIAN HOSPITALS ART TRUST

Version 2: 15 June 2015

Participant Information Sheet

What's involved?

At the interview, I'll ask you why you came to the Suttie Art Space and what you thought of it. You can tell me as much or as little as you feel comfortable with. I will record the interview so that I don't need to write down everything you say.

What happens to the interview material?

Using a typed up transcription of the interview, I will choose quotes to help summarise your views. I will also look for common themes across interviews. These will be described in the evaluation report.

The interview recording will be deleted, and any interview notes destroyed. I will only keep a copy of the typed up transcript. Your anonymity will always be preserved, unless you specifically requested otherwise, e.g.: if you are an exhibiting artist.

Who sees the evaluation report?

The report will be given to GHAT to disseminate, as they need: for publicity; to develop their business ideas; workshops. If appropriate, the evaluation report, or parts of it, will be used to support further funding applications for this and other projects, such as the art workshops for patients in Roxburgh House, the Children's Hospital etc.

How might you be affected?

Hospitals can be associated with emotional events. It's up to you whether you wish to reflect on the reason for your visit to the Art Space during the interview. The evaluation is focused on your perceptions of the art and the Art Space.

You have the right to withdraw from the interview - and have any interview material removed - without consequence, at any point until the publication of the evaluation report.

Who is funding this study?

NHS money is not used for this project. GHAT, a charity, relies on external funding.This study has been reviewed by, and received ethics clearance from the NHS Research Ethics Committee.

A RECAP: KEY FACTS

- The evaluation study is seeking volunteers to interview about their perceptions of the Suttie Art Space.
- The interviews take place in the Suttie Art Space, within the hospital at a date and time to suit.
- The evaluation report will include quotes from the interview and look for similarities and differences across stories told by interviewees.
- The report will be used to support fundraising and awareness-raising for GHAT in a number of forms, including publicity material and grant applications.
- You may remove your interview material without consequence at any time up to the time of the report publication.
- Any personal information is changed so that art space visitors and stakeholders cannot be identified.

For more information or to book an interview:

Basia McDougall

The Suttie Art Space

basiamcd@gmail.com or

07770-882261

GRAMPIAN HOSPITALS ART TRUST

Version 2: 15 June 2015

Appendix 4 Poster

The Suttie Arts Space

Grampian Hospitals Art Trust
Aberdeen Royal Infirmary
Foresterhill
Aberdeen AB25 2ZN

Participants needed for The Suttie Arts Space Evaluation Project

We are looking for volunteers to take part in a study of the perceptions of The Suttie Art Space - and the art exhibited in this venue.

Pop in to arrange a chat over a 'cuppa' to tell us what you think. We're keen to hear your views.

The interview is recorded. All identifying details are changed so that you and your comments are anonymous in the final report.

WOULD YOU LIKE TO SHARE YOUR VIEW?

For more information, or to volunteer for this study contact:
Basia McDougall
The Suttie Art Space
07770882261 basiamcd@gmail.com

This study has been reviewed by, and received ethics clearance through the NHS Research Ethics Committee.

phf Paul Hamlyn Foundation

GRAMPIAN HOSPITALS ART TRUST

Flyer v2 16 June 2015

Appendix 5 Exhibition Programme Details

Same but different	Opening: Friday 14th November 2014

The Suttie Arts Space features the work of three artists who work in very different ways, yet share ideas and interests about the repetition of commonly seen images, objects and materials within everyday life. From the exact duplicates of characters and scenes in animated Disney films to the exchange and pairing of naturally occurring materials within the Scottish landscape, the notion of interpreting or simply replicating is a recurring theme.

Artists: Lotte Glob, Oliver Laric, Stephanie Mann

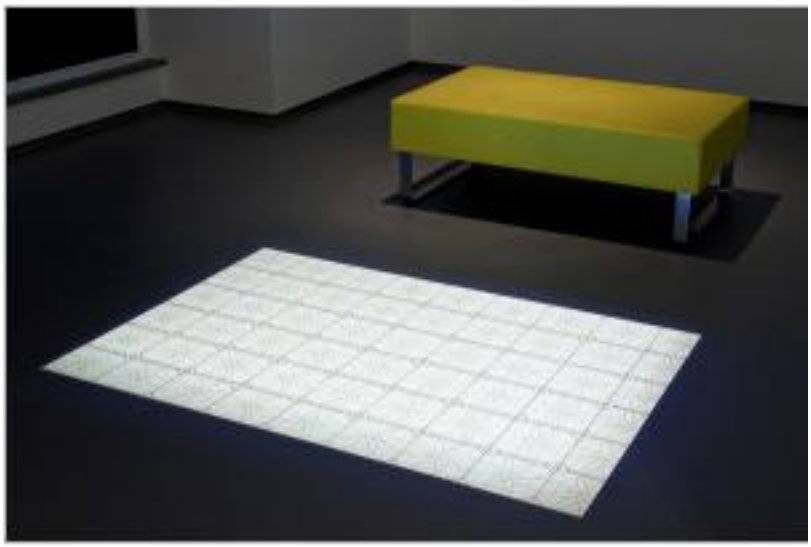
Evident Care	4th March – 3rd May 2015

Evident Care features new artwork for The Suttie Arts Space that explores the role of ornamentation and the formation of pattern within architectural space.

Dublin-based artist Miranda Blennerhassett was commissioned by GHAT to create new artwork, and has been in residency for three weeks to create large-scale paintings directly onto the gallery walls, as well as a new stop-motion animation.

The artwork in this exhibition is inspired by patterns taken from a series of books that share construction techniques repeated over centuries in ancient and modern architecture, and the role of ornamentation within our surroundings. When applied to objects and structures the elemental human action of creating pattern functions as a way of assigning value and meaning. There is an implication that consideration for our surroundings infers a consideration for those within it.

Artist: Miranda Blennerhassett



Aberdeen Artists Society	15th -31st May 2015

This exhibition is testimony to GHAT's commitment to supporting contemporary local practice and provides an opportunity to measure the vitality and vigour of artwork emanating from the Aberdeen Artists Society. It affords the chance to take a 'sounding' as it were.

Naturally, this can be one of many possible soundings but, importantly, it allows us to monitor the state of artistic production in the region and present the cross section taken from the wide diversity of creative expressions submitted by members of the society.

There was a very healthy submission and indeed the challenge of this exhibition was to find a selection fitting for this context and meet the constraints of the space. However, the difficulties were outweighed by the sheer pleasure of encountering work that was engaging, sophisticated, persuasive, often poetic, intellectually stimulating and beguiling.

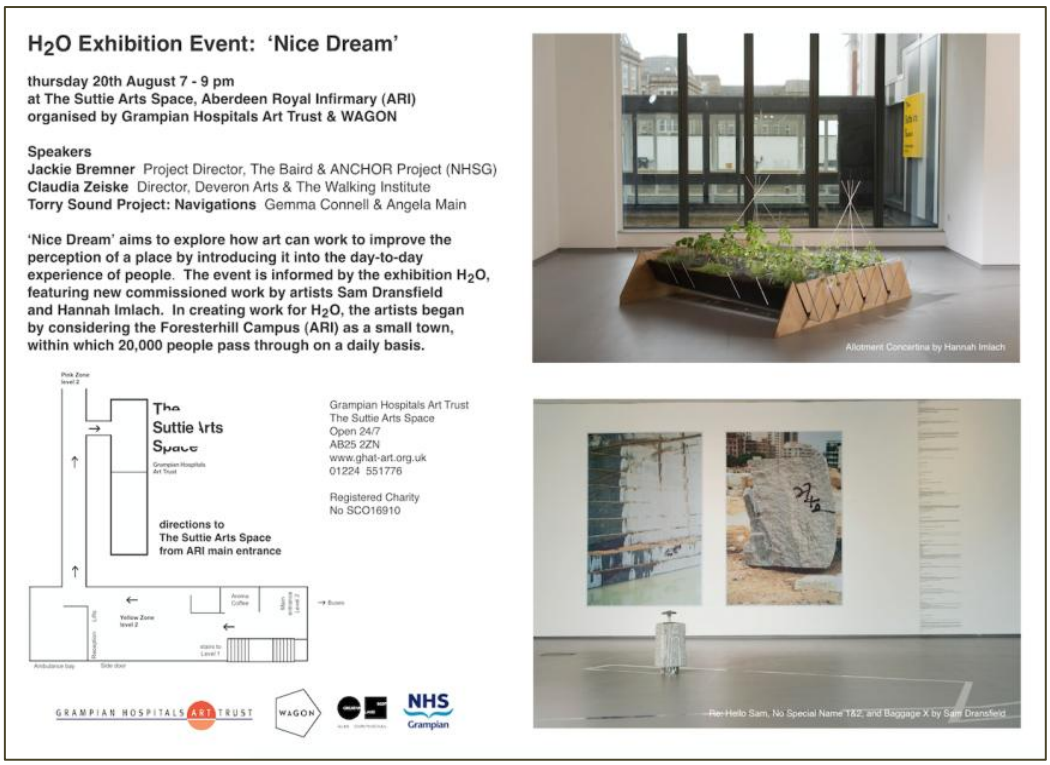
Curator: Kirsten Body (taken from exhibition leaflet).

H_2O	20th June – 30th August 2015

H2O is the result of a process of working that has seen two exciting, emerging artists create new artwork informed by researching the Foresterhill site, referencing both the history and the way in which this expansive place functions day to day. Both artists have made work through continual interaction with the site and with individuals from NHSG Estates, Catering Services, Porters, Archive and also Aberdeen University Special Collections.

Documentation is an important tool within both their work, and is considered with regard to the gallery context, how it helps inform and introduce the audience to their process of working, and is an insight into the journeys they undertake. (Taken from GHAT website).

Artists: Sam Dransfield and Hannah Imlach.



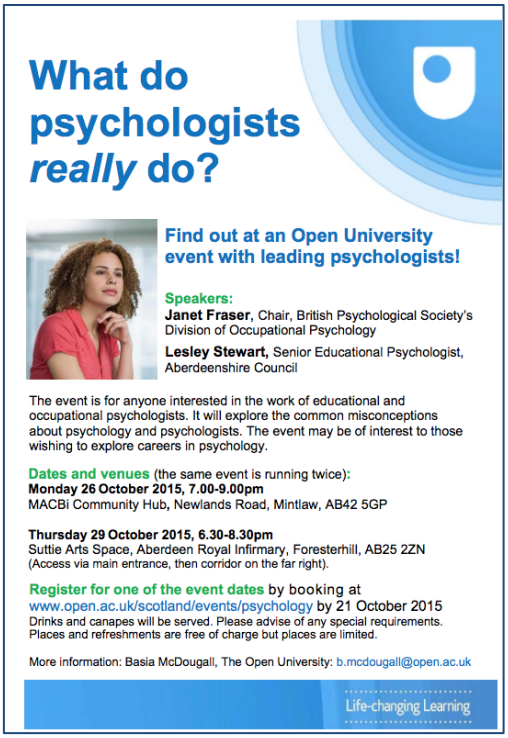
Film Festival	18th September – 2nd October 2015

DanceLive	8th - 20th October 2015

'Choreospondance' is a project that invites you to write a letter describing a dance performance that you would like to see! 'Casson & Friends' will then create brand newmini dance works using as many of these descriptions as possible!
These new works will then be performed somewhere in Aberdeen by up to 4 performers, as part of Citymoves' DanceLive Festival from 12th - 18th October 2015. We'll also film all of the performances too and put them online, so you can see yourideas created wherever you are in the world!
We can't wait to read your ideas!

29th October, 2015

Venue Used by the Open University for a Scottish Government funded public engagement event



What do psychologists *really* do?

Find out at an Open University event with leading psychologists!

Speakers:
Janet Fraser, Chair, British Psychological Society's Division of Occupational Psychology
Lesley Stewart, Senior Educational Psychologist, Aberdeenshire Council

The event is for anyone interested in the work of educational and occupational psychologists. It will explore the common misconceptions about psychology and psychologists. The event may be of interest to those wishing to explore careers in psychology.

Dates and venues (the same event is running twice):
Monday 26 October 2015, 7.00-9.00pm
MACBi Community Hub, Newlands Road, Mintlaw, AB42 5GP

Thursday 29 October 2015, 6.30-8.30pm
Suttie Arts Space, Aberdeen Royal Infirmary, Foresterhill, AB25 2ZN
(Access via main entrance, then corridor on the far right).

Register for one of the event dates by booking at www.open.ac.uk/scotland/events/psychology by 21 October 2015
Drinks and canapes will be served. Please advise of any special requirements. Places and refreshments are free of charge but places are limited.

More information: Basia McDougall, The Open University: b.mcdougall@open.ac.uk

Life-changing Learning

November Issue	**4th October 2015 – 27th November 2016**

A celebration of selected artists Grampian Hospitals Art Trust has supported through site specific projects or exhibitions in recent years. The works showcase a diverse range of artistic approaches, from the meticulous hand-cut detail in Ade Adesina's print to the repetition of sculptural casting in Jen Bradley's work. Each is an existing artwork and has been shown before in different locations.

Terra Nova	11th December 2015 – 14 February 2016

FOUND Collective (Ziggy Campbell and Simon Kirby) have been commissioned by Grampian Hospitals Art Trust to create new work for the exhibition Terra Nova. The project is a response to photographs taken by Dr William Clark Souter from his time on board the ship the Terra Nova which travelled to Antarctica in 1903 to rescue Captain Scott's RRS Discovery from ice. Dr Souter was a junior doctor based at Aberdeen Royal Infirmary when he was asked to travel as doctor on board the ship. He then continued his career at ARI as an Ophthalmic Surgeon for over 40 years, and was one of few Britons to be awarded the Polar Medal, for his services during the Terra Nova expedition.

Dr Souter was a keen photographer, and was tasked with documenting the expedition, the crew, their shared lunches of lemons and biscuits, journeys by dog sled, and particularly of the pioneering ballistics work to force a safe path through ice led by Captain Harry McKay of the Terra Nova. His photographs are now housed within the University of Aberdeen Special Collections. (Taken from GHAT website).

Go here Temporary studio	19th March - 1st May 2016

Temporary Studio is a collaborative project led by Aberdeen-based artists Kirsty Russell and Amber Robertson. For Go Here, the artists have focused on unseen or overlooked aspects of the Foresterhill Campus, to encourage a second glance at some of the nooks and crannies of this place, from staircases and doors, to plants and trees. Throughout the duration of the exhibition The Suttie Arts Space will act as a tourist information point for the site, with Kirsty and Amber hosting pop-up events throughout Foresterhill, as 'tour guides' for Go Here. The postcards are useable so please feel free to take one away!

Go Here coincides with The Year of Innovation, Architecture and Design 2016, a year in which numerous new events and initiatives are taking place across Scotland to 'celebrate awe-inspiring innovation, breathtaking architecture and brave, bold designs through new and exciting experiences and events.'

(Taken from GHAT website).

4-bit	**14th May – 3rd July 2016**

This group exhibition of new artwork commissioned by Grampian Hospitals Art Trust for The Suttie Arts Space brings together the work of four exciting young artists from the UK and Northern Ireland.

Artists: Emily Binks, Paul Corbett, Sophie Ormerod, Jonathan H S Ross

The Suttie Arts Space

Grampian Hospitals Art Trust

Aberdeen Royal Infirmary
Foresterhill
Aberdeen AB25 2ZN

4-bit

Emily Binks
Paul Corbett
Sophie Ormerod
Jonathan H S Ross

14th May - 3rd July

Appendix 6 Suggestions made by interviewees:

It is obviously not possible to act on all these suggestions, nor would it be advisable! However, these are passed on, if only to provide further support for the third theme. They are in order of frequency with the most common suggestions at the top.

- More comfy seating
- More information about artists or exhibits – although some will readily ignore this
- Details about exhibition start and finish dates **at the entrance**
- More exhibits within an exhibition
- Keep the variety
- More signage at the hospital entrance
- Another film festival
- A welcome sign
- More music as part of the exhibition
- More marketing material but less reliance on internet-based advertising
- Paper-based information
- Keep the variety of other art in the locality up to date and topped up on site
- Please be aware of additional requirements, e.g. for the visually impaired
- More immersive art ("love the scanner")
- More reflection of multicultural art
- More BME artists
- Bean bags
- More workshops/events e.g. talks – with more advertising (not internet based)
- Better organisational info (no recent annual review available within Suttie Arts Space)

Appendix 7 Reflective Statement

I thoroughly enjoyed this project and feel that I learnt not only about the organisation but also about art and the human condition.

The organisation: At first it felt as if I was grasping leaves from an invisible, giant tree or when digging, just finding small, thin roots which I struggled to follow and see the direction from which they were growing. The landscape the tree was growing in, whilst familiar, was simultaneously strange. The discourse, values and norms were alien. In some respects, this perhaps mirrored a less than formal structure and system of the organisation. To use the same analogy, the tree was still a sapling. Over time, the tree took shape and roots developed a strong supporting and nourishing network. GHAT's core objectives became the solid tree trunk and different areas of work became clearly defined branches. The Suttie Arts Space was one thick branch which has flourished and continues to do so.

The art: I have no background in art training. This, I felt was an advantage, ensuring no preconceptions, expectations or bias in my evaluation. At first, however, I felt out of my depth and my diary comments capture frequent entries of panic as yet another article was devoured to get up to speed with some aspect of the art world. My trips away from home for the last year have been additionally punctuated with visits to every local art gallery or museum in the vicinity, taking notes on visitor behaviour, presence or absence of labels, invigilator presence etc. My honesty about the lack of art world knowledge was met with patience and good humour, although at times perhaps frustration, albeit well veiled. 'Curating' in my home amounts to little more than positioning a picture where the blemish on the wall happens to be! I felt a little better about this as it turns out this was a common decision-making factor amongst peers. I've always had an appreciation for the creativity and skills of artists. Speaking to artists about their work was an additional privilege and opened up a new way of seeing art as well as a new discourse – a new language. The whole evaluation process enabled me to develop the identity of an informed outsider who, at times, could assume the identity of an insider, having gleaned knowledge and understanding from experts and artists.

The human condition: As a psychologist, I am well aware of just how complex human behaviour is. Listening to the stories, I was frequently touched by the resilience of the interviewees. Their stories reinforced the fact that we live in a society that has sped up and few have lots of spare time. However, The Suttie Arts Space provided much needed 'slow time'. The use of stories yet again proved to me just how insightful the simple process of asking someone to tell you their story can be to further understanding of perceptions. The mass of information once collected, as ever, still filled me with trepidation. I am grateful to the second reviewer of the thematic analysis, who uncovered the same three thematic areas. I am also grateful for the unusual approach to include all the rich anecdotal evidence thematically. This is possible on the basis of not being restrained by academic convention.

The end product: this evaluation project, was far longer than intended. For this reason, a second, shorter version will be produced. The additional hundred pages reflect the pleasure involved in watching and recording The Suttie Arts Space develop and grow. Working with such a committed team made the experience all the more pleasurable.

One only finishes
The finished work

Jean-Auguste Dominque Ingres