

A STUDY OF THE MATER CHILDREN'S HOSPITAL TILE PROJECT

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The work contained in this thesis has not been previously submitted for a degree or diploma at any other university. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made.

Signed.....

Date.....

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ABSTRACT

This thesis examined the relationship between children’s visual art and hospital contexts. It specifically focused on children’s art in the Tile Project within the Mater Children’s Hospital, Brisbane, Queensland, Australia. This ethnographic study consisted of interviews with the creators of the Tile Project as well as interviews and a survey with parents, staff, and children within the Mater Children’s Hospital. The interviews were informed by a review of literature in the areas of art in health settings. The study made observations of the community interacting with the tiles and collected images of the tiles used in the hospital and employed the framework of Bourdieu’s (1993) fields of cultural production and Abbs’s (1987) aesthetic field and dimensions, as well as the aesthetic dimensions of Beardsley (1982), Eisner (1985), and Csikszentmihalyi (1990). The study investigated the aesthetic characteristics of the tiles and their health outcomes in relation to the hospital community.

This study is significant because the Mater Children’s Hospital Tile Project was a project that reflected art in healthcare settings involving Community Arts, art in design, and art in public buildings. The research identified the unique nature of the Tile Project which saw the hospital as a children’s space with artworks for children by children. The study reflected on the value of the tiles in having a healing and distracting quality for parents and children alike and that engagement with the tiles through touch, imagination, and playful games improved the atmosphere of the hospital.

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CHAPTER 1

INTRODUCTION

Several events in my private and professional life have influenced this research. The most significant event happened when the youngest of my six children became ill at the age of one. The following 12 years of her profoundly handicapped and chronically ill life were hospital-, medical-, and therapy-centred. As an artist/teacher, I was concerned with the arid and alien environments in the countless hospital waiting rooms, wards and emergency facilities that I frequented in children's hospitals and therapy centres over those years. As a mother, I was acutely aware of the overwhelming responsibility that was placed on my family to provide an holistic lifestyle for my child.

After the death of my child I returned to tertiary study and the workforce. I had taught art in primary and secondary schools throughout Queensland and had been very involved in education and therapy programmes offered for profoundly and multiply handicapped children in special schools in Brisbane.

In my professional role as an art teacher in Queensland schools, I experienced student's artwork to be a visual articulation of their perceptions of life. Students were able to communicate through the common language of art making. I developed programmes for students with special needs and adults with intellectual disabilities in which art was used as a means of communication of their social, emotional, spiritual, and physical needs.

I was further influenced through involvement with art teacher Barbara Foster at an *Art in Healing Seminar*, conducted at the Australian Catholic University, Brisbane in 2001. Barbara gave a presentation on the Tile Project for the new Mater Children's Hospital.

My study is concerned with the relationship between children's visual art and hospital contexts. It specifically focuses on children's art in the Tile Project within the Mater Children's Hospital, Brisbane, Queensland, Australia. This chapter provides an overview of the research field and includes a Research Map (Figure 1.1). It introduces the Mater Children's Hospital Tile Project. The research examines the aesthetic value and the health outcomes of children's art work in a hospital.

1.1 Context of the Research

While there is a growing literature in children's visual arts which examines the nature of the arts and art therapy, there is a paucity of literature that documents the contexts in which art making takes place and the effects of the visual arts in a hospital setting. I believe there is an urgent need to understand the nature and extent of children's visual arts in health contexts and the impact that the visual arts have on hospital environments and their wider community. Children's stories need to be heard and told through their own voices and images.

German social researcher Habermas (1984) focuses on values which, when processed and formalised, can bring a "history of social groups under a unifying idea" (p. 172). British researcher Abbs (1994) perceives that the task today with public art works should be "in creative response" (p. 41), where we can tell stories, create the signs and symbols, and visually articulate those narratives. Children in particular have "individuality" and a "spontaneity" which must be cherished and captured (pp. 43-44). Another British

researcher Mayall, believes that children occupy a specific social position of disadvantage because of adult perceptions of their lesser abilities. Children have “little power to participate in decision making” (Mayall, 1999, p. 10). This has been evidenced in most health settings where the true significance of children’s art has been overlooked by architects and planners in favour of adult perceptions of the needs of children. An example of this is in the numerous art works in the manner of Walt Disney or storybook characters found within hospitals. There is, however, research literature on hospital art projects with varying approaches to art and healthcare which operate differently from art solely as therapy. These approaches identify with the three models for successful use of art in healthcare settings projected by Marsden (1993)—interactive arts projects and programmes; cultural planning and design for new hospitals; and art in public buildings.

1.2 Community Arts

One approach to art which uses interactive arts projects and programmes in a healthcare setting is that of Community Arts. This form of art making “operated differently than art as therapy and therefore would provide a different kind of experience for participants and have a different impact” (Clifford, 1997, p. 1). Clifford’s study was based on a distinction provided by Gerrand (1995) to show the difference between community arts practice in healthcare, where art is “community development practice of empowering the participants” and art as therapy, where art provides “creative activities to relieve the monotony of hospitalisation and create a feeling of wellness” (p. 12). Arts in Health Programmes which “employ an artist in a healthcare setting, indicates that they have something valuable to contribute to the healing environment of a hospital” (Clifford, 1997, p. 3). While healing or removing suffering of a patient is not the artist’s intention, the facilitation of art making “may contribute to healing” (Clifford, p. 3).

The first model defined above is concerned with Community Arts programmes that employ artists in healthcare settings where “their intention is to facilitate art making” (Clifford, 1997, p. 3). The second model identifies art in design through cultural planning and design for new hospitals.

1.3 Art in Design

A global movement is emerging to unite artists and designers in the field of healthcare. This initiative was pioneered by Peter Senior in Manchester in the 1970s and recognises the ability of a built environment to affect the people in it (Arts for Health, 2003). This notion is further supported by Ulrich (1991), an environmental psychologist who presents a theory of supportive design for health facilities. Ulrich suggests that if healthcare environments are designed to foster a sense of control, and to provide access to social support as well as access to positive distractions and lack of exposure to negative distractions, they will promote wellness and lessen stress.

While there has been some published and documented research undertaken (to be discussed in Chapter 2), the nature of children’s visual art in a hospital setting in Australia is relatively unexplored in the research literature.

Most art in hospitals is added as interior decoration often donated by benefactors or it is implemented through art therapy programmes, Occupational Therapy departments, and school programmes within the hospital setting. The third model focuses on art in public buildings.

1.4 Art in Public Buildings

Art has been used in public hospitals since the 11th Century where, as a public duty, it was used to beautify buildings (Baron, 1995). Baron further suggests that during Renaissance times rulers sought public honour and eternal glory through their patronage of public arts. From Shakespearean times to the 17th and 18th Centuries, public art in England was used in hospitals as a means of community education for secular and spiritual purposes as well as encouraging wealthy patrons. This notion of art in a public building is still apparent in the Chelsea and Westminster Hospital in London where contemporary thinking links art in the hospital with an improvement in the well-being of the staff and patients.

1.5 Mater Children's Hospital

This study examined the Mater Children's Hospital Tile Project. It looked at the aesthetic characteristics of the tiles and their health outcomes. This was achieved through an exploration of children's visual art and an holistic approach to children's emotional, physical, social and creative well-being within a specific community. It was through an understanding of the relationships of children's visual art and the hospital community that the impact of the tiles could be evaluated.

The study consisted of three phases. Phase 1 commenced in 2000 and was concerned initially with the acquisition of children's artworks and their production into tiles. In Phase 1, interviews with four key stakeholders of the Tile Project were conducted and these aspects of the Tile Project were explained. These interviews are included as Appendices A, B, C, and D.

Phase 2 was conducted during 2002 and 2003. The first part of Phase 2 consisted of 64 interviews with staff, parents, children and visitors at the Mater Children's Hospital.

The second section of Phase 2 was conducted in 2003 and consisted of a survey carried out with 64 staff, children, parents and visitors at the Mater Children's Hospital. Responses to the surveys are set out in Chapter 6. Five thousand images of the tiles were collected during this phase.

The findings from the data collected through Phases 1 and 2 were analysed during Phase 3 and the outcomes presented in Chapter 7.

The new Mater Children's Hospital has incorporated artworks by children for children into its architectural structure. This has taken the form of images made by children which were transposed onto tiles and installed throughout the eight floors of the hospital. According to a Mater Children's Hospital executive, the tiles were like a "gift from children to children in hospital." He said that "there was a general consensus that hospitals can be scary places ... art was a way of bringing a bit more of a human element to it or taking some of the clinical element out of it" (M42/S21). The codes for Phase 2 interviews are set out in Chapter 3. The characteristics of the Mater Children's Hospital Tile Project are further developed in Chapters 4 and 5.

1.6 Research Purpose

The purpose of this study is to understand the nature of children's visual art as represented by the Mater Children's Hospital Tile Project and its relationship with the community of the Mater Children's Hospital. In this study I have used a combined qualitative and quantitative design that uses a dominant qualitative and a less dominant quantitative component. An ethnographic approach was used in order to present "the natural language of the culture" (Creswell, 1998, p. 184).

Given the importance of visual arts in a healthcare setting, this study investigates the nature of children’s visual art and also explores the outcomes of children’s visual art in a hospital and its community. The study poses three research questions that focus on the nature of children’s visual art in the Mater Children’s Hospital. The research questions are conceived within a qualitative and quantitative methodology related to that used in a number of studies (Creswell, 1994, 1998; Gubrium & Holstein, 1997). The research questions are also used to explore what Bourdieu calls a social context and which provides “a space of possibilities” (Swingewood, 1998, p. 94).

The research questions in this study are:

1. What are the characteristics of the Mater Children’s Hospital Tile Project?
2. What are the purposes of the Tile Project?
3. What differences have the tiles made in the hospital?

1.6.1 Research Question 1

Data collection for this research was conducted using semi-structured interviews with four key stakeholders of the Tile Project. The stakeholders—Barbara Foster, Pamela Godsall-Smith, Barbara Paulsen, and Stephanie Outridge-Field—were involved in the project from its conception. The characteristics of the Tile Project may be illustrated through analysis of the processes that constituted that project. I defined these processes under the headings of (a) key people, (b) concept and theme, (c) trial panel, (d) recruitment of schools, (e) collection and selection of the artworks, and (f) the production and installation of the tiles, to give a framework for the “articulation of meaning [which] increasingly accords with organisationally promoted ways of making sense of experience” (Gubrium & Holstein, 1997, p. 173).

This is a naturalistic study, therefore, I will present the results of these interviews in descriptive narrative rather than report genre. The incidents, events, processes, observations, concerns, and aspirations described by the four stakeholders became the vehicle for communication of an holistic picture, as specified by Creswell (1994), of the characteristics of the Tile Project.

1.6.2 Research Question 2

The second research question is concerned with the notion of children’s visual art and its impact on the hospital environment and community. Art in hospitals is a powerful means of communication. This became apparent through an analysis of the interviews with the four key stakeholders in the Tile Project (Phase 1). Data collected from their interviews informed further interviews and a survey which was conducted within various clinics, waiting rooms, the emergency department, and various staff stations within the hospital and included staff, parents, children, and visitors to the hospital (Phase 2). Information gathered through these methods told the stories and gave meaning to the production of the tiles. This, according to Abbs (1994), is the “creative response” to this community project (p. 41).

Institutions, according to Bourdieu (1993), are shaped by the processes where the symbols of society are bound integrally to the human condition. As an institution, a hospital, therefore, is what Bourdieu calls a “field of production” (pp. 10-11). The field of production in my study is the Mater Children’s Hospital and it has, according to Bourdieu, its own “habitas” or set of values where the visual arts are appreciated in the context of the hospital.

1.6.3 Research Question 3

The third research question endeavours to depict the nature of the tiles and their impact on patients, family members, and staff within the hospital. While this study is primarily qualitative in its approach it has a quantitative component. I used a sequential triangulation method, through the survey, to provide evidence from a different source as cross-validation to the interpretation of the interviews (Phase 2).

The interviews conducted in Phase 2 were analysed with regard to aesthetic dimensions found in literature. These responses, in turn, informed survey questions in Phase 2. Data from the survey was then used to ascertain the various responses made by the participants in the study. The key aesthetic theorists on whom I have based my study are Abbs (1987), Beardsley (1982), Csikszentmihalyi (1990), and Eisner (1985) (see Table 1.1).

Table 1.1 Art theorists and their foci

Abbs (1987)	Beardsley (1982) Csikszentmihalyi (1990)	Eisner (1985)
Aesthetic Field	Aesthetic Experience	Aesthetic Processes

1.7 Research Map

The research map (Figure 1.1) charts the focus of the literature and research and its consequential impact on the interviews and survey which examine the nature and outcomes of children's visual art in the Mater Children's Hospital.

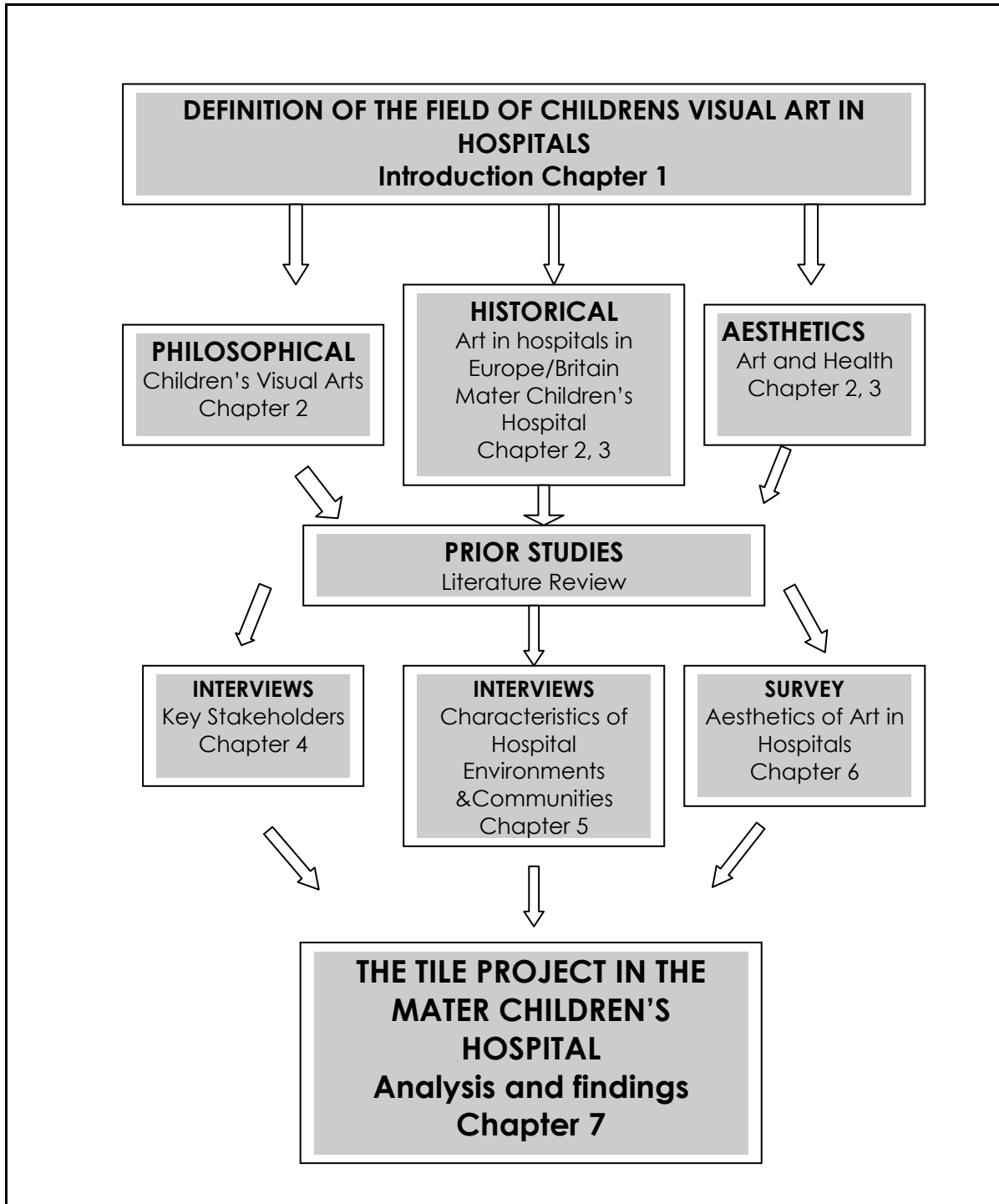


Figure 1.1 Research map

CHAPTER 2

LITERATURE REVIEW

A literature review was conducted to identify the nature of children's visual art in hospitals. There is much research which focuses on art therapy and maintains that children's art in a hospital/clinical setting has therapeutic qualities, supporting the various needs of children from birth to 18 years. This area of study has an emphasis on the psychological analysis of children's artworks.

Most of the articles reviewed supported the view that children's visual art in a hospital/clinic setting had an overwhelming therapeutic benefit for children. This research has been documented in the United States (US) and the United Kingdom (UK). It was also apparent that art as a creative experience was part of the therapeutic process (Bertoia, 1993; Steinhardt, 1993; Sundaram, 1995). Wright (1991) claimed that all children responded to their natural ability to make art, "to produce from imagination" (p. 16). It was through the creative experience that communication could begin, as could the healing process. Children's artworks, according to Goodnow (1977), are "examples of communication ... they are natural rather than imitative—that they spring from within" (p. 10).

On the other hand, there is not much contemporary research on the aesthetic value and health outcomes of children's artworks in hospitals. This literature has a focus

on art in hospitals which is historically placed in Europe and the UK and, more recently, in art programmes in hospitals in the UK and Australia.

2.1 Visual Arts in Hospitals

Visual art has been used in hospitals in Europe since the beginning of the second millennium CE (Baron, 1995). Hospitals were not children specific but were inclusive of abandoned, orphaned and sick children. Baron describes the hospital of Santa Maria della Scala, which has functioned on the same site in Sienna since 1090, and was originally intended as a hostel and hospital to care for foundlings, the elderly, the poor and pilgrims enroute from Northern Italy to Rome. The “concept of art in hospitals spread throughout Europe as did the need for rulers to build and supervise hospitals [for] glory in this world and life everlasting in the next” (Baron, p. 131).

Renaissance Europe had many hospitals devoted to the care of abandoned babies, the sick and the dying. Members of the elite were responsible for specific public monuments. Under the patronage of Lorenzo de’ Medici, many hospitals in Florence were beautified by the artists of the day. Santa Maria Nuova Hospital had frescos by Piero della Francesca (1416-1492). In 1421 Brunelleschi built the Ospedale degli Innocenti and della Robbia, was “commissioned to place ceramic roundels of babies in swaddling clothes in the arcades” (Baron, 1995, p. 131).

Spanish hospitals built during the reign of Charles V were based on the Italian model. They, too, were decorated through commissions to artists such as El Greco, Murillo and Montaner, a contemporary of Gaudi. The hospital in Burgundy was financed by Duke Phillip and the Church and contained a polyptych by Rogier van der Weyden of *The Last Judgement* which portrays the “bliss of entering the gates of heaven, the

counterpoint being the horrors of the descent into hell” (Behrman, 1997, p. 584). The emphasis of art in these settings was to serve as a spiritual need for the sick.

The hospital of St. Jean of Bruges, founded in 1188 in the manner of Santa Maria in Sienna, contained artworks by Memlinc and Rogier van der Weyden expounding the qualities of hospital leaders, bursars and the religious orders of nuns who obviously worked there (Baron, 1995). Artworks, according to Baron, were metaphors for hope and a good death. Gruneward, an artist, designer, engineer, and botanist, painted images of St Sebastian and St Anthony in the Hospital Monastery of Isenheim as metaphors to give succour against the ravages of the plague. These images also contained illustrations of plants “all recommended to counter the burning heat of the disease ... and added to the patients treatment with drugs and amputation and thus part of total healing care” (Baron, p. 134).

In 16th Century England, Henry VII followed the Maria Nuova Hospital model of Florence, but commissioned stained glass images of the Last Judgement and other artworks at Worcester to help patients contemplate their after life (Baron, 1995).

In the 17th and 18th Centuries English artwork was used as an allegory for mental illness, or as decoration to impress hospital councillors. Hogarth donated canvasses for St Bartholomew’s Hospital. These artworks were designed to promote pity and derive income. *The Pool of Bethesda* shows

... people afflicted with a dozen different diseases and poignant scenes such as a poor mother and child pushed out of the way by an attendant who has taken money to let forward a rich beautiful woman, perhaps with a venereal disease (Baron, 1995, p. 135).

Or perhaps the “sick mother and child ... cannot afford to pay for their treatment” (Behrman, 1997, p. 584). The intention of these artworks was to impress the

hospital governors and visitors, but they were of no consequence to patients. In the early 18th Century, the Foundling Hospital benefited from works by Hogarth and other leading English artists. The artworks were initially designed to attract visitors to “see both the foundling children and the wide range of paintings” (Baron, 1995, p. 135) which would in turn encourage charitable donations. Later, the artists formed the Royal Academy of Arts but the artworks were not intended for the mothers or children that the hospital housed. The emphasis was, rather, on the role of the artist as being more prestigious than a mere artisan (Behrman, 1997).

Thomas Guy planned the inclusion of artwork as symbols for the temporal and spiritual needs of the patient in a hospital to include the terminally ill (Baron, 1995). This was imaged through “a pelican standing by a woman holding a swaddled child, blood letting, a child holding a leech, a tourniquet and a scarification [and] the would-be-saintly Thomas Guy ... grasping with his left hand the outstretched arm of a half naked patient” (Baron, p. 136).

2.2 Contemporary Visual Art in English Hospitals

During Victorian England the notion emerged that the quality of life for hospital patients could be enhanced through the use of “pictures, plants and decoration [and] the use of tile paintings, especially in children’s wards” (Baron, 1995, p. 137). This was a delightful feature of this period and many of the tiles have been rescued and re-sited in new hospitals such as the new Charing Cross and St Thomas’ Hospitals. The role of art in hospitals in England has changed and artworks are now “incorporated into a more holistic approach to medicine” (Behrman, 1997, p. 584).

Today art is seen as an integral part of healthcare to provide a stimulating and invigorating environment for patients, staff and visitors. Three distinct responses to art in

hospitals have emerged—Art with a capital A, Art in Healthcare, and Art in Design. The literature research placed these responses in English health settings and will be presented in the following three sections. Art in Australian hospitals will then be discussed in relation to these three responses.

2.2.1 Art with a Capital A

The first response is concerned with the incorporation of the arts into the fabric of the hospital setting. Visual and performing arts are integrated into the Chelsea and Westminster Hospital to improve the well-being of the patients. This extraordinary concept of art activities was commissioned at the hospital's planning stage and consists of

... a wonderful collection of paintings, sculptures and murals representing the best of late 20th-century art. In the atrium, you may hear novelist A.S. Byatt, or celebrated actresses such as Patricia Hodge and Janet Suzman, reading their favourite prose or poetry. Your visit could coincide with a concert by the City of London Sinfonia or the Medici Quartet ... a performance of *La Boheme* or *The Barber of Seville*. (Smails, 1999, p. 68)

The Chelsea and Westminster Hospital Arts which is funded by charitable donations, was opened within the hospital in 1993 and has provided all the visual arts ... as well as regular live performances in public areas and wards (Staricoff, Duncan, Wright, Loppert, & Scott, 2001). In a quantitative study evaluating the effects of the arts on patients, staff and visitors at the hospital, Staricoff et al. found that the data collected to date showed that two thirds of the people studied felt that the live performances significantly diminished stress levels and changed their moods for the better.

The hospital is a spectacular, innovative building with a massive atrium which generates its own energy. There are three gigantic masterpieces within this high-ceilinged, glass-roofed public area. One of these is the world's biggest sculpture, *The Acrobat* by Allen Jones. The others are Sian Tucker's mobile *Falling Leaves* and Patrick Heron's *Silk*

Banners. There are over 700 artworks in the hospital spaces including Paolo Veronese's *The Resurrection* which is housed in the chapel. Because of the intense public interest in the art collection, the hospital runs free tours. The hospital coordinator, Susan Loppert, promotes the purchase and curatorial role of the hospital. She "wants to continue its collaboration with its two local art schools—The Chelsea College of Art and The Royal College of Art" (Delamothe, 1996, p. 1634).

2.2.2 Art in Healthcare

The second response is concerned with the arts being a fundamental aspect of the healing process. LIME, an organisation based at St Mary's Hospital Manchester, believes the arts play a key role in the health of mind, body, and spirit of individuals and their communities. The work of LIME is not concerned with art as therapy or connected to an approved treatment, but recognises instead that the beneficial effects which occur in the hospital are those which are generally connected with the arts. LIME, originally called The Manchester Hospitals Arts Project (HA), was founded in 1973 by Peter Senior (founder of *Arts for Health* in 1987) to explore the potential for integrating the arts into healthcare.

LIME's vision is to promote an harmonious communication of creative artistic activity and healthcare delivery and, to that end, it provides continuous service to the Central Manchester and Manchester Children's University Hospitals NHS Trust, Pennine Healthcare NHS Trust, South Manchester University Hospitals NHS Trust, and Bolton, Salford and the Trafford Mental Health NHS Trust. An arts strategy has been outlined within the Development Programme of the Central Manchester and Manchester Children's University Hospitals NHS Trust, which is concerned with the artistic and aesthetic effects of the hospital environment and which will promote quality

contemporary art and design to positively impact on the lives of patients and staff. The focus will be toward “access and diversity within the hospital’s arts programmes [with] enjoyable means of communication and self expression ... for staff, patients and local communities” (Chapman, 2002, p. 1).

2.2.3 Art in Design

Art in Design is a response to the need for creative planning, funding and commissioning of arts and cultural projects in the healthcare services. Art in Design is reflected in *Arts for Health*, an International Resource Centre which offers advice and consultancy. *Arts for Health*, which had its beginnings in Manchester, is now attached to Manchester Metropolitan University’s Faculty of Art and Design. Peter Senior is recognised as the founder of the movement to unite artists and designers in the field of healthcare. *Arts for Health* according to Senior (2002), develops strategic arts programmes and design solutions for healthcare environments, including project management and training. “It is encouraging to see the increasing emphasis on the requirement for high quality art and design in new health buildings” (Senior, p. 4).

Through *Arts for Health*, an *Artswork* programme was launched at the Royal Liverpool Children’s NHS Trust in May 2002. This programme was designed to “involve all sectors of the hospital, local and regional communities” and to “take account of the wide range of children and young people treated at this regional hospital-the largest children’s hospital in Europe” (Senior, 2002, p. 1). The new Bristol Royal Hospital for Children which was completed in 2001 includes commissioned artworks by more than 20 artists, many of which are site specific or integrated within the fabric of the interior (R. Smith, 2001).

The University of Durham has established the Centre for Arts and Humanities in Health and Medicine (CAHHM) where it “aims to explore the value of introducing more elements of literature, philosophy, history and art alongside science and technology” (NNAH Fact Sheet, 2003). This focus will promote the notion that “many people in medicine and public health have been looking for some time at ways of harnessing the arts and humanities in the training process, and in promoting public health” (NNAH Fact Sheet). T. Smith (2003), accepts that “there are significant tensions between arts and health perspectives” since “medicine and ‘traditional’ approaches to health compartmentalise and order knowledge” (p. 26), while art “continuously reveals ... exciting and eternally new, which is that provided by the world of dreams” (Eco, as cited in T. Smith, 2003, p. 26).

2.3 Visual Art in Australian Hospitals

2.3.1 Art with a Capital A

Australian hospitals have, until recent times, reflected an Art with a Capital A approach to art with an informal inclusion of artworks into the buildings. Many hospitals have relied on philanthropic donations or bequests to promote a perceived cultural sophistication or to reinforce and visually articulate their Mission of Care. Such artworks have included valuable paintings, sculpture, stained glass windows and tapestries (M62/S24). Other hospitals have relied on the generosity of staff, patients and their families to contribute to an interior design feature or decoration for the perceived purpose of improving the atmosphere. Children’s art in hospitals predominantly reflected adult perceptions of children’s needs and was either influenced by movie or literature characters or were artworks of love made to express the emotions of the time (Farrell, 1999).

2.3.2 Art in Healthcare

Another approach to hospital art has incorporated the UK response of *Arts for Health* initiated by Peter Senior, in which artists and designers are united in their approach to healthcare. Many new hospitals which have responded to creative planning in their buildings, gardens and facilities, also contain registered art galleries, thereby linking the Art with a capital A model and the Art in Healthcare model.

The first example for “using art in a healthcare setting was at Larundel Hospital in Melbourne in 1984” (Clifford, 1997, p. 10), using an art studio model. The aim of art in healthcare settings, according to Clifford is “to provide access and participation to art making for those people who are part of the hospital community” (p. 10).

A project in Walsh Bay, New South Wales, called Accessible Arts, bridges the gap between people with disabilities and the arts, and is accessible through use of new technology. Accessible Arts has developed dynamic partnerships with government, private sponsors, community groups and individuals to create art projects that enhance the lives of those people who often have the greatest need yet the least opportunity to be involved in cultural life (Accessible Arts, 2002).

When the new Children’s Hospital, Westmead, Sydney was constructed, it was “conceived with the idea that artworks would be included throughout the new hospital as part of the desire to make the whole building a total healing environment. Included in its art collection are works on canvas, paper, sculpture, photography, ceramic tiles, tapestries, wooden panels, stained glass murals and four Lunar Park mirrors” (Capon, 1997, p. 63). The aim of the collection, according to the hospital’s Chief Executive, was to create an environment which was not frightening, but rather one which “radiates a happy, friendly atmosphere ... and create[s] a feeling of well-being in parents and patients which helps to

aid recovery” (Capon, p. 64). “The space, colour and art of the hospital are very much designed for healing, not just decoration” (Black, 2002, p. 1).

Artworks included in the hospital had to “radiate a positive feeling” (Sabiell & Bennett, 1997, p. 1.) and be children-focussed. The artworks, while providing a positive experience in the hospital, had an educative role also and included works “which many of the children might not have had the opportunity to have seen before; good art by good artists” (Sabiell & Bennett, p. 1). The collection, therefore, consists of artworks from established and younger artists combined with art created by children who were patients in New Children’s Hospital Arts Programme, as well as students from New South Wales schools who participate in the annual Operation Art Programme run by the hospital. The Youth Arts Programme is a unique creative challenge which reflects an holistic approach to healthcare.

... rather than just focussing on a young person’s illness. It reduces the depersonalising impact that larger institutions can have in that it focuses on individual needs in a collective conscience and displays a youth culture aesthetic on the ward. (Sabiell & Bennett, 1997, p. 1)

This focus of the new Children’s Hospital in Westmead, Sydney, has resulted in the hospital becoming a registered Australian Art Gallery.

2.3.3 Art in Design

Since 1993, the Liverpool Hospital in Western Sydney has engaged in a public art programme involving collaboration between designers, local communities, staff, patients, and visitors. The hospital incorporated an Arts Plan that involved the local community and artists. The artworks in the Pathology Services, Caroline Chisholm Centre for Women and Babies (Stage 1), Brain Injury Unit, Oncology wing, and other areas of the hospital were created by 16 professional artists and more than 170 additional

artists from both the community and hospital (Opperman, 1996). Artists were the visual articulators of the “special needs of each department ... [through] the development of links with the community and the provision of clues for social support and sense of control” (Opperman, 1996,). This was an insightful stage of the project, as it encompassed the indigenous Australian people, different cultural and social groups and the different ages of the community.

The benefit of designing a plan that provides a theme “respects the different functions of the hospital’s departments and involves the local community and users” (Fowler-Smith, 2002, p. 3).

The Arts for Health Research Centre (HARC) is a non-profit, non-government organisation based in Sydney, which is designed to support the development of critical debate at the convergence of health, medicine, and the arts. At the 2003 *Synergy: Arts, Health and Design Symposium*, held at the University of New South Wales, the impact of environmental design, the arts and culture on health were addressed in sessions such as *Place and Wellbeing*, *The Arts and Health Communication*, *Synergy: Research and Practice* and *Exploring Research and Practice—Women’s Wellbeing*. In their plenary session Dr Rosalia Staricoff, Director of Research, Chelsea and Westminster Hospital Arts Research Project and Susan Loppert, Director, Chelsea and Westminster Hospital Arts provided clear evidence that there was much to be gained from the integration of the arts in healthcare (Staricoff & Loppert, 2003).

At the same Symposium, the Founder and Director of the Arts for Health Research Centre, Marily Cintra, reflected on the cultural planning and evaluation processes in 12 hospital and healthcare facilities in Australia, which involved 5,000 people (Cintra, 2003).

My research has investigated the inclusion of the visual arts in hospital settings from the early Renaissance period in Europe until the present day in the UK and Australia.

The following chapter describes the methodology of the study.

CHAPTER 3

METHODOLOGY

This chapter begins with a discussion of the theory of art in a social context developed by Bourdieu (1993). This theory was used to study art in communities. I used Bourdieu's theory to provide a framework for analysis of the production and aesthetic values of the Mater Children's Hospital Tile Project. The design I have used in my research contains both qualitative and quantitative aspects and is illustrated in a concept map of the research design and images of the children's artworks which support the study. According to Creswell (1994) a concept map helps establish the context of the study and establishes a validation for the remainder of the study. I explain my data collection techniques and describe the research field. This is developed through a multi-method approach for data collection. These techniques are (a) semi-structured interviews with four key stakeholders in the tile project; (b) semi-structured interviews with parents, staff and children at the Mater Children's Hospital; (c) a survey of parents, staff and children at the Mater Children's Hospital; and (d) collection of 5,000 images of tiles used in the Tile Project which have been used in Chapters 4 and 5 to illustrate the aesthetic dimensions of the data analysis.

Finally, I present research methods and theoretical paradigms which were used in the study and the methods for analysing the data from each phase of the study.

3.1 Theoretical Framework

My study of the Mater Children’s Hospital Tile Project aims to identify the nature of children’s visual arts and its impact on a hospital community. I will investigate this through what Bourdieu (1993) describes as “fields” which are shaped by the “aesthetic values and cultural practices in the context of broader social process” (Bourdieu, 1993, p. 95) and, in turn, these fields relate to children’s art making in health settings. According to Swingewood (1998), Bourdieu is concerned with the analysis of the “complex set of relations existing between social groups, artists and society [where] artistic production is imbricated in a whole network and field of artistic production” (p. 89). My aim, therefore, is to establish and analyse the field of aesthetic values within children’s visual art in the Tile Project of the Mater Children’s Hospital. This process investigates the network of “relations” which are working at different levels “involving differences of power and status, generations and new conceptions of artistic form” (Swingewood, p. 91).

My research documents the Tile Project from its inception through interviews with four creators of the project and is informed by “their values and perspectives” (Clifford, 1997, p. 45). This is what Bourdieu calls a “habitus” which is “a set of enduring dispositions by and through which individuals and groups find their sense of place within a field” (Bourdieu, 1993, p. 95), that is, the Tile Project. Bourdieu’s theory, according to Swingewood (1998), indicates that communities interact with the arts through “habitus,” that is, sets of experiences which “organises practices and allows for the perception of practices” (p. 95). In this study, the set of dispositions or “habitus” positions children’s visual art in the Mater Children’s Hospital with its associated traditions and history and puts it into frameworks which enable understanding and interpretation of these practices.

This study examines the Tile Project and its outcomes within the Mater Children’s Hospital. It examines the aesthetic relevance of the tiles in a hospital setting and looks at the ways individuals classify and differentiate a whole range of cultural practices. It makes use of four theoretical paradigms. First it uses Abbs’ (1987) four dimensions of the aesthetic process which are “making,” “presenting,” “responding,” and “evaluating” within his aesthetic field of “community,” “the individual,” “tradition,” and “creation.” The second paradigm is Csikszentmihalyi’s (1990) aesthetic dimensions of “knowledge,” “communication,” “perception,” and “emotion” which he equates to Beardsley’s (1982) third paradigm of five aesthetic dimensions—“object focus,” “felt freedom,” “detached effect,” “active discovery,” and “wholeness.” The fourth is Eisner’s (1985) paradigm which involves “creativity,” “imagination,” “interpretation,” “self-expression,” and “playfulness.”

3.2 A Qualitative/Quantitative Design

This study is primarily qualitative and has a less dominant quantitative design. This was established through the initial interviews with the four creators of the Tile Project in an “attempt to capture and understand individual definitions, descriptions and meanings of events” (Burns, 2000, p. 388). The analysis of these interviews (Phase 1 of the study) informed further semi-structured interviews (Phase 2) within the Mater Children’s Hospital to “interact and talk with participants about their perceptions” (Glesne, 1999, p. 5).

In the second section of Phase 2, a quantitative method was introduced through a survey, thus supporting a suggestion by Morse (1991) that “a project must be theoretically driven by the qualitative methods incorporating a complementary quantitative component” (cited in Creswell, 1994, p. 179). Through the use of a sequential triangulation method, my

study complies with Creswell’s notion of using “content analysis [to] construct a Likert scale [with] items ... derived directly from the qualitative data” (p. 183).

This study incorporates ethnographic components which “involves descriptive data collection as the basis for interpretation” (Burns, 2000, p. 393) from which I could “analyse the interview and observation data ... and write a descriptive account” (Glesne, 1999, p. 10) of the characteristics and outcomes of the Tile Project.

3.3 Concept Map

The Concept Map (Figure 3.1) shows the processes of the Tile Project through the three phases of the study. Phase 1, which consisted of interviews with the creators of the Tile Project in 2000, and a related review of the research literature, was conducted in 2001. The research questions were informed from this phase of the study. Phase 2, which was conducted in 2002 and 2003, was concerned with the nature of the children’s artwork and the impact of the tiles on the hospital community. The outcomes of the interviews and survey conducted during this phase constitute Phase 3.

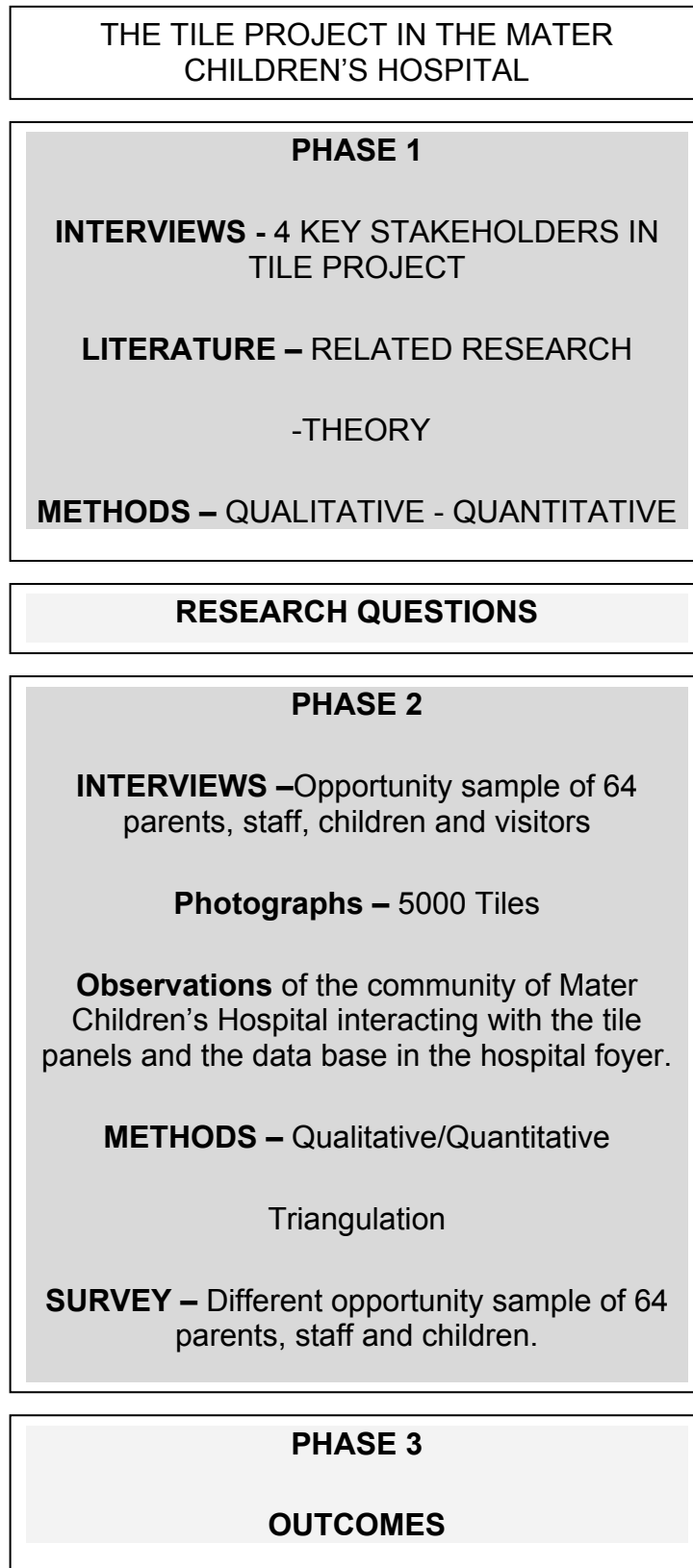


Figure 3.1 A concept map of the research design

3.4 The Research Process

There were three research phases of my study. Phase 1 involved semi-structured interviews with the four creators of the Tile Project. This qualitative approach determined the “habitus” or the disposition of the group involved in the project. This was the genesis, design, creation, installation and outcomes of 5,000 tiles made from children’s artworks and installed into the architecture of the Mater Children’s Hospital.

A literature review was conducted to identify the nature of children’s visual art in hospitals. Further research focused on approaches to art and healthcare in both historic and contemporary settings. Included in this phase of the study was research of “theory and relevant literature to frame the problem” (Creswell, 1994, p. 98) which described the field of “cultural practices” (Farrell, 1999, p. 19) in a hospital. Research included the use of aesthetic dimensions which were developed by aesthetic theorists Abbs (1987), Beardsley (1982), Csikszentmihalyi (1990), and Eisner (1985) and which informed the interviews and helped frame the survey questions in Phase 2.

Phase 2 contained both qualitative and quantitative approaches. A sequential triangulation method of research was used, as “the researcher conducts two phases of the project, with the results of the first phase essential for planning the next phase” (Morse, cited in Creswell, 1994, p. 182). Ethical permission was obtained in order to complete this phase of the study. (See Appendix E) In this phase semi-structured interviews were carried out in the Mater Children’s Hospital with 64 staff, parents, children, and visitors. See Appendix F for interview questions. For ethical reasons and to maintain confidentiality codes were created to differentiate between responses of staff, parents, children and visitors. M (Mater interview) indicates the interview number and S (staff), C

(child), V (visitor), or F (family) denotes the status and number of the interview within a particular group. A sample interview undertaken in this phase, from each of the above groups, is in Appendix G. See also CD for remainder of interviews.

Permission was obtained to photograph images of the tiles in various sections of the hospital, but it was difficult to obtain flash free images. The Mater Hospital provided digital images of the 5,000 tiles used in the hospital. Included in Chapter 4 are descriptions and images of a variety of the tiles from this aspect of Phase 2 (see also CD for more examples of images). A random selection of images of the tiles has been placed within the text of Chapters 4 and 5. Personal observations of the impact of the tiles on the environment and community of the Mater Children’s Hospital were recorded in a journal. These observations were obtained during six visits over a period of three years. The duration of the visits varied from 30 minutes to 2.5 hours.

Survey questions (see Appendix H), were informed by the interviews, observations of the environment and the hospital community, and the images of the tiles. The analysis of researched theorists and their aesthetic paradigms presented in Phase 1 was used to inform the function and the experience of the tiles within the Mater Children’s Hospital. A survey of 64 staff, parents, visitors, and children in an opportunity sample was carried out in the hospital. This opportunity sample was different from the sample used for the semi-structured interviews. Analysis of the survey data is discussed in Chapter 6.

In Phase 3 both the qualitative and the quantitative findings from the interviews and the survey were analysed and discussed. According to Creswell (1994, p. 177), this approach “presents a consistent paradigm picture in the study.” This is further supported by Jick (1979) who stated that “any bias inherent in particular data sources, investigator,

and method would be neutralised when used in conjunction with other data sources, investigators and methods” (cited in Creswell, 1994, p. 175). Drawing on three sources — Greene, Caracelli, and Graham, 1989; Mathison, 1988; and Swanson, 1992 — Creswell (1994) advanced five purposes that may be served by combining methods in a single study:

Triangulation in the classic sense of seeking convergence of results. Complimentary, in that overlapping and different facet of a phenomenon may emerge. Developmentally, wherein the first method is used sequentially to help inform the second method. Initiation, where contradictions and fresh perspectives emerge. Expansion, where the mixed methods add scope and breadth to the study. (p. 175)

I have previously discussed my personal involvement with hospitalised and ill children. Professionally, I use an holistic approach, both in the classroom and in the public arena in the preparation of young adolescents for their future lives. I have, therefore, been emotionally involved in the narratives which have emerged in the interviews in Stages 1 and 2.

The following chapter documents the Tile Project through an analysis of interviews with the four creators of the project. These interviews, together with relevant theoretical research, formed the first phase of my study.

CHAPTER 4

THE MATER CHILDREN'S HOSPITAL TILE PROJECT

This chapter explored the field of visual art in the Mater Children's Hospital. It included a review of the history of the Mater Children's Hospital and a reflection of the de-accession of visual art from the old Mater Children's Hospital. It also examined in detail the characteristics of the Mater Tile Project through an analysis of interview data from four key stakeholders of the project (Phase 1). Qualitative data from these interviews and researched literature have informed the semi-structured interviews which were later conducted within the hospital (Phase 2). It was through an analysis of interview data from this phase that I was able to present the various dimensions of the impact of the tiles in the Mater Children's Hospital as described by staff, children and parents. An analysis of these interviews is presented in Chapter 5.

4.1 History of the Mater Children's Hospital

The Mater Children's Hospital is a paediatric hospital providing a broad range of specialities for children up to 17 years of age. It is the only paediatric hospital on the south side of Brisbane, extending its services to the densely populated areas in the southern and western suburbs as well as to the Darling Downs and to the districts south to the Gold Coast.

The Mater Children's Hospital is owned and administered by the Congregation of the Sisters of Mercy, Brisbane. This public hospital was opened in 1931 to further the mission of the Sisters to cater for the needs of the sick and the poor. In partnership with Queensland Health, the Sisters of Mercy have built a more advanced hospital, one that will change childhood memories of hospitals forever. The Mater Hospital engaged in community consultation to build the \$67 million hospital to ensure that it is family-focused and the most modern facility of its kind in Australia.

In the year 2000, it was envisaged that the Mater Children's Hospital would touch the lives of hundreds of thousands of families with an estimated 15,000 inpatients and 120,000 outpatients seeking care.

In designing the Mater Children's Hospital, the Mater Hospital Authority consulted widely with patients, parents, family, and the community. The recurrent theme from this consultation process was that the new Children's Hospital should be family-focused, considering the needs of the patient, parents, and siblings. Some of the new services and facilities that underpin the family-focused environment were concerned with a child-friendly and inclusive space where families could feel secure. This included private and comfortable parent lounges with refreshment amenities as well as private interview rooms for doctors and parents to discuss clinical matters. The age range and specific needs of patients were considered. Children and teenagers with Cystic Fibrosis, who undergo continuous hospitalisation and therapy, have specially designed lounges and balcony areas which contain oxygen and suction facilities specific to their condition. Because hospitals are frightening places and medical procedures often alien and intrusive, anterooms to operating rooms were designed so as to enable parents to stay with their children while they are being anaesthetised.

An important design aspect was concerned with the inclusion of the outside space. This included corridors which would lead to external views and all beds with external window views. All windows were placed at eye level for children. Traffic flow for patients was mapped to ensure maximum privacy for families. Associated with this design was the inclusion of a \$400,000 Starlight Express Room integrated with Radio Lollipop and Red Cross Play Scheme and a child-orientated chapel.

The Mater Tile Project has been incorporated within this exciting new facility.

4.2 Visual Art in the Old Mater Children’s Hospital

The new Mater Children’s Hospital incorporated a Healthcare Arts Project for Paediatrics and Youth (HAPPY) Programme. The spokesperson for the HAPPY Programme formulated a de-accession policy for artworks from the old Mater Children’s Hospital. At the time of writing only the tiles were on the walls of the new hospital. All other artworks from the old hospital were in storage while the assets were being organised. This involved a curatorial role of saving, sorting, cataloguing and eventually displaying the rescued artworks from the old Hospital.

Artworks were lost in the initial move to the new hospital as various wards were being demolished. There appeared to be confusion by staff of the worth of the old artwork in a new art space. A two foot square appliqué (one of 12) signed in pen in 1950 was found badly soiled. According to the spokesperson for the HAPPY Programme “somebody’s grandmother has done this [artwork], maybe they lost a child” (M62/S24). This appliqué was restored in May 2001 and has been stored with other collected work including an old bell and a patchwork quilt, which had been made for the ill children of the Mater Children’s Hospital by a Girl Guide Group. “The only good that has come out

of this [de-accession] is to put the weight or importance on artworks” (M62/S24). The spokesperson feels that the addition of visual arts in the Mater Children’s Hospital will introduce a “new realm for nurses and doctors” of healthcare in concord with the arts (M62/S24).

4.3 Mater Children’s Hospital Tile Project

Interviews of the four key stakeholders were transcribed and analysed. Using a qualitative methodology this research aims to identify the characteristics of the process of the Mater Tile Project. These characteristics may be recognised through analysis of the processes that constituted that project. These processes, defined under the headings of key people, concept and theme, trial panel, recruitment of schools, collection and selection of the artworks, and the production and installation of the tiles, give a framework for the “articulation of meaning [which] increasingly accords with organizationally promoted ways of making sense of experience” (Gubrium & Holstein, 1997, p. 173).

4.4 Characteristics of the Process Involved in the Tile Project

4.4.1 Key People

The Mater Tile Project consisting of consultation, design, collection and production and assembly stages resulted in the inclusion into the Mater Children’s Hospital of 5,000 tiles containing children’s artwork. The tiles are on panels and murals on every floor of the Mater Children’s Hospital. Barbara Foster (BF), Pamela Godsall-Smith (PGS), Stephanie Outridge-Field (SOF), and Barbara Poulsen (BP) were all deeply involved in the project. The characteristics of the tile process became apparent through their stories (Barbara Foster-Appendix A; Pamela Godsall-Smith-Appendix B; Stephanie Outridge-Field-Appendix C and Barbara Poulsen-Appendix D). Barbara Foster outlined

the entire process of the Tile Project while the other women discussed the process of the Tile Project with particular reference to their area of expertise and the time of their involvement.

4.4.2 Concept and Theme

Barbara Foster was an art teacher at St. Ignatius Catholic Primary School at Toowong in Brisbane. Barbara had been teaching art to children for 20 years. It was through this school community that she became involved in the Tile Project. Dr Peter Steer and his wife Glenys had three children who attended the school. Glenys told Barbara that Peter wanted to talk to her about his new idea for the Mater Children's Hospital. So began the most outstanding characteristic of the project, networking! Barbara was networked by the Steers but continued her discussions with John Gilmour "the father of the project" (BF), about the idea of creating children's artwork in a hospital setting.

The original idea was to produce a hospital environment that was "comfortable and welcoming" (BF) and to include artwork that was specifically child related but would be adapted from children's artworks by a professional artist. Barbara was horrified by this proposal. She persisted in her quest to use children's artwork in the hospital. This became possible when it was discovered that building approval for the hospital had been given prior to the new State legislation which insisted that "2% of the building costs be given to Queensland artists or craftspeople to have their work incorporated into the building design" (BF). This was to prevent the previous method of adding or "plonking" artworks into a completed building. The idea of using 4,000 to 5,000 2 dimensional (2D) and 3 dimensional (3D) tiles containing the designs of Queensland children aged from birth to 17 years was born.

Barbara co-opted Pamela Godsall-Smith to coordinate and manage a team of people who could produce the tiles in the limited time available. This new team had only six months in which to get the display panels ready! Based on the theme of *Queensland–My Home*, what started out as 4,000 artworks by children, which could be made into tiles, eventually became 9,500 artworks with one third coming from country areas. Every area and ethnic background of Queensland had to be included with particular emphasis on children with disabilities who had undergone medical treatment at the Mater Hospital. This meant that artwork by Aboriginal and Torres Strait children would also be included (PGS).

4.4.3 Trial Panels

Barbara Foster and Pamela began a trial of the designs at St Ignatius School. Only 70% of the original drawings could be transformed into tiles because drawing lines were too fine or drawings were too complicated. This prompted a meeting with Miriam Newitt as to the process of creating a tile from a drawing, then glazing and firing individual tiles. Miriam was the tile manufacturer from the Australian Natural Tile Company which had been contracted to do the project.

Barbara Foster was responsible for coordinating the display panels. Initially Barbara contemplated a thematic approach to the tiles; however, a huge volume of stereotypical artworks emerged. Sea creatures, the sun wearing sunglasses, butterflies, flowers, balloons, and road kill made this idea impossible. Added to the stereotypical designs was the problem of the initial tiles containing too much unglazed terracotta. The team decided on a random selection of terracotta 3D tiles because they were in storage for safekeeping at Miriam's factory and were unable to be assessed thematically. As she had

entered them in the database, Barbara Poulsen (4.4.6) had noted that every 3D tile was unique. By using reverse designs on the 2D tiles, Miriam was able to produce powerful, brightly coloured tiles with blue, green, red, orange, and clear glazes with minimum terracotta line work for the remaining panels. The display panels were arranged with little stories on the tiles such as the “peaceful interaction between the canine and the cat” or a “beach scene” (BF). But the overall approach to the tiles was that of “minimal design – terracottas, colours [a] balanced abstract picture” (BF) (see Figure 4.1).



Figure 4.1. Examples of tiles

Trial panels were displayed at St Ignatius School and in a public area of the Old Children’s Mater Hospital, where a hospital executive remarked that he kept finding something different. The children of St Ignatius School

... physically attached themselves to the tiles. If you were televising it, you couldn’t see the tiles. You could only see the children flat up against the tiles. They stroked them, they looked at them, they talked about them, they wanted to know about them. (BF)

Children, their teachers and parents all spontaneously entered into a visual and tactile relationship with the tiles. Barbara also realised that younger children and toddlers

could not reach the higher tiles so panels at age appropriate heights became a further option.

4.4.4 Recruitment of Schools

Pamela approached Stephanie Outridge-Field, a professional artist who has been very involved with community art projects. She was the first regional-based Community Arts Officer in Queensland and has worked with children and clay for over 20 years. Her personal philosophy involves the importance of the individual communities “leaving their fingerprint” on clay which is permanent and a natural way to “continue [the] history of social document” (SOF). This creative, insightful artist conducted 3D workshops at the Sandgate State School and the Australian Flying Arts School for Grade 12 students, where she “evoked” artworks from young people on the topic of *Queensland–My Home*. Knowing that their artwork would possibly be included in the Tile Project, these students responded to the seriousness of the task to create “a little window in the children’s hospital of children’s dreams for sick children” (SOF). As with each of these remarkable women, be it with the 2D designs or the 3D tiles, the children’s artwork was communicated as “a gift to others” (SOF).

A kit was designed to be sent out to participating schools. This kit contained permission forms, lesson plans based on the topic of *Queensland-My-Home*, instructions on the design requirements, a template of the tile size and a pen of the required thickness for the drawing lines. Appropriate copyright permission was obtained from the parents before the children’s designs could be accepted by the team for use in the hospital.

Pamela sent out letters of invitation to Day Care Centres and Child Minding Centres in Queensland, in order to access toddlers’ creative contribution. The response from this exercise was minimal.

4.4.5 Collection and Selection

Pamela and Barbara Foster, with the assistance of the Director of Nursing at the Mater Mother’s Hospital, collected pedi-prints from babies born on December 31, 1999 and January 1, 2000. Parents responded enthusiastically and were happy to delay their departure from hospital to have their babies foot-printed for the Tile Project. What started out as an exercise to collect approximately 50 foot-prints, resulted in an overwhelming response and the collection of more than 100 “little feet ... the last of the century, the first of the century which was a very powerful record for this piece of artwork” (BF). This fulfilled the criterion to collect artwork from patients from birth (see Figure 4.2).



Figure 4.2. Images of pedi-prints with little additions by the mothers

The Tile Project was controlled by the time lines of the Mater Children’s Hospital Building Project. The time frame was very limited for the Tile Project because of difficulties working with day care, preschool, and school communities and their

curriculum requirements. Added to the limited period for collection of designs for the tiles was the difficulty of obtaining cooperation by schools and teachers. This was reinforced by the limited range of artworks produced in many schools. This created a very labour intensive and emotional period for the tile team as they were forced to make harsh decisions regarding inclusion of individual designs. A total of 9,500 designs were generated from all over Queensland, including Thursday Island and the School of the Air which involved children from remote areas of Queensland and the Northern Territory. The hospital design provided for almost 5,000 to be placed on 302 panels.

Although teachers were given a specific size and brief about the drawings which were to address the hospital's notion of *Queensland-My Home*, many of the designs did not meet the basic requirements and were too difficult to transpose onto a tile. Drawings were to be translated as line relief to the tiles and therefore by necessity had certain requirements for thickness of line and subject reproduction. The drawings were also to be in black and white and were not to contain text.

4.4.6 Production and Installation of Tiles

The process of manufacturing the tiles was an enormous undertaking. Initially the team had difficulty building up the design supply which Miriam and her team from the Australian Tile Company were to transfer onto the clay tiles. This situation changed at the end of the first term of the school year 2000. The team was swamped with designs, many of which were useless because of the weak (thin) drawing lines. These weak lines resulted in the glaze escaping the line boundary and seeping over the whole tile. Every design had to be meticulously studied to ensure that all line work was strong enough to maintain the

rich glazes. Some line work had to be strengthened for this purpose, with the fullest regard given to the original intention of the child artist.

Pamela networked Barbara Poulsen through her association with Stephanie Outridge-Field. Barbara is a ceramic artist and was very interested in the project. She joined the team as an administration officer initially “getting people committed to being involved with the process” (BP). As the 3D artworks and the 2D designs started coming in, Barbara Poulsen set up a data base and eventually a DVD, which not only contains the record of each student’s name, age and work, but also the participating centres and the copyright information necessary to comply with the legal acquisition of what had now become 9,500 images.

Every child’s artwork, whether or not it was to be used for the hospital tiles or perhaps for some other promotional purpose, has been meticulously recorded in the database. This recognised again the “gift” or “effort of a child” who sent in their design and offered it to the Children’s Hospital. Children’s artwork, according to Barbara Poulsen “... is the most surprising thing. Its still a lot of language that children use in their drawings and their art ... its like a language of symbols that is common to all children.”

Eventually all artworks, including those from newborn, ill or dying contributors will be accessible through the internet.

The team experienced an overwhelming sense of delight, communal joy and ownership of the tiles. All the tiles had been photographed by Miriam as they came out of the kiln. When they displayed the photographs to the Mater Hospital Executive Team, Barbara Foster likened the experience to showing a baby photo album which consisted of “all the babies that have been born from the kiln.” The panels far exceeded the

expectations of the Executive Team, including one member who had seen a prototype in a US hospital. The tiles had a vitality and energy. The architects had chosen very strong “almost jewel colours” from ruby red, deep sapphire blue, turquoise to butter coloured cream for tiles, which were mounted on strong green, blue, orange, red and honey coloured boards. This richness of colour was to contrast with the restricted painted areas important for patient recovery and was to be used in all the public spaces and corridors of the hospital. Barbara supported this special colour ruling “you’ve got to have a balance between the two things, have an energy and interest and a certain amount of order” (BF).

The Executive Team was amazed at the artwork produced by the children. The women involved in the project were not. They knew the capabilities of children. They knew how to evoke images from children to capture the “characteristics of a child’s environment” (PGS). They all shared the vision of children’s art being

just as valuable for that time in their lives as it is for...anybody to actually do visual communications. Because it represents their physical self and state of mind at that age and their experience level and their window on the world. (SOF)

The Tile Project reflects what children can do despite a lack of formal art education in Queensland (see Figure 4.3).



Figure 4.3. Examples of terracotta 3D and 2D tiles

The success of the Mater Tile Project is a personal response not just for the “gift” to be given to sick children in the future, but from all the “people who for one reason or another have had something to do with the hospital” (PGS). This may have been through an ill child, a child born at the Mater Mothers’ Hospital, an operation, or through someone who worked at the Mater Hospital. The personal response of cooperating schools is indicative of this “work of the heart” project. Pamela makes a humorous reference to the widespread influence of the Mercy nuns and the Christian Brothers in the State of Queensland. The “Catholic Network” she called it, strongly responsive to Catholic guilt (PGS)!

Commitment by the key stakeholders to realise the dream was the “mutual sustenance” (BF) for each woman involved. They encouraged, respected and supported one another in this endeavour, delighting in shared tasks. They demonstrated genuine admiration toward Miriam and the huge undertaking of the manufacturing of 5,000 individual tiles. “I know her heart” (BF) expressed for me the generosity of spirit which permeated the entire project. The women focused on the extraordinary work being undertaken for posterity, for Queensland and for the Mater Children’s Hospital. They shared pride in a job well done. While each member of the team demonstrated a “stewardship that’s admirable” (BF), they went to extraordinary lengths to realise the dream.

As a result of the positive response to the trial panels, the women felt very optimistic about the project. Apart from Pamela’s concerns of cleaning and maintaining the tiles, particularly the 3D tiles and the general concern that some people would not respond favourably to the tiles, they were filled with anticipation, humour and goodwill towards the opening of the hospital. Pamela wanted to hear children’s responses to their

own artwork. Barbara Foster wanted the world to see the tiles complete. Stephanie felt that making permanent “our thoughts and values ... [was] a really important landmark” (SOF), while Barbara Poulsen wanted the inclusion of all the tile designs which she believed to be a “gift” from all the participating children. Each of the women had such deep respect for the “gift” they had been given and realised what a huge impact this project would have on the hospital community.

If they are going to give this, then you respect their gift. What you are trying to do is try to enable their gift to be produced to the best possible degree. (BF)

Perhaps the most powerful aspect of this amazing undertaking was the absolute belief of the women in the therapeutic value of the children’s art. According to Pamela, the tiles would take ill children “outside the hospital through the little windows” such as the tree house. It would be a “rich resource” for releasing children’s imaginations (PGS). Stephanie focused on the butterfly theme to use as a puzzle or a game to distract ill children. She thought perhaps the tiles could be used for a journey such as following the butterflies to X-ray or more poignantly and powerfully perhaps, as a symbol for T-shirts for oncology (see Figure 4.4). The tiles would make the hospital “instantly recognizable as a place for children” where health care professionals and workers would know and respond to its being a place for their clients—children (SOF). Barbara Poulsen wanted the “language of symbols that’s common to all children [to] represent the world as they see it.”



Figure 4.4. Examples of butterfly tiles which could be used in Oncology

4.5 Summary

The Mater Tile Project was the fulfilment of a vision. The notion of an inclusive hospital for children came from Dr Peter Steer drawing upon a US prototype. The committee of the Mater Children's Hospital wanted children's art work adapted by adults. Peter knew Barbara Foster, an art teacher who taught his children at St. Ignatius School, Toowong, Brisbane. Barbara met the project manager, John Gilmour, and rejected the idea of children's artwork being adapted through adult bias. With a positive response to plans which pre-empted Queensland State Legislative Laws governing artworks in public buildings being executed by professional artists, Barbara promoted the Tile Project.

The networking by the hospital of Barbara Foster was characteristic of the entire process. Old friends, colleagues, school, hospital or church contacts were networked and encouraged to respond positively to the Tile Project. The project, while funded modestly, was an enormous undertaking and resulted in considerable workloads for the four women involved. They mutually supported, respected and honoured the stewardship of each other and of the tile manufacturer, Miriam Newitt. The tile designs were collected from all over Queensland with representation from Thursday Island, the School of the Air, indigenous Australians and Torres Strait Islanders as well as ill, dying, disabled and newborn

children. The ages of the children ranged from birth to 17 years. Many schools responded willingly, submitting wonderful images of *Queensland–My Home*.

The women involved in the project were surprised at the lack of confidence of the public who were astounded at the ability and talent of the children. This became apparent when the trial panels were released to the public (see Figure 4.5). The personal strength of the individual women and their united belief in the capabilities of children, were the forces behind the success of the project. Underlying the hard work and the practical application of the job was the profundity of character and thought of these women. They spoke of the artworks as “gifts” to ill children and to posterity. They believed deeply in the therapeutic benefits of the tiles for ill children. They undertook the project out of a mutual respect for one another, the Mercy Sisters and children. They were not interested in “fame and fortune” but wanted to work on the Mater Tile Project “because it’s a wonderful thing to do” (BF).



Figure 4.5. Examples of trial panels

The aesthetic field in the visual arts experience of the Mater Children's Hospital Tile Project has been described in the next chapter.

CHAPTER 5

THE AESTHETIC FIELD



Hospitals are important places where contexts for meaning occur. It is where “symbolic aspects of social life are inseparably intertwined with the material conditions of existence ... [and] are the field of production for the generation of cultural capital” (Bourdieu, 1993, pp. 10-11) with each field having its own “habitus” or set of conditions. Hospitals are therefore seen as fields for the visual arts where the visual arts are appreciated in the context of the hospital environment.

Art in hospitals is a very powerful means of non-verbal communication. Explanations of the meanings and experiences connected with these artworks are based on aesthetics. Aesthetics, according to Croce (1909) were developed in the 18th century linking the pure reason of the Enlightenment with a sense of wholeness. Subsequent approaches were concerned with cognitive constructs, sensory pleasure, emotional

harmony and the transcendence of actuality. Bourdieu (1993) argues that the aesthetic experience is historically found within the ideologies and values of the “habitus.” In this study, four aesthetic theorists have been used to describe the aesthetic experience of the “habitus,” that is, the Mater Children’s Hospital Tile Project. They are Abbs (1987), Beardsley (1982), Csikszentmihalyi (1990), and Eisner (1985).

Beardsley (1982) described the aesthetic experience by five criteria, namely (a) object focus, where the individual willingly engages the stimulus; (b) felt freedom, where there is an experience of harmony; (c) detached effect, where experience is one that moves participants to reflection; (d) active discovery, where the participant becomes involved in the active cognitive challenge; and (e) wholeness, where perception engenders a sense of unity.

Csikszentmihalyi (1990) suggests that the aesthetic experience is “autotelic” (p. 10), that is, a goal in itself and characterised by the “flow” experience which he equates to Beardsley’s (1982) five dimensions. He developed four dimensions which are: (a) knowledge, (b) communication, (c) perception, and (d) emotion.

Art is seen as an attitude toward living and a means of formulating feelings and emotions and of giving them tangible expression (Eisner, 1985). Art processes for Eisner involve: (a) creativity; (b) imagination, (c) interpretation, (d) self-expression, and (e) playfulness. Eisner, like Abbs, argues that the visual arts offer an effective alternative to verbal communication.

The concept of the aesthetic, according to Abbs (1987), refers to an understanding or knowing. He believes that we create through both feeling and reason. He describes the aesthetic field: (a) individual, (b) community, (c) tradition, and (d) creation, as “an intricate web of energy where the parts are seen in relationship ... between

tradition and innovation, between form and impulse, between society and the individual, between the four phases of making, presenting, responding and evaluating” (p. 55) which he believes to be the core of the aesthetic experience.

Figure 5.1 gives the various dimensions used in this study in order to understand the processes and characteristics of the Tile Project. The focus of the study was the description and analysis of the art experiences in the context of the hospital.

Individual		Community		
Beardsley	Csikszentmihalyi	Abbs	Eisner	
Aesthetic Experience	Aesthetic Experience	Aesthetic Process	Aesthetic Process	
Object Focus Felt Freedom Detached Effect Active Discovery Wholeness	Knowledge Communication Perception Emotion	Making Presenting Responding Evaluation	Creativity Imagination Interpretation Self-expression Playfulness	
Tradition		Creation		

Figure 5.1. Criteria for the aesthetic dimensions

5.1 The Individual

The individual is integral to the experience of visual arts in a hospital setting. Abbs (1987) states that the individual is central to the art process. The aesthetic field moves on a continuum between the individual in free and self-exploratory mode and the individual in controlled and therefore reasoned experience. The individual in the aesthetic

field then, reflects the cultural, traditional, formal, innovative and creative experiences of art making.

Participants interviewed during Phases 1 and 2 recognised that artworks in a hospital setting, which is generally a controlled and regulating environment, reflected the need for the individual to give expression to their own uniqueness and identity.

While the Tile Project was inclusive of all children in Queensland, the individual artworks of 9,500 children who participated in the project were the most important aspect. Although 5,000 of the original 9,500 designs were selected for the Mater Children's Hospital, the remaining student artworks, now the property of the hospital, will be used in other ways such as advertising and posters. Images of the tiles have also been entered onto a special database on the Mater Children's Hospital website and can be easily accessed via the Internet. At the time of the interviews the novelty of accessing individual tiles by any of the 5,000 children involved was apparent to administration staff by the continuous stream of people who were contacting the hospital specifically about the tiles or who were accessing the data base in the foyer of the hospital in order to find their artwork.

Hospitals, by nature, are very controlling and regulating environments and the visual arts offer a means by which participants can express their individuality both through their involvement with making art or as audience in their appreciation of existing artworks. The inclusion of 5,000 tiles throughout the hospital to make a child-friendly environment is seen by one participant as being of endless interest.

Every child is interested in every single drawing...they're just so fascinated and clay and tiles being such tactile things, they can touch them...they're not going to damage them and they all want to touch every one. To feel what it is like to feel the texture and so forth. And even in its fired state I think the touching of clay engraved is a very therapeutic thing. I think it will be a very positive thing for the hospital. (BP)

A Children's Hospital executive at the time of the Tile Project said "the most sensible art in a children's hospital would be children's art created by children for children ... we wanted it to be like a gift from children to children in hospital" (M42/S21).

The staff interviewed reacted to the tiles in a very positive way. They were thrilled with the colour and the non-clinical image the tiles presented. They liked the uniqueness of the tile project and of the individual tiles.

I like the colours. The colours are beautiful. (M42/S20)

Because of the way they are grouped together its like some of the groups are brighter than others ... colourful, interesting, happy—like most of them have a brightness I've never seen anything quite like it before. (M16/S8)

One staff member expressed the mood or the feeling, which he felt the tiles created in the hospital. The tiles make it

... feel comfortable for kids. I think to see artwork that is done fairly obviously by their peers upon the walls—it makes them feel like they're a part of the hospital. I project that I think is fairly unique. I've never seen anything like it anywhere else in any other hospital and I've been around the world. I mean, there are probably some somewhere, but as far as I can tell most kids and adults haven't seen anything like it and are rather sort of stunned by it—the immediate impact of it. (M31/S14)

The children interviewed in this study ranged in age from 3 to 17 years and had diverse associations with the hospital. Some of the older children had been inpatients in other hospital settings, including the old Mater Children's Hospital. Through an analysis of their interviews (Phase 2) a sense of ownership prevails. Children interviewed at the Specialist Clinics and in the Emergency Department showed clearly that the tiles were for distraction and entertainment during the waiting period. Visitors to the hospital who were interviewed were able to see the tiles as a gift for sick children.

According to a 6-year-old patient, the tiles make the children “very happy.” This young man loved anything to do with the water and was singing a shark song as he pointed out shark, turtle and octopus tiles “because I like it so much ... I like surfing and boats and fish” (M49/C15) (see Figure 5.2).



Figure 5.2. Examples of sea images

An 8-year-old patient just liked “looking at stuff” and felt that the tiles made the hospital “more like a friendship place” (M59/C20). A 12-year-old creator of a tile found the reality of the concluded Tile Project overwhelming and wanted to discretely find her tile out of the public arena, although it was evident from her family that she was “pretty excited knowing it was going to sit in the hospital” (M60/C21).

5.2 Community

The community is also an important focus of visual arts in a hospital/clinical setting. It is here that the visual arts promote an aesthetic awareness of the cultural past-

present continuum and the relationships between individuals and the community (Abbs, 1987). Public arts “are seen as commodities competing with other commodities in the hustle and bustle of the market place” (Abbs, p. 41). He perceives that the task today is “in creative response” where we can tell the stories, create the signs and symbols and visually articulate those narratives. Children in particular have “individuality” and a “spontaneity” which must be cherished and captured (Abbs, pp. 43-44). Mayall (1999) believes that children occupy a specific social position of disadvantage, because of adult perceptions of their lesser abilities. Children have “little power to participate in decision making” (p. 11). This is evidenced in most health settings where the true significance of children’s art has been overlooked by architects and planners, in their favouring of adult perceptions of the needs of children.

The Tile Project incorporated children’s artworks from the Queensland community into the new Mater Children’s Hospital which, according to Barbara Foster, was “an extraordinary thing” (BF). It incorporated almost 5,000 designs for 2D and 3D tiles from children aged from birth to 17 years.

Barbara Foster spoke to art teachers at inservice and conference sessions. She organised invitations for every school in Queensland to participate in the designs for the thousands of tiles required for the project. Barbara supervised the transfer of the individual artworks onto the tile surface and the making of 5,000 individual tiles which were transferred onto panels. Students, parents, teachers, potters and craft persons have been integral community players, responsible for this stage of the project.

As the tiles were fitted in the new hospital, an entirely new community has embraced their existence. Architects, tilers, and tradespersons have transformed the brick walls with the tiles. Staff thought the tiles made the hospital feel “like a welcoming place.

It makes it feel like a place where children in particular are welcome, because they [the tiles] are done by children” (M41/S20) and “having them [tiles] all over the place kind of unifies it all, and its a nice idea that they’ve gotten kids from all over the place to make a tile” (M54/S22) (Figure 5.3).



Figure 5.3. Tiles that make children feel welcome

The workshop conducted at the hospital for children of staff members was “something that helped the staff group feel included in the new hospital amongst the anxiety with the transition to the new hospital” (M18/S10). And again “it draws the different departments together with some sort of continuing theme” (M24/S11).

The tiles have “given the hospital a community face and encouraged involvement from people outside the metropolitan area; they have highlighted where some of them are from because of the Year of the Outback. It [the tile project] looks really good” (M37/S17) (Figure 5.4).



Figure 5.4. Images from the outback

One staff member interviewed saw the addition of the tiles in the building of the hospital, not as a form of interior decoration but, as “an attempt really to be part of the community, an attempt to make it child-friendly and child-accessible ... it feels global ... it gets out of the hospital and into the community, but it also has a resonance that it could be the child art of anyone in the world” (M58/F16) (see Figure 5.5).



Figure 5.5. Child-friendly tiles

A hospital executive at the time of planning the new Mater Children’s Hospital said “I think art should be everywhere ... it makes a really interesting environment and it’s child friendly. Kids usually relate well to visual stuff and it’s also something some of the kids have been actively involved with. So it makes for a generally more friendly environment, I think” (M42/S21) (see Figure 5.6). He speaks of a “purposeful decision from working with the architects in trying to get a sense of talking to different ages” (M42/S21).

To that end, he talks of the interaction of all age groups with the tiles initially through touch “when I started doing tours of the building prior to opening, whether you were 2 or 62, every person I took couldn’t keep their hands off it” (M42/S21). The tiles could be accessed through an actual computer link where “you don’t have to be at the hospital to be part of it” (M42/S21).



Figure 5.6. Interesting tiles

5.3 Creation

Creation is a dimension of the aesthetic field with an unlimited capacity for personal, emotional and spiritual growth and is easily incorporated into the experiences of the hospital.

Hospitalisation today can be a frightening experience for children and their families. One staff member reflected that

... there was a general consensus that hospitals can be scary places—art was a way of bringing a bit more of a human element to it, or taking some of the clinical element out of it. I think there was an acknowledgement in the literature too that art has a healing element to it. (M42/S21)

Stephanie Outridge-Field's philosophy of art (Stage 1), and her notion of age appropriate art to be used in a children's hospital, is reflected by a staff member as a brilliant concept.

Involving children in what is the children's hospital ... (it is) reflective of the child, the individual themselves, not necessarily wonderfully-like our society would deem an art(work), but it is an expression from a kid of perhaps low artistic skills. (M8/S3)

Another staff member felt that "it's obviously a children's hospital and children love art and the familiarity, I mean kids notice it and think maybe it's a precursor to what they're going to get upstairs. To relax them maybe" (M12/S4).



Figure 5.7. Examples of 2D and 3D tiles

One staff member loved the unglazed 3D tiles that made a connectedness to home. “I know my mother is a potter and in Cape York one of the Aboriginal Elders does the same kind of tiles ... beautiful” (M12/S13) (see Figures 5.7 and 5.8).



Figure 5.8. Unglazed and glazed tiles

These tiles would connect also with the children in the hospital “because in the Children’s Hospital kids have got such a good visual interest in things and its the detail that kids always notice” (M12/S13).

Other staff members were impressed with the broad range of tiles “the variety ... and I like that they are different shapes and textures (M41/S20) and “I just kept looking at the differences and there are thousands. You could never look at them all, I couldn’t imagine” (M17/S9) (see Figure 5.9).



Figure 5.9. Tiles with a range of city, sea, animal and human scapes

5.4 Tradition

An historical sense of tradition, which makes one conscious of one’s place in time, is reflected in the Mater Children’s Hospital Tile Project. Its sense of uniqueness in the experience of this enormous undertaking by all participants is reflected in the relationship with the hospital community. A stakeholder in the project (Phase 1) believes “this is much bigger than the hospital in America ... that prompted the idea. This is really world wide, an extraordinary thing” (BF).

The artist who work shopped the 3D clay tiles (Phase 1) felt that

... you have children leaving their fingerprint on it that could live for another 5,000 years ... [its] very irresistible and very natural for us to continue that history of social document using clay, so the instantaneousness of a child's imagination, or that moment, or their drawing can be captured permanently by using that material. (SOF)

She saw the role of children's art in the hospital environment as an historically permanent document of the marks, nature, and values of today's culture.

I actually think that making permanent our thoughts and our values is a really important landmark ... you see a child run down a street and you get a smile on your face ... and you get a degree of happiness from sometimes the surprise or the temporary. Well we are actually trying to wrap that degree of happiness and that degree is emotional input and value in something that is permanent. So its almost like a fossil of ourselves and our personality. (SOF) (see Figure 5.10)



Figure 5.10. Tiles that surprise and give happiness

Artworks in children's hospitals have historically had an adult bias. The uniqueness of the Tile Project was realised prior to State Legislation changing.

We were free to have children's artwork ... these are 5,000 little artists. They're not professional artists but it is art as expression of a child's life. (BF) (see Figure 5.11)



Figure 5.11. Children's lives expressed in their art

5.5 Abbs's Aesthetic Process

Abbs (1987, p. 59) argues that we “create and engage with art through a perpetual mode which is cognitive in its action. We perceive through our senses.” Response to art therefore, is both emotional and reasoned. To that end, the experience of art which is nonverbal but visual is accomplished through the senses. The aesthetic field is the context in which the experience of art occurs. An analysis of interviews from Phase 1 has clearly shown that the experience of art occurred for 5,000 children in Queensland who physically made the drawings for the tiles. It occurred for the key stakeholders who were physically involved in Tile Project. The experience of art also occurred for the staff, children, parents, and visitors of the Mater Children's Hospital. Farrell (1999) cites four ways that Abbs engages the aesthetic. They are making, presenting, responding, and evaluating and constitute the core of the aesthetic experience.

5.5.1 Making

Abbs argued that “making is about the desire to create as well as the action itself and that each act moves within a medium that has its own history, conventions and techniques” (1987, cited in Farrell, 1999, p. 6).

A 16-year-old inpatient and author of a tile thought the tiles “very nice, they’re artistic and they make the hospital look really good”. She made her tile in a hospital workshop and wanted to make a “summery” tile of a “boy and a girl under a palm tree at the beach” (M04/C2) (Figure 5.12).



Figure 5.12. A boy and a girl under a palm tree at the beach

This patient has a long term association with the old Mater Children’s Hospital and felt the input of children’s artwork into the design of the whole hospital “interesting ... and the colour of the tiles had created a refreshed feel about the new hospital” (M04/C2).

Children visiting the hospital who were interviewed and who had been involved in the Tile Project in one of the “children of staff” workshops were generous in their

enthusiasm and were eager to talk about their tiles. A 3-year-old boy did a pedi-print as a baby. The tile was glazed blue, but his interpretation now is “I paint my feet. I paint them blue, coz that’s a boy’s colour” (M53/C18) (Figure 5.13).



Figure 5.13. Pedi-print

His 5-year-old sister enjoyed seeing her baby brother’s footprints and said she liked coming to the hospital to visit mummy’s work. She felt happy when she looked at the tiles and particularly liked “the one with a big flower with a bee coming to the flower” (M52/C17) (Figure 5.14).



Figure 5.14. Bee coming out of a flower

A regular visitor and author of a tile through the staff children’s workshop thought his tile of snakes was “like so cool” even though “bits have fallen off” (Figure 5.15) This 8-year-old boy thought that all the tiles are “so cool” because he could not just come to visit his mum at work and run around. The tiles are “really annoying when you’re trying to run around and you have to keep stopping and saying ooh I like this one!” (M51C16).



Figure 5.15. Terracotta tile of a snake and a tree

5.5.2 Presenting

According to Abbs (1987), presenting involves engagement with the context. In this instance, the experience of the hospital community as it engaged with the tiles in the Mater Children’s Hospital. Key stakeholders in the Tile Project felt that the inclusion of the children’s artworks would instantly engage adults and children alike.

I think the children will instantly recognise other children’s work. So they will recognise it as a place of children. And often, hospitals are the place of health care professionals rather than the place of children who are the client. (SOF)

I think it will be a cheering environment ... if you think about what hospitals used to be like ... such a sterile environment ... I’m sure it will make people feel it is a very nurturing environment for children. (BP)

While a staff member said the tiles make the hospital “... almost a comfort zone ... it makes it a child friendly place ... I find them [tiles] very pleasant to look at and very interesting, very childlike and very appropriate for the Children’s Hospital” (M13/S5).

A 13-year-old inpatient liked the tiles and the fact “that its kids’ [art] because its a kids’ hospital.” He also felt that the tiles “make it feel a bit warmer and happier unlike another hospital he had been to which had just really white walls” (M38/C13).

5.5.3 Evaluating

Evaluating art requires a critical vocabulary to appreciate and articulate the aesthetic response. The aesthetic judgements depend on (a) an awareness of conventions and techniques, (b) an awareness of the historical development of the art tradition, and (c) an awareness of the best critical and interpretative literature (Farrell, 1999).

Key stakeholders in the Tile Project evaluated the children’s artworks used in the hospital.

They’re not trying to sell you anything. They are just trying to communicate...it’s not about somebody on the ninth floor in MOJO doing a design where they are paid a lot of money for a purpose. This is an unconditional gift and its an unconditional artwork ... we value who we are and what we are as a collective in this community and all the parts that make it up. You know, this is sort of passion stuff. (SOF)

I think it will have a huge impact because everybody who stands in front of even one artwork—the implications of what the artwork says to them, where they are in that space, the space taken up by the artwork and communication back and forth, is actually more like a prism really, than an artwork. It doesn’t have just one side ... so, with something like this, where you’ve got 5,000 human beings communicating themselves, very directly in very strong colours and very permanent tile material—huge impact! I think there will be an aura around it. (PGS) (see Figure 5.16)

It is an extraordinary work. (BF)

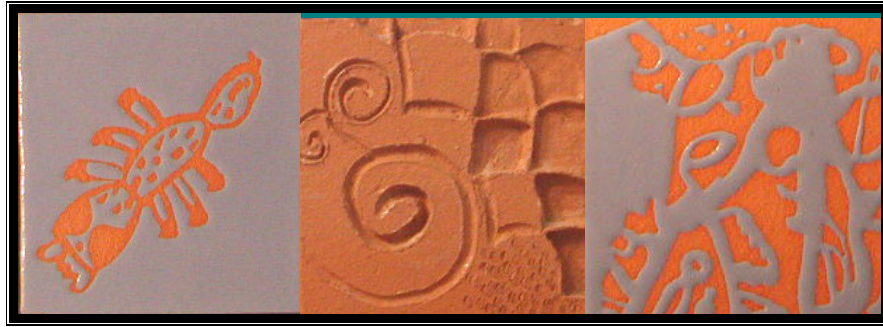


Figure 5.16. Tiles with their own aura

A parent of a child at Emergency felt that

... there are a number of reasons why I like them. I'm a trained artist myself, so I can appreciate them from that perspective. Also, as a parent in this environment, I enjoy that there is a human creativity around to ponder, whilst I'm waiting for the services. It's a really delightful, whimsical idea ... each one is a lovely, unique expression of a person. (M56/F15)

5.6 Csikszentmihalyi's Aesthetic Experience

Farrell (1999) felt that theorist Csikszentmihalyi (1990) argued that the “aesthetic experience is essentially ‘autotelic’ that is, a goal in itself and characterised by ‘flow’ experience” (p. 7). Csikszentmihalyi described the aesthetic experience in terms of four dimensions. These qualitative dimensions are: (a) knowledge, (b) communication, (c) perception, and (d) emotion and have been used in this study to describe the aesthetic fields in the Mater Children's Hospital.

The aesthetic experience has been theorised (Eisner, 1985) as a means of communication and expressing personal values and beliefs. It is also a measure of formulating feelings and emotions and giving them tangible expression (Farrell, 1999). For Eisner, art processes involve (a) creativity, (b) imagination, (c) interpretation, (d) self-expression, and (e) playfulness (see Figure 5.1).

5.6.1 Knowledge

Csikszentmihalyi (1990), defined the cognitive dimension knowledge.

Knowledge of the historical and biographical background enhances the quality of the aesthetic experience (Farrell 1999). The details of the Tile Project and the images of the tiles were put on the Mater Children's Hospital website and on a database in the foyer of the hospital.

The key stakeholders expressed themselves as follows:

The fact that they will see the artwork of children will give them an immediate impression [that] this is a place for children and they're the primary concern. (SOF)

They will be able to see it through the Internet too ... they'll certainly be able to see their tile. (BP)

I will have had a hand of some things in a public place to do with children's artwork that will stand for decades. (BF)

If this hospital goes its lifetime, that artwork is going to be on view ... I don't know in Queensland if there is somewhere else with 5,000 pieces of artwork. Who else apart from Russia maybe, has an area the size of Queensland? They can say [that] they have got representation that far. (BF)

Staff thought that the tiles added to the feel of the hospital, for example, "I think it does. It gives it sort of a personal touch" (M34/F55).

Parents interviewed really liked the tiles in the hospital and thought it a "wonderful project" (M56/F15) and "different ... innovative" (M09/F3). Another commented that the tiles "makes it less sterile ... its a major difference from the old hospital (M23/F5). The fact that children's art had been used in the project was significant to one mum and she thought that it "makes it more child orientated ... I think it's great, it makes the kids feel more at home in hospital" (M29/F6).

Another couple thought the tiles amazing, fascinating and unusual and unlike any other children's hospitals previously attended; that they made a difference and "because its a children's hospital and the art is by children ... yes, it's for the kids" (M58/F16).

Another mother thought the tiles made the new hospital less formal than the old. She felt the atmosphere created by the tiles enabled her two boys to have “identified something in particular and that’s what children need when they come to a hospital” (M19/F4).

One dad said “I think the children’s art helps in the children’s hospital, where as if it was an adult imitating children’s art ... kids pick up on those kind of things a lot quicker than we do” (M50/F14) (see Figure 5.17).



Figure 5.17. Children’s art for a children’s hospital

5.6.2 Communication

Key stakeholders in Phase 1 interviews felt that the tiles were very strong in their communication.

The impact of that will come from the actual presence in the whole corridors when you see some of those panels of 500 I think will almost be like shouting in your face ... they’re so strong. They’re very, very strong in their communication (PGS).

Journey—an exploration (Chapter 4) ... you can actually travel through the hospital—follow the ninth butterfly on the left and you’re at Xray. Or is it that you have an X-ray sign on the ninth butterfly on the left. What if we took the tiles out of there and had them as signature pieces for different units (SOF).

Its a lot of language that children use in their drawings and their art ... its like a language of symbols that's common to all children. (BP)

You could see that there was going to be a real relationship with the tiles and the observer. It wasn't going to be a visual thing there was going to be something else happening. (BF)

The image of pizza on a tile encouraged a 6-year-old boy to articulate his requirement for food, but he did not consider their authorship by children to be of any relevance. A 10-year-old regular Specialist Clinic patient liked the tile “with the sun and the mountains [because] it's happy”. (M22/C7) For her the tiles were like little moments with the natural world outside the hospital. She would have liked to make a tile about the beach, while a 7-year-old boy would have done a tile of his house in Perth, so that it could be a part of his new life in Brisbane (see Figure 5.18).

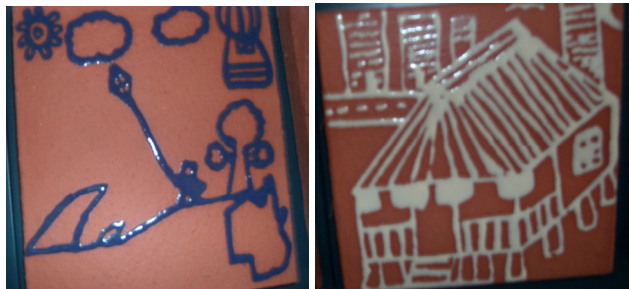


Figure 5.18. A house in the city

A parent commented on the inclusiveness of the tiles.

There's a lot of universal images there to reinforce the fact that we all share of similar experiences that can be easily identified with—even that possum hanging upside down, the car, the robot, etc. are all very universal images. The beach scenes are really quite charming. They make me sort of want to go to the beach. (M56/F15) (see Figure 5.19)



Figure 5.19. A possum and beach scene

5.6.3 Perception

A dad in Emergency felt "that art is a very therapeutic exercise in itself as being either a passive consumer or an active maker of art ([M56/F15).

"A friendly children's hospital coz its got works of art by kids "is how one 13-year-old patient felt about the tiles. She liked the tiles and felt strongly that "its very good that the hospital has let children do an art project of their own and put it up so that everyone can see" (M26/C9).

A 16-year-old patient said that the tiles made her feel "more like the kids are at home ... comfortable". She has had a long term association with the hospital and feels "for kids who have to stay here all the time, it gives a family sort of feel" (M27/C10).

5.6.4 Emotion

The fourth dimension reflected the diverse emotional responses from the groups interviewed in both Phase 1 and 2.

One of them is a hand print of a little boy who's died and of course it [the print] is only in plaster-of-paris so its very, very fragile and its his actual hand print. (PGS)

Maybe they'll do a logo from one of the tiles on a T-shirt for kids who go through the Oncology Unit—I'm a butterfly that flew away. (SOF) (Figure 5.20)



Figure 5.20. Butterfly tiles

A 3-year-old liked the footprints that felt like “play dough” and if she had the opportunity she “would draw footprints” which she felt would help the sick kids. She also thought that the tiles in hospital would be something sick children “would like and they would want to buy it and they would want to get it off (the wall) and they couldn’t” (M25/C8).

The diversity and familiarity of the tiles obviously thrilled these young children as they filled the space with “childish laughter” and pointed out tiles they liked. “I like this one (footprints) ... and the rainbow ... because they were made of clay and play dough” (M25/C8).

5.7 Beardsley's Criteria for Aesthetic Experience

Beardsley's (1982) dimensions of (a) object focus, where the individual willingly engages the stimulus; (b) felt freedom, where there is an experience of harmony; (c) detached effect, where experience is one that moves participants to reflection; (d) active discovery, where the participant becomes involved in the active cognitive challenge; and (e) wholeness, where perception engenders a sense of unity.

5.7.1 Object Focus

A mother of an inpatient used the tiles to entertain her child to pass the long hours from emergency to X-ray to admission to the wards.

We were there a long time ... and we've seen some tiles all along the corridor here ... we just went out in the wheelchair to see more tiles. (M46/F12)

5.7.2 Felt Freedom

A couple thought the tiles amazing, fascinating, and unusual and unlike any other children's hospitals previously attended. They made a difference to the feel of the hospital. "It gives it a sort of personal touch" (M34/F7) (see Figure 5.21).

A mother in the ward said "I think they're great! The first thing you notice when you walk in you can start looking at the tiles. It's a bit of a distraction and I think they're fabulous" (M29/F8).



Figure 5.21. Amazing images of the sea

5.7.3 Detached Effect

The children interviewed in the Specialist Clinics and the Emergency Department found the tiles a distraction. Two brothers, aged 5 and 9, said that the tiles looked good and that “you look at them and get hypnotized and they help you go to sleep” (M20/C5 & M21/C6). One of the brothers preferred to sit and look at the tiles rather than touch them. He felt he could closely relate to the images because they were “done by kids.”

5.7.4 Active Discovery

Hospitalisation today can be a frightening experience for children and their families. A staff member commented that

... there was a general consensus that hospitals can be scary places—art was a way of bringing a bit more of a human element to it, or taking some of the clinical element out of it. I think there was an acknowledgement in the literature too that art has a healing element to it ... the most sensible art in a children’s hospital would be children’s art. Created by children for children ... we wanted it to be like a gift from children to children in hospital. (M42/S21)

A parent said “it appeals to me. I really enjoy the stylisation that children have, different drawing styles that reflect the younger age group, expressing their ideas and I think that its really enjoyable as a parent to see that. It makes me very comfortable here in the hospital” (M56/F15).

Parents who spend long hours in Emergency and in the wards visiting their children, consider the tiles to be a distraction both for their children and themselves. One parent in the Emergency Department said:

Well I find it gives you something to take your mind off other pressing issues. So it has a distracting quality ... the nice thing about them is when you sit here for a while, you actually see images you didn't see earlier in the morning and so as time goes by there's still things to discover and so it remains intriguing. (M56/F15) (see Figure 5.22)



Figure 5.22. Tiles to take your mind off pressing issues

5.7.5 Wholeness

A participant in the Tile Project (Phase 1) responded to the need for children to experience a sense of satisfaction and self-expansion. “They’ve got to learn to bring it from themselves outwards. I drew on that a fair bit...I suppose the whole enjoyment is being with their artwork” (BF). She reflected on her personal journey with the project:

I’m a person for whom, if you do this process you put everything into what you are doing and it is done. Its achievement is the acclaim. Anything else is sort of a superfluous thing. I am, having seen those panels and seeing what Miriam’s pulled out of the kiln, constantly rewarded with the process. When it is in the hospital it will be wonderful. (BF)

Another person commented on the artworks “it’s just fascinating to see them filled with that, you know, the energy of the child. It’s still there in the tile when it is produced” (BP).

A father in emergency commented:

Its not really a competition, it’s a celebration ... given that particular palette, colour wise, with the modular format. Because you’ve got so much variation in the ideas that are expressed and because there is a design framework, it all fits together in a beautiful, harmonious whole. (M56/F15)

A young man thought of his tile as a gift to the hospital. He saw it as “something I gave to the hospital” and he hoped that other children would see this and “think that its a great thing. That it was a nice offer.” He felt the sick children would be affected by the tiles. “I reckon they’d notice them, if they were really sick or something, probably not, but I don’t know. They probably wouldn’t if they were really, really, really sick. But if they just had a broken arm or something they probably would” (M51/C16).

5.8 Eisner’s Criteria for Aesthetic Experience

Art is seen by Eisner (1985) as an attitude toward living and a means of formulating feelings and emotions and of giving them tangible expression. Art processes for Eisner involve (a) creativity, (b) imagination, (c) interpretation, (d) self-expression, and (e) playfulness.

5.8.1 Creativity

The philosophy of art according to Stephanie Outridge-Field (Chapter 4) and her notion of age appropriate art to be used in a children’s hospital setting is reflected by a staff member as a brilliant concept “involving children in what is the Children’s Hospital ... [it is] reflective of the child, the individual themselves, it is an expression from a kid of perhaps low artistic skills” (M8/S3). Another staff member felt that the tiles enhanced the

hospital by “creating that children’s presence, using artwork that children had done” (M11/S12).

For a mother who spent long hours in the ward the need for colour and shape for all age groups was important. “It’s creative and it distracts them. It takes their mind off their problems of what they are facing—like a healing” (M45/F11).

An 11-year-old girl, and author of a tile containing a tree image, thought the tiles were “nice” and “creative” and particularly liked the “dog ones” (M28C11) (see Figure 5.23).



Figure 5.23. Examples of creativity found in the tiles

5.8.2 Imagination

An 11-year-old boy in Emergency liked the distraction of the tiles particularly liked “the car one ... it gives you a feeling of it being 3D. It looks like its coming out of it [the tile] straight at you” (M57/C19) (see Figure 5.24).



Figure 5.24. A car image

5.8.3 Interpretation

A staff member felt “it’s obviously a children’s hospital and children love art and the familiarity” (M12/S4). One mother waiting in Emergency looked at “quite a lot of them [tiles]. We thought they were beautiful ... because they had been done by lots of other school kids” (M56/F15). Children’s art work in the new hospital has impacted on the “feel” of the hospital. One parent of a chronically ill child related to the tiles.

You didn’t see anything like that—it was a very old hospital ... the tiles are facing you and you can stop. I’ve seen the staff even stopping and talking about them (M48/F13).

For another parent in a Specialist Clinic the tiles became “a talking point for the children to take their mind off perhaps what they’re going to attend. That’s what we did ... we talked about the tiles as we came in” (M09/F3) (see Figure 5.25).

A mother and father of a child in a Specialist Clinic thought that the tiles “were a great idea ... especially for the kids to look at. You spend so long here and if it was just bare walls, there would be nothing for the kids to play with.” The father felt that the tiles

made the hospital feel “more like a children’s hospital and less like an adult’s hospital ... it shows they’ve put some effort into keeping the children entertained” (M48/50F13).

The mother of an inpatient who used the tiles to entertain her child to pass the long hours waiting for admission to the wards felt that the impact of the tiles went “beyond just decoration” (M46/F12).



Figure 5.25. Tiles with a sea theme provide a talking point

5.8.4 Self-Expression

Children’s artwork, according to one of the creators of the Tile Project, “represents their physical self and their state of mind at that age and their experience level and their window on the world” (SOF) (see Figure 5.26). Another commented that

... there are such a few brush strokes and they've shown really little people, shown a horse running ... another adult may look at that—who doesn't know about expression—and think that this child hasn't drawn the person with two legs and the wheels of the bike are the wrong size. Not seeing that it is all completely in balance. (PGS)

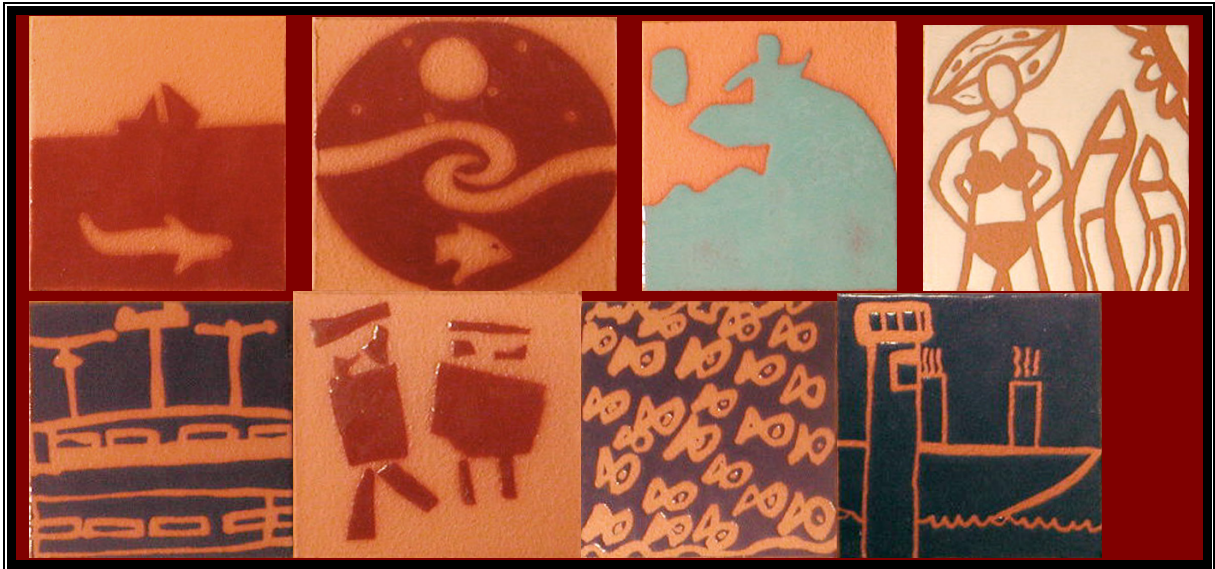


Figure 5.26. A selection of tiles expressing children's thoughts

5.8.5 Playfulness

A 7-year-old liked the blue face of a person with the big head. He would have liked to make a tile about the Queensland outback with a dingo theme. He liked “that monkey over there ... it's kind of cartoony ... and I like the one up there of guy in sunglasses, it looks like a kind of Bart Simpson in the early ‘Simpsons’” (M10/C4) (see Figure 5.27).



Figure 5.27 reflects the playfulness of the artists and the audience

An 8-year-old liked the monkey and the stars tiles because “he [the monkey] made me laugh” (M59/C16). She and her mother played games with the tiles while they waited for X-rays (see Figure 5.28). “Can you find the star? Can you find the monkey?” (M58/F16; M59/C20). She also felt very happy about the two houses on neighbouring tiles, which reminded her of her home and that of her cousins who lived next door.



Figure 5.28. Tiles to play games with

Chapter 6 looks at the results of the survey conducted with a random sample of children, staff, families, and visitors at the Mater Children's Hospital.

CHAPTER 6

RESULTS OF SURVEY

This chapter examines the field of visual art at the Mater Children's Hospital through a description of survey data. The design of the survey was informed by the qualitative data emerging from interviews in Phase 1 and Phase 2, from observations, and from theoretical research. The survey questions reflected the aesthetic processes of making, presenting, responding, and evaluating within the aesthetic field as defined by the theorists Abbs (1987), Beardsley (1982), Csikszentmihalyi (1990), and Eisner (1985).

6.1 Description of the Survey

The survey was conducted with a second opportunity sample of 64 people (19 males, 45 females). This sample consisted of 16 staff, 30 families/visitors, and 18 patients at the Mater Children's Hospital. It was also noted that 50% of staff who participated in the survey have had an association with the hospital for longer than 5 years, as did 13% of families/visitors, and 17% of patients. Some young patients did not respond to all the survey questions.

Responses to the questionnaire, which consisted of Part A and Part B, were recorded using a Likert style 5-point scale of very high to very low which followed a similar methodology as one used by Csikszentmihalyi (1990). This involved conducting qualitative interviews followed by a survey which was shaped by the interviews. The respondents, therefore, were able to describe the dimensions of their own experience.

The survey addressed the research questions.

1. What are the characteristics of the Mater Children’s Hospital Tile Project?
2. What is the purpose of the Tile Project?
3. What difference have the tiles made in the hospital?

The research questions were addressed through the following sub-questions and statement.

Part A

What do you like most about the tiles in the Mater Children’s Hospital?

The following comments are about art in general, please rate how strongly you agree with them.

Part B

What is the relationship between art and health in the hospital?

What are the purposes of art (i.e., the tiles) in the hospital?

Two extension questions:

Are there any other characteristics of art in this hospital that may reflect a relationship between art and health?

Are there any other purposes of art in the hospital?

Both extension questions failed to elicit a response from the people surveyed.

6.2 Analysis of Survey Data

Data display is “an organised assembly of information that permits conclusion drawing and action taking” (Miles & Huberman, 1994, p. 11).

Analysis of the survey data has been transposed into a series of figures representing the responses of the participants and addressing the three research questions. Participants were asked to respond to the questionnaire (Appendix G), rating the level of importance they placed on aspects of the tiles in the hospital.

6.2.1 Part A What are the characteristics of the Tile Project in the Mater Children’s Hospital?

Question 1: What do you like the most about the tiles in the Mater Children’s Hospital?

Figures 6.1 to 6.38 represent the highest to the lowest agreement of the importance the respondents placed on the tiles.

The creativity of the young artists involved in the Tile Project was regarded as important by 76% of the people surveyed (Figure 6.1). This emerged as a sense of ownership and pride from the children interviewed, while adults felt that the tiles presented a non clinical, happy environment.

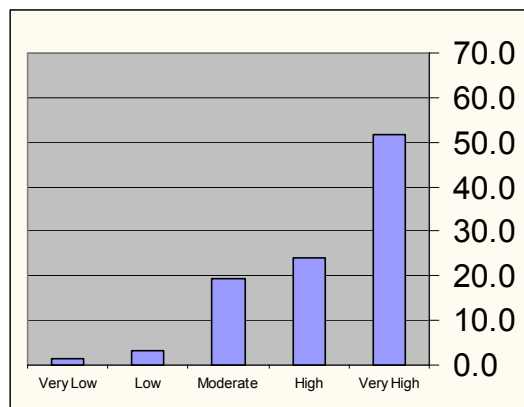


Figure 6.1. Creativity of artists
Number of respondents = 62

Of those surveyed 77% felt that the great variety of shapes, colour, texture, and themes within the tiles was important (Figure 6.2). They also liked the impact made by the colourful groupings of the tiles on the panels.

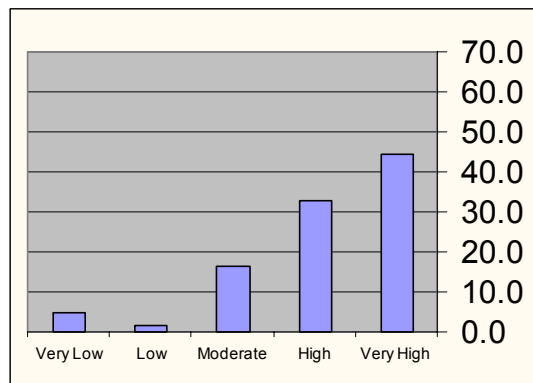


Figure 6.2. The variety of the tiles
Number of respondents = 61

Sixty-two percent of people felt the tiles were important as entertainment and as distracters when waiting in emergency or at special clinics (Figure 6.3).

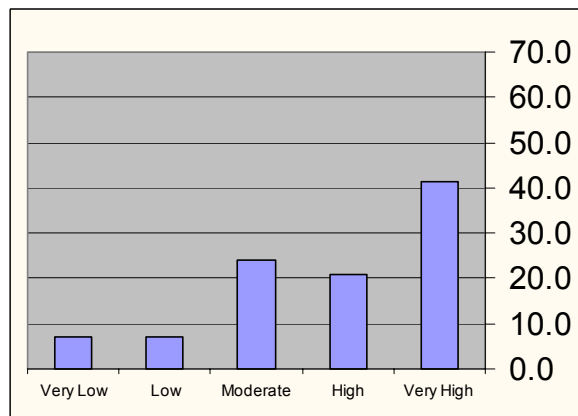


Figure 6.3. Looking at the tiles passes time
Number of respondents = 58

Figure 6.4 indicates that 59% of people surveyed felt that looking at the tiles was child friendly and relaxing; also, if the tiles more tiles were put in the wards the hospital experience might not be so frightening.

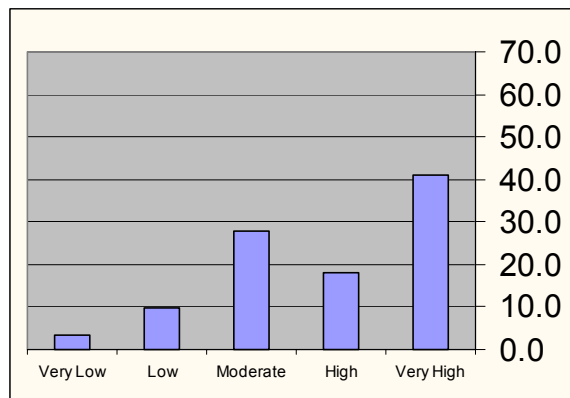


Figure 6.4. Looking at the tiles is relaxing
Number of respondents = 61

The tiles made 63% of people surveyed feel welcome; they were regarded as friendly and inclusive of both staff and patients and their families (Figure 6.5).

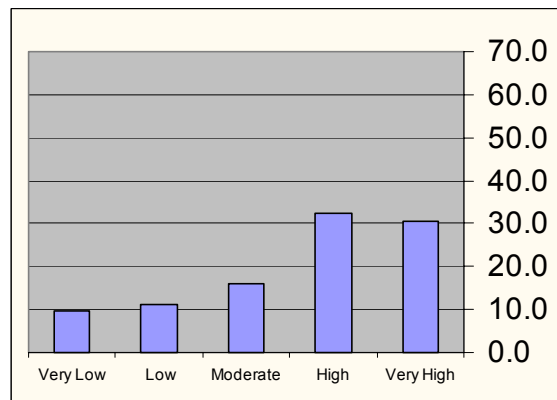


Figure 6.5. The way the tiles make me feel
Number of respondents = 62

The following results are concerned with art in general. Participants were asked to rate how strongly they agreed with the following comments. Results are presented from the highest to the lowest level of agreement.

Eighty-three percent of the surveyed group were strong in their agreement of art being an enjoyable, creative process (Figure 6.6). They felt that children love art and love expression of the familiar through their own images and symbols.

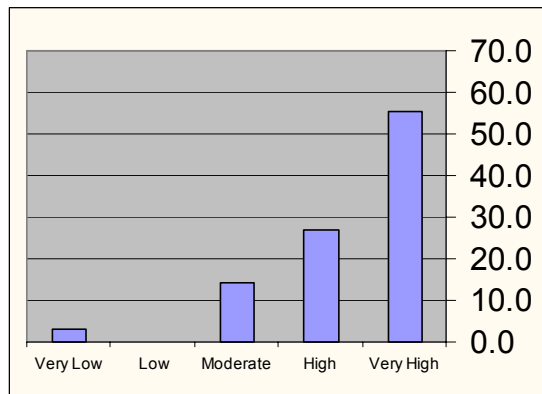


Figure 6.6. Art is an enjoyable creative process
Number of respondents = 63

Figure 6.7 indicates that 82% of people surveyed strongly agreed that art encourages personal expression and reflects the need for the individual to give expression of their own giftedness to others.

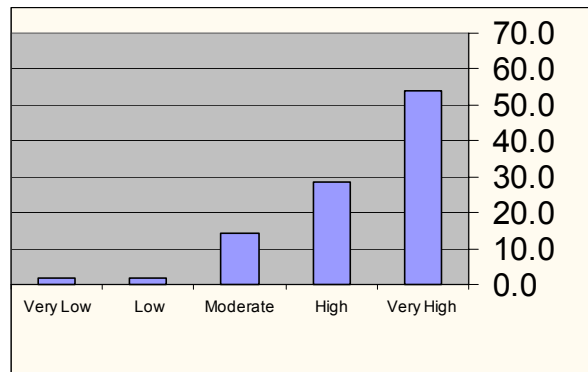


Figure 6.7. Art encourages personal expression
Number of respondents = 63

Eighty-two percent of the people surveyed agreed that art helped people to express their emotions (Figure 6.8). This is evident through such images as pedi-prints, angels, butterflies, and handprints as well as the laughter of discovery from children as they viewed the tiles.

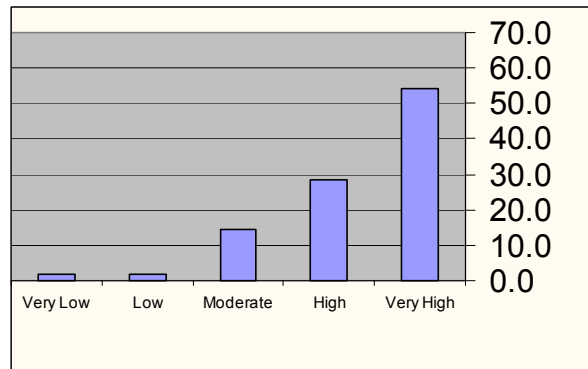


Figure 6.8. Art helps in expressing feelings
Number of respondents = 64

Figure 6.9 shows that 77% of those surveyed thought that art was an important way to communicate an expression of children's experiences and perceptions.

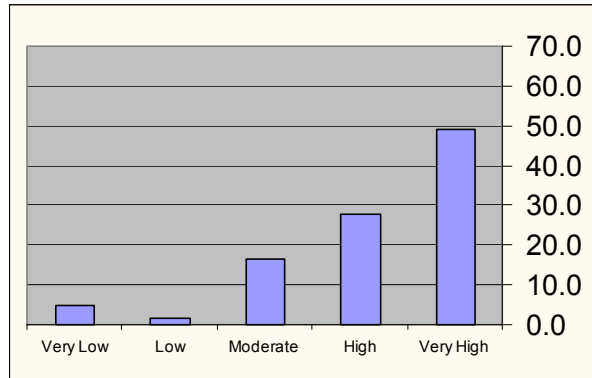


Figure 6.9. Art is a very important way to communicate
Number of respondents = 64

Of the survey sample 79% strongly agreed that art was worthwhile in its own right (Figure 6.10). The Tile Project communicated the language that is common to all children and provided a comfort for children in a less formal setting.

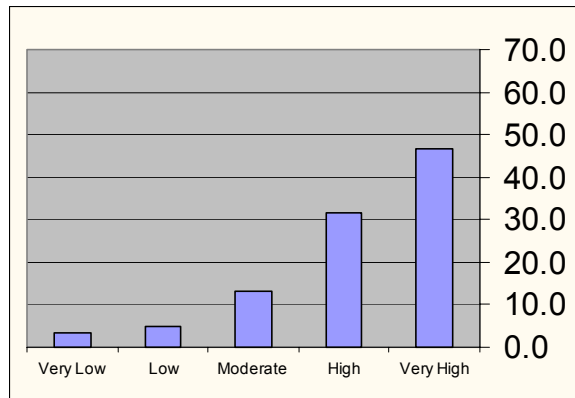


Figure 6.10. Art is worthwhile in its own right
Number of respondents = 58

Sixty-five percent of people surveyed strongly agreed that art is an engaging activity where the quality of the aesthetic experience is enhanced by the knowledge and understanding of the Tile Project (Figure 6.11).

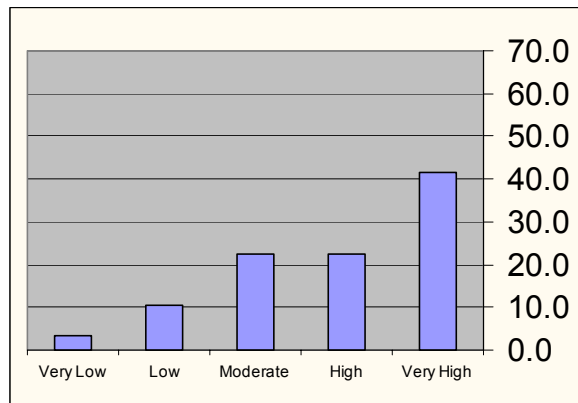


Figure 6.11. Art is an engaging activity
Number of respondents = 58

Of those surveyed 75% strongly agreed that art leads to an appreciation of other cultures (Figure 6.12). Children’s artwork presented at the Mater Children’s Hospital will become a permanent reminder of themselves as some children were from other cultures and their art reflects their specific culture.

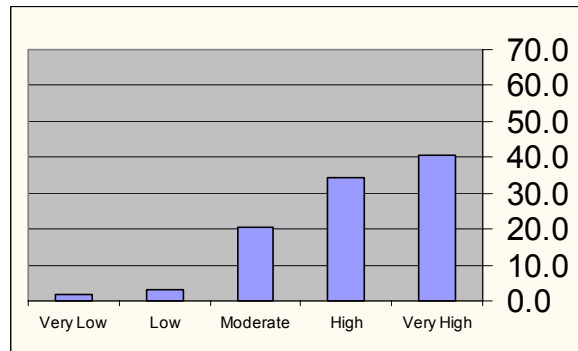


Figure 6.12. Art leads to an appreciation of other cultures
Number of respondents = 64

Figure 6.13 indicates that 66% of those surveyed agreed strongly that art gives more emotional freedom than some other activities. The tiles made a difference to the feel of the hospital; it was obviously a child-oriented environment.

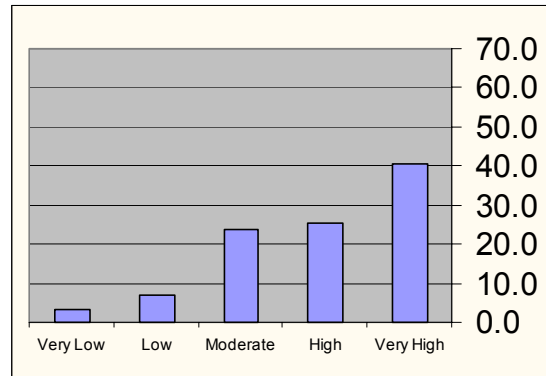


Figure 6.13. Art gives more freedom than other activities
Number of respondents = 59

Sixty-seven percent recognised the importance of art in the hospital (Figure 6.14). They appreciated the community of children from every area of Queensland including those from Thursday Island and other islands in the Torres Strait who linked through their artwork with the community of the Mater Children’s Hospital.

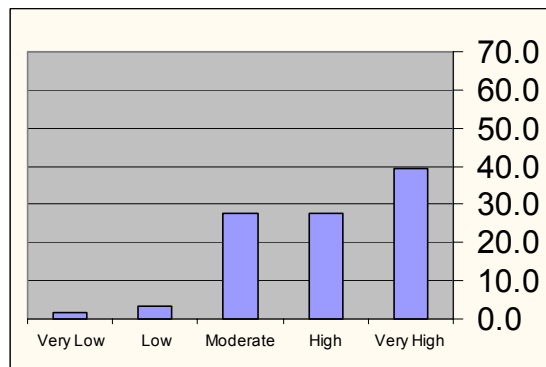


Figure 6.14. Art is recognised as important in the hospital
Number of respondents = 61

Of those surveyed 74% enjoyed looking at art in hospital (Figure 6.15). They saw the Tile Project as an unconditional gift of artwork given by children to others.

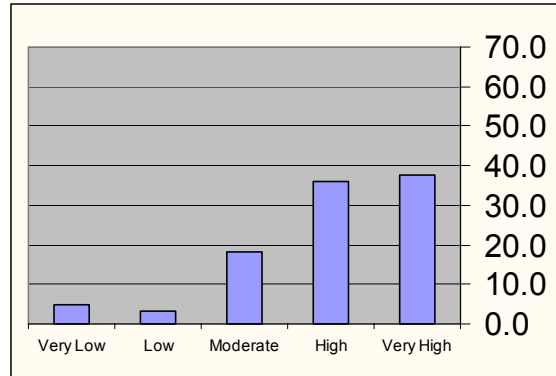


Figure 6.15. Patients, staff and visitors enjoy looking at art
Number of respondents = 61

Sixty-five percent of survey responses strongly agreed that art helped the individual to relax (Figure 6.16). This is a goal reached through an evaluation, communication, perceptive, and emotional engagement with the Tile Project.

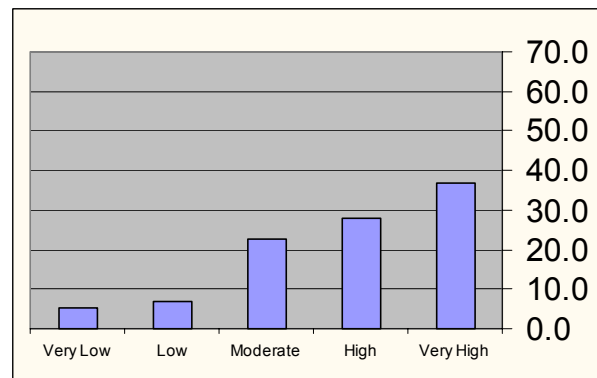


Figure 6.16. Art helps me relax and unwind
Number of respondents = 57

Figure 6.17 indicates that 63% of the people surveyed agreed that art was a new way of perceiving the world. In the Mater Children’s Hospital, the tiles were made by children for children and this made the hospital a comfortable place to be. The artwork in the Mater Children’s Hospital had shown them a different way of perceiving the world.

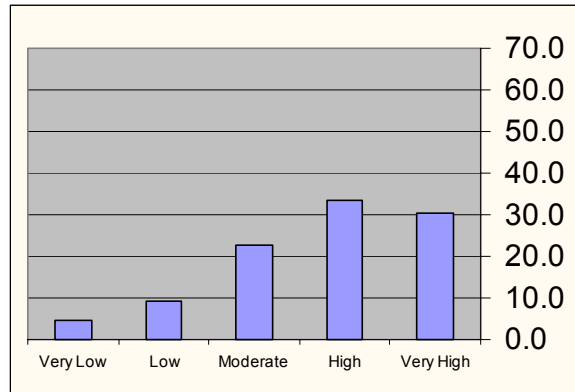


Figure 6.17. Art is a new way of perceiving the world
Number of respondents = 64

Fifty-five percent of the survey sample agreed that art was a challenging activity (Figure 6.18). In the Mater Children’s Hospital it was an active challenge of discovery of children’s drawings and symbols, of themselves and the expressions of their experiences as gifts to others.

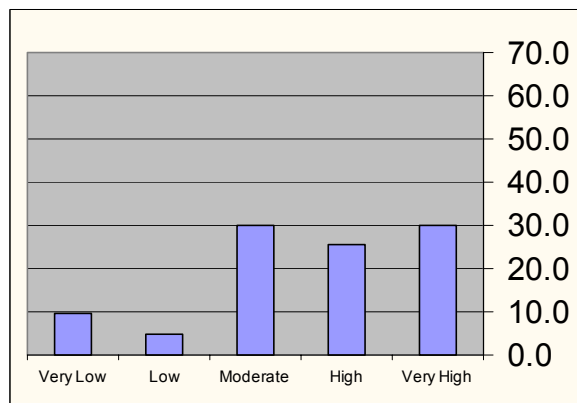


Figure 6.18. Art is a challenging activity
Number of respondents = 63

Fifty-six percent of people surveyed strongly agreed that art involves evaluation of other artworks (Figure 6.19). Artworks in the Mater Children's Hospital are evaluated through the individual expression of children's symbols and images.

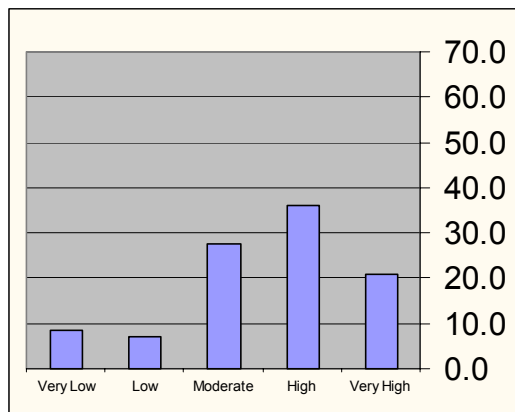


Figure 6.19. Art involves evaluation of other artworks
Number of respondents = 58

Of those surveyed 83% very strongly disagreed with the notion that art is a waste of time (Figure 6.20). In the Mater Children's Hospital, the respondents made an active discovery that the tiles both made a difference to the environment of the hospital and had an intriguing quality which enabled respondents to undertake a journey of discovery.

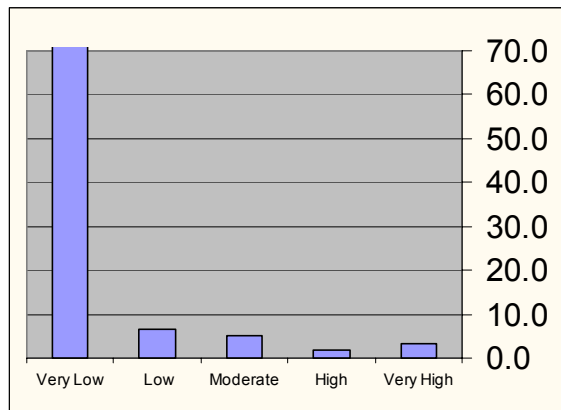


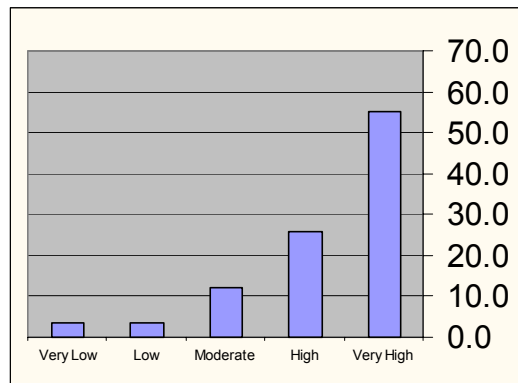
Figure 6.20. Art is a waste of time
Number of respondents = 60

6.2.2 Part B What is the relationship between art and health in the Mater Children’s Hospital?

Question 2. What are the purposes of art (i.e. the tiles) in the Mater Children’s Hospital?

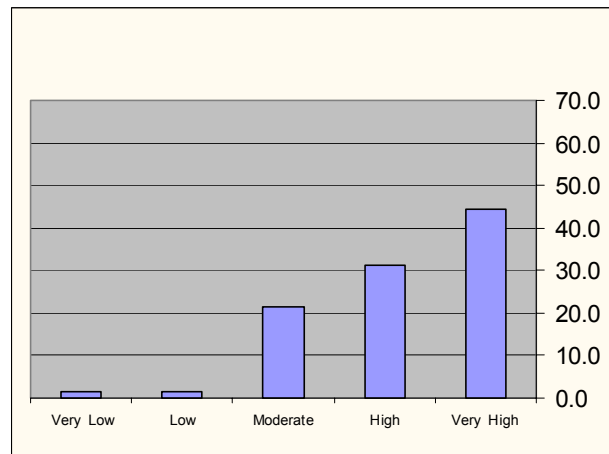
Survey participants were asked to rate the importance of the following purposes of tiles in the hospital. Survey results have been arranged from the highest importance to the lowest.

Figure 6.21 indicates that 82% of the survey group responded with a sense of freedom and playfulness to the images which were communicated by the tiles.



**Figure 6.21. The tiles provide enjoyment for all age groups
Number of respondents = 58**

Seventy-five percent of survey group thought that an engagement with the tiles and the people who made them was very important (Figure 6.22). They also used the tiles to fill in time or as entertainment while waiting in emergency or the special clinics.



**Figure 6.22. The tiles are an interest to the patients
Number of respondents = 61**

The tiles were regarded important as interior decoration by 75% of those surveyed (Figure 6.23). They could respond to the tiles through touch or the tiles could be visually engaged.

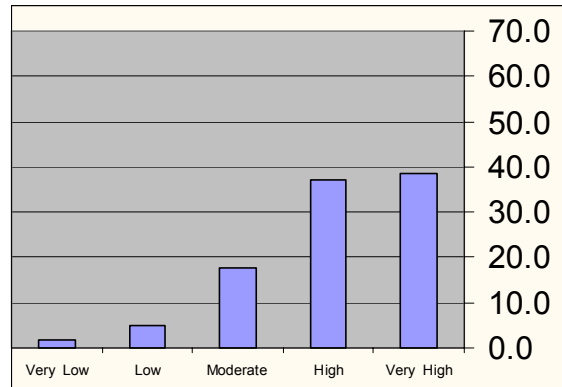


Figure 6. 23. The tiles are interior decoration
Number of respondents = 62

Fifty-eight percent of the survey group thought the tiles important because they gave a sense of the child's individual worth. Children could express themselves and communicate this expression through the images of the tiles.

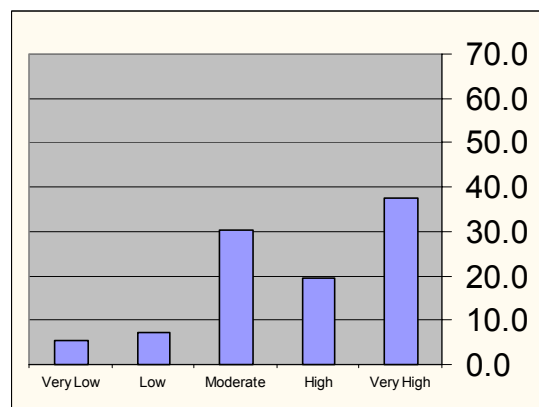


Figure 6.24. The tiles give a sense of individual worth
Number of respondents = 56

Figure 6.25 indicates that 61% of people interviewed thought the tiles were important because of the emotional freedom experienced in the relationship between the artists, their self-expression, and the observer of the image.

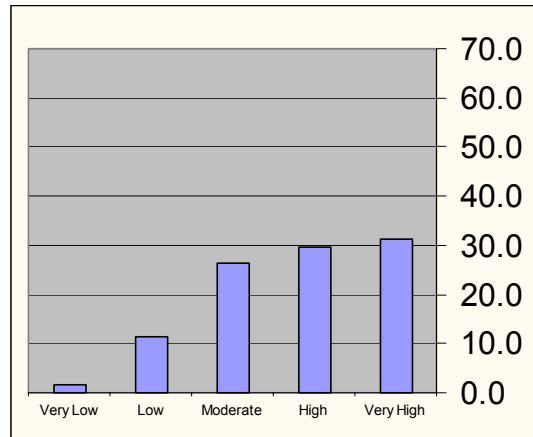


Figure 6.25. The tiles assist emotional development
Number of respondents = 61

Of those interviewed 48% thought that engagement with the images of the tiles gave an emotional response to the images, a spiritual uplifting, and a feeling of well-being (Figure 6.26).

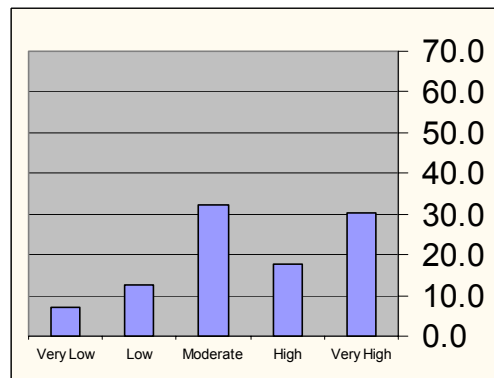


Figure 6.26. The tiles give a sense of wholeness and healing
Number of respondents = 56

Figure 6.27 shows that 53% of people surveyed thought the tiles very strongly communicated children’s expressions of their experiences and that their art provided the cultural language and symbols of children.

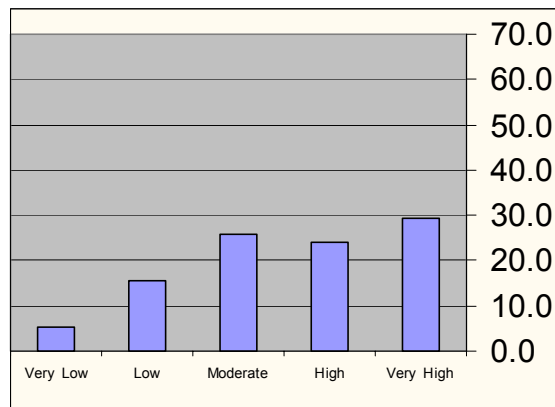


Figure 6.27. The tiles provide cultural development
Number of respondents = 58

Only 44% of people surveyed thought that engaging with the tiles, through an association of children’s images to be a place for children, was an important tradition in a Children’s Hospital (Figure 6.28).

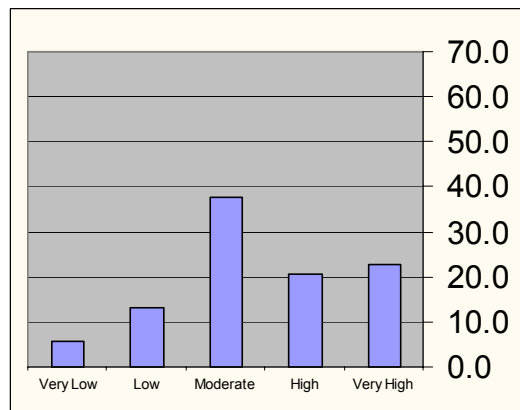


Figure 6.28. Art is a tradition at the hospital
Number of respondents = 53

Only 54% of people surveyed felt that the tiles were important as a service to the community (Figure 6.29). They responded to the images on the tiles through the communication of symbols or language.

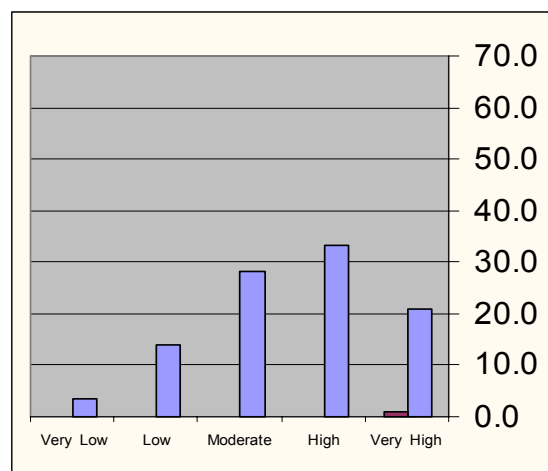


Figure 6.29. The tiles are a service to the community
Number of respondents = 57

In the second part of Question 2, survey participants were asked to agree or disagree with the following purposes of the tiles in the hospital. The following survey results are arranged from the highest assigned agreement to the lowest.

Figure 6.30 indicates that 88% of the survey group liked the tiles in the waiting room at the specialist clinics, in the hallways, and in emergency. Here the observers could actively engage with the artworks.

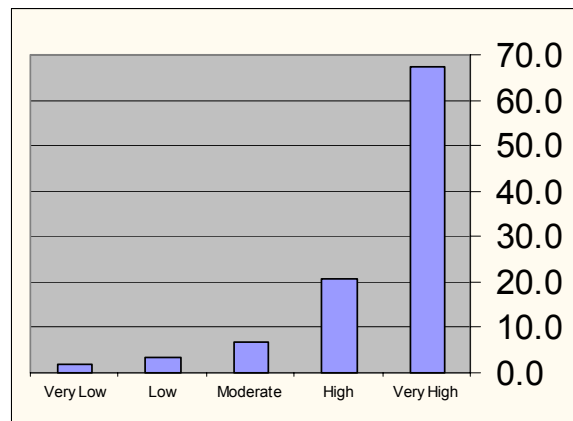


Figure 6.30. I like the tiles in the hospital
Number of respondents = 58

Eighty percent of the survey group felt that there should also be tiles in the wards and courtyards where observers could actively engage with the artworks (Figure 6.31).

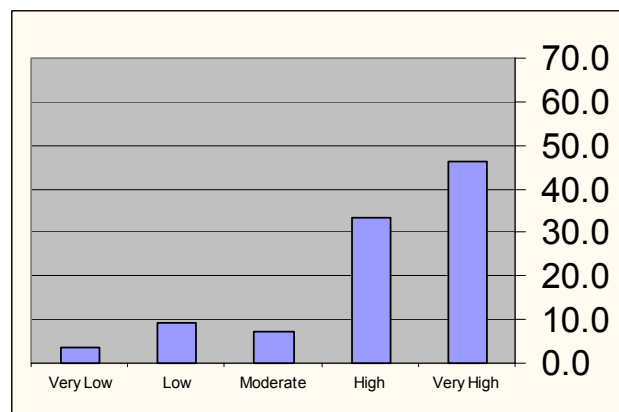


Figure 6.31. The tile should not be only in the public areas of the hospital
(they should also be in the wards)
Number of respondents = 54

Seventy-four percent of the survey group thought that the tiles should reflect a critical response to the communication of the child's artwork (Figure 6.32).

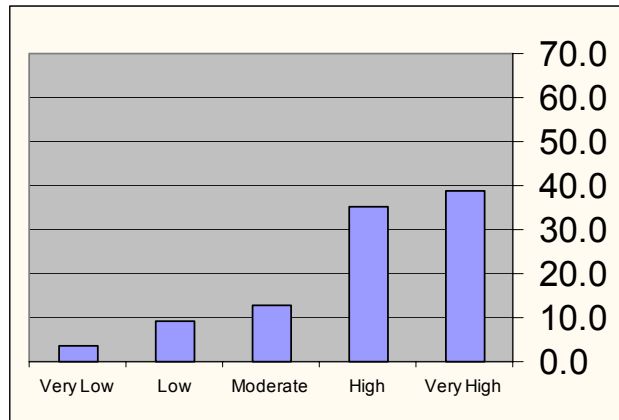


Figure 6.32. Hospitals should be more like the outside world (e.g., remind me of home or things I like to do when I am well)
Number of respondents = 54

Of those who responded 59% perceived a sense of well-being and emotional release by staff through engagement with the tiles (Figure 6.33).

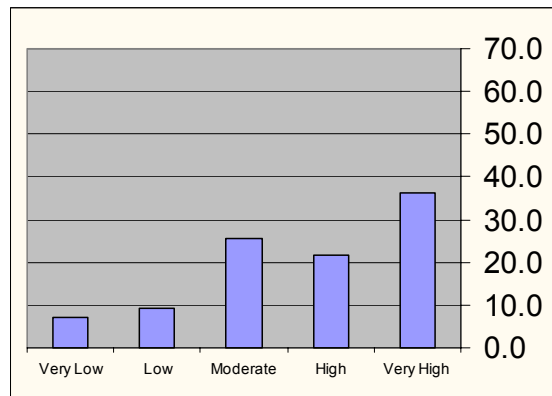


Figure 6.33. The tiles improve staff morale
Number of respondents = 55

Seventy-five percent of respondents felt that engagement with the tiles gave a sense of the uniqueness of the child and an awareness of themselves (Figure 6.34). The tiles made the hospital a children's place.

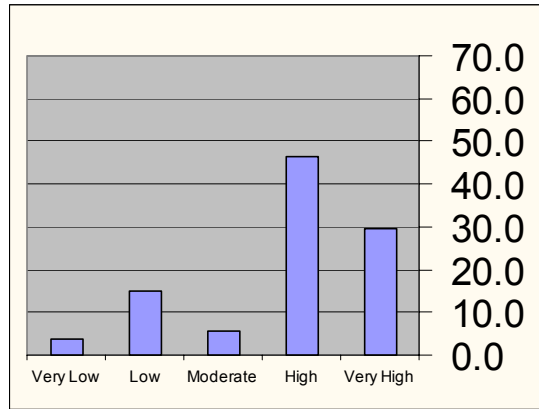


Figure 6.34. The tiles bring balance to the hospital experience
Number of respondents = 54

Sixty percent of respondents had a sense of satisfaction and self-expansion of the gifts given to sick children from those who were involved in the Tile Project (Figure 6.35).

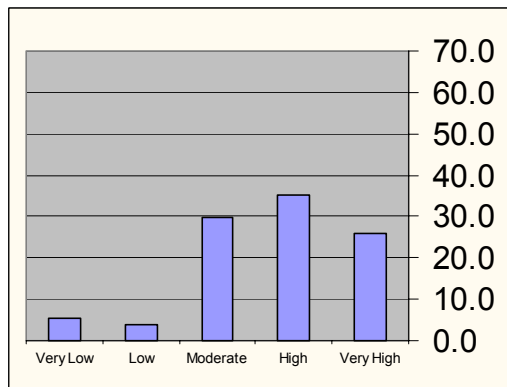


Figure 6.35. The tiles compliment the health care of the hospital
Number of respondents = 54

Figure 6.36 shows that 60% of respondents thought that the engagement of adults and children with the tiles through sight, touch, imagination, and playful games improved the atmosphere of the hospital.

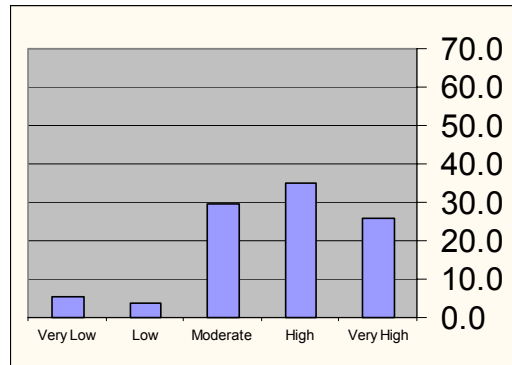


Figure 6.36. The tiles improve the atmosphere of the ward/hospital
Number of respondents = 58

Of those who responded 52% thought the tiles gave observers the opportunity to experience a freedom to use their imagination and emotions in their engagement with the artworks (Figure 6.37).

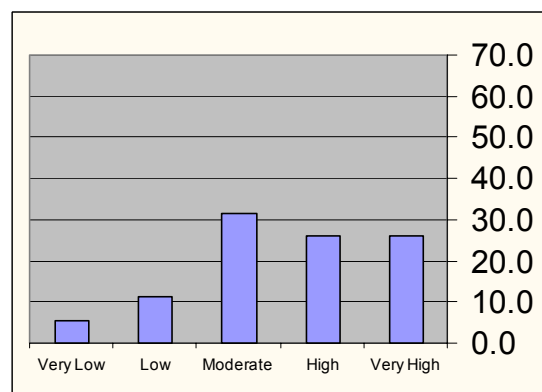


Figure 6.37. The tiles instill feelings of wellness
Number of respondents = 54

Figure 6.38 shows that 70% of the survey group disagreed with the notion that the tiles were useless when one was sick. Their response to the tiles was a feeling of amazement at the uniqueness of the tiles. They also felt that, by the use of the tiles, the hospital promoted a personal and inclusive touch.

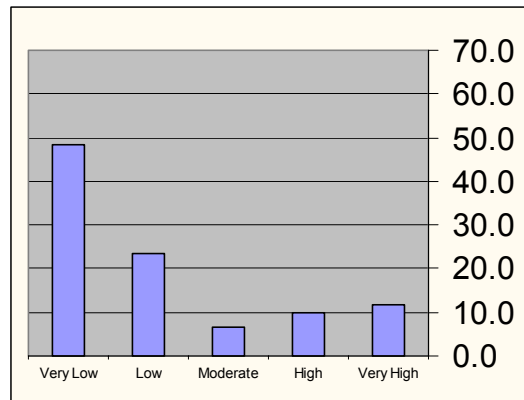


Figure 6.38. The tiles are of no use when you are sick
Number of respondents = 60

6.3 Summary

Analysis of survey data in Part A revealed some characteristics of the Tile Project in the hospital. These strongly reflected a high importance placed on the variety and creativity of the tiles as well as the ambience created by the tiles generally and on the individual. A high importance was also placed on the use of art as a means of communication, enjoyment of the creative process, and of expressing feelings. Conversely, a very low rating was placed on art as a waste of time while there was a moderate response to art encouraging personal expression. Analysis of Part B data rated the importance placed on the purposes of the tiles in the hospital. This reflected a very

high importance of the tiles as an interest for patients, as interior decoration, and to provide enjoyment for all age groups. There was a high importance placed on the purpose of the tiles to provide cultural development, to provide a service to the community, and to assist personal development, but only a moderate importance placed on the tradition of art in hospitals. The survey responses related to the differences that the tiles have made on the hospital community, strongly agreed that they improved staff morale, instilled a feeling of wellness, improved the atmosphere of the hospital, made the hospital more like the outside world, and brought a balance to the hospital experience.

CHAPTER 7

CONCLUSION

This study concludes with a discussion of the research findings obtained from interviews, a survey and observations of the Mater Children's Hospital Tile Project and the community of the Mater Children's Hospital. The research presented an understanding of the "habitus" or sets of experiences through which communities interact with the arts (Bourdieu, 1993) and through which "individuals and groups find their sense of place within a field" (Farrell, 1999, p. 20).

The study used qualitative approaches supplemented by quantitative analysis of survey data. The conceptual and theoretical framework for the study was informed by an extensive review to identify the nature of children's visual art in hospitals in both historic and contemporary settings as well as research which described the field of "cultural practices" (Farrell, 1999, p. 19) in a hospital. Research was guided by aesthetic dimensions which were developed by aesthetic theorists Abbs (1987), Beardsley (1982), Csikszentmihalyi (1990), and Eisner (1985). The resulting evidence gave insight into the "habitus" at a particular time and from a particular perspective (Bourdieu, 1993, p. 95).

This chapter will now discuss the research findings and draw conclusions with respect for the three research questions.

7.1 Research Question 1

What are the characteristics of the Mater Children's Hospital Tile Project?

The first research question was addressed in Chapter 4 by the analysis of semi-structured interviews with the four creators of the Tile Project. An analysis of these interviews defined the processes that constituted that project under the headings of (a) key people, (b) concept and theme, (c) trial panel, (d) recruitment of schools, (e) collection and selection of the artworks, and (f) the production and installation of the tiles. The analysis gave a framework for the “articulation of meaning [which] increasingly accords with organisationally promoted ways of making sense of experience” (Gubrium & Holstein, 1997, p. 173).

Barbara Foster, Pamela Godsall-Smith, Barbara Paulsen, and Stephanie Outridge-Field were involved in the project from its conception in 1999 to its completion when the tiles were installed into the Mater Children's Hospital in December 2000. Their interviews defined the various stages of the process from the initial consultation with John Gilmour, the design of the tile template, the making and collecting stages through the assemblage of the various panels of tiles which went on display at St Ignatius School and the Old Mater Hospital to the production and installation stage of the tiles into the new hospital. The tasks undertaken by each member of the team were defined. These included the trial designs for tiles carried out at St Ignatius School, the 3D tile workshops at Sandgate State School and The Flying Art School, the preparation of the kits containing permission forms, copyright information, templates and lesson plans for the 2D tiles, to all participating schools in Queensland. The task of foot-printing babies born at the Mater Mothers' Hospital, Brisbane on December 31, 1999 and January 1, 2000, fulfilled the criteria for artworks from new born children. As the tile designs arrived, the collation of the data, preparation of a data base, preparation and process of designs for manufacture

and firing were discussed. The difficult and emotional decisions of choosing 5,000 tiles from 9,500 designs were evident from the interviews.

This was a naturalistic study and the results of these interviews were presented in descriptive narrative. The concerns and aspirations of the creators of the Tile Project became the vehicle for communication of an holistic picture of the characteristics of the Tile Project as specified by Creswell (1994). The characteristics of the Tile Project which were strongly reflected in the study were: the variety and the creativity of the tiles, the mood created by the tiles in the hospital as well as on the individual, the communication of the expression of the child, the enjoyment of the creative process and the expression of feelings.

7.2 Research Question 2

What are the purposes of the Tile Project?

The second research question was addressed in Chapters 2, 4, 5, and 6, through an extensive review of the research literature and through a discussion of the theory of art in a social context developed by Bourdieu (1993). The question was investigated through what Bourdieu describes as “fields” which are shaped by the “aesthetic values and cultural practices in the context of broader social process” (Farrell, 1999, p. 19) and these, in turn, relate to children’s art making in health settings. The field of production in this study was the Mater Children’s Hospital which has its own set of values where the visual arts are appreciated in the context of the hospital.

As outlined in Chapter 2, art has been used in hospital settings in various forms since the 10th Century. It has been recognised as an integral aspect of a hospital’s environment whether to beautify as a “civic and religious duty,” to “encourage charitable donations” (Baron, 1994) or, as in the Children’s Hospital at Westmead in Western

Sydney, to use artworks which reflects “a holistic approach [to healthcare] rather than just focussing on a young person’s illness” (Sabiell & Bennett, 1997, p. 1). Visual art in contemporary hospital settings in the UK and Australia reflected the three models for successful use of art in healthcare settings proposed by Marsden (1993)—interactive arts projects and programmes; cultural planning and design for new hospitals; and art in public buildings. Art with a capital A, Art in Healthcare and Art in Design have emerged as three responses within Marsden’s (1993) models. The Mater Children’s Hospital Tile Project was a project that brought together all three of these models: Community Arts, Art in Design, and art in public buildings.

From data collected in Phase 2 of the study, it was evident that the Tile Project had impacted strongly on the community of the hospital. Three groups of people, staff, families and children were interviewed. Several key themes emerged across the three groups. The most outstanding theme of the tiles became evident in the staff/parent interviews, which reflected a deep need for the aesthetic experience as well as a spiritual and creative dimension.

The interviews with staff reflected a positive reaction to the tiles. They were thrilled with the colours and the non-clinical image that the tiles presented. They liked the uniqueness of the Tile Project and of the individual tiles and the mood or feeling, which the tiles created in the hospital to make it “feel comfortable for kids ... most kids and adults haven’t seen anything like it and are sort of stunned by it—the immediate impact of it” (M31/S14). They thought that the tiles made the hospital feel welcoming.

Parents and caregivers of children attending the hospital recognised the impact of the children’s art. They saw the Tile Project as unique and inclusive within the hospital

environment. The tiles immediately communicated to them that this hospital is a user friendly children's hospital.

The children interviewed in this study were aged from 3 to 16 years and all had diverse associations with the hospital. Some of the older children had been inpatients in other hospital settings, including the old Mater Children's Hospital. Throughout the interviews, a sense of ownership and community prevailed. Children at the Specialist Clinics and in Emergency showed clearly that the tiles were for distraction and entertainment during the waiting period. The tiles made the children very happy whether they actively engaged with the tiles or sat and looked at them. Children of staff visiting the hospital were generous in their enthusiasm for the Tile Project. They saw their tiles, made in a children of staff workshop, as gifts for sick children and that made them very happy.

Common themes across the three groups of people interviewed reflected the sense of community and connectedness to the hospital. The nature of the clay tiles, their texture, colour and position in the hospital gave a sense of ownership and belonging in the hospital. All groups reflected on the child appropriate aspect of the tiles. The perception of a children's space and place was articulated by parents and staff where they felt comfortable, felt good about their workplace and the environment in which their children were accommodated. Children loved the fact that theirs and other children's artworks were on public display. There was a great sense of fun in interacting with the tiles.

Many staff and parents and some children reflected an insight into the creative and spiritual dimensions of the use of children's art in a hospital environment. They placed high importance on the purposes of the tiles in the hospital which they saw as: an interest for patients, interior decoration, a means of enjoyment for all age groups, to

provide cultural development and to provide a service to the community as well as assisting personal development. The need for more art in the hospital was evidenced predominately through staff and parent interviews.

7.3 Research Question 3 What difference have the tiles made in the hospital?

The third research question was addressed in Chapters 4, 5, and 6, initially through an analysis of the interviews conducted with the creators of the project in Phase 1. Data collected from these interviews, informed further interviews and a survey which was conducted within various clinics, waiting rooms, the emergency department and various staff stations within the hospital. Interviewees included staff, parents, children (patients), and visitors to the hospital. Information gathered from these methods told the stories and gave meaning to the production of the tiles. This, according to Abbs (1994), is the “creative response” to this community project (p. 41). The study used four aesthetic theorists to describe the aesthetic experience of the “habitus,” that is, the Mater Children’s Hospital Tile Project—Abbs (1987), Beardsley (1982), Csikszentmihalyi (1990), and Eisner (1985). Their aesthetic dimensions are placed within Abbs’ Aesthetic Field, the dimensions of which are (a) individual, (b) community, (c) tradition, and (d) creation.

The third research question endeavoured to depict the nature of the tiles and their impact on patients, family members and staff within the hospital. While this study was primarily qualitative in its approach it has a quantitative component. A sequential triangulation method was used, through the survey, to provide evidence from a different source as cross-validation to the interpretation of the interviews (Phase 2).

Staff, parents, and visitors surveyed at the Mater Children’s Hospital responded. They felt that the tiles created a caring children’s space that made adults feel comfortable

and left staff feeling good about their workplace. Children interviewed had ownership and pride of their art work and their artworks presented a non clinical, child friendly, happy environment. The majority of people surveyed enjoyed looking at the tiles. They found that active engagement with the tiles resulted in entertainment and a time filler while waiting for treatment. While most respondents regarded the tiles as interior decoration, they responded to the tiles visually, emotionally and through touch. They felt that the tiles strongly communicated the expression of a child's experiences which in turn, provided the cultural language and symbols of children. The tiles were important because of their service to the community through their common language and the emotional freedom experienced by the art maker and the observer of the image. Only 44% of respondents thought that engagement with the tiles through an association of children's images was of traditional importance. Conversely, 80% of the survey group thought that the tiles should have been placed in the wards and courtyards where observers could actively engage with them. The tiles had been placed in the walkways, emergency waiting room, and specialist clinics. Seventy percent of the survey group felt that the tiles were not useless when one was sick. They felt that the hospital promoted a personal and inclusive touch through the images of the tiles. The majority of respondents to the survey thought that engagement with the tiles through touch, imagination and playful games improved the atmosphere of the hospital.

The tiles gave the majority of respondents a sense of the uniqueness of each child and they felt that the tiles made the hospital a children's place.

7.4 Conclusion

This study examined the nature of children's visual art through the Mater Children's Hospital Tile Project and its relationship with the community of the Mater

Children's Hospital in Brisbane. It analysed the interviews of the creators of the Tile Project which then informed further interviews and a survey with the community of the hospital. It used Bourdieu's (1993) framework of fields of cultural production and included Abbs (1987) aesthetic field and the aesthetic dimensions of Beardsley (1982), Csikszentmihalyi (1990), and Eisner (1985) to understand and explain the experiences with the tiles, of the staff, families and patients of the hospital.

Further outcomes of the analysis of the interviews and the survey reflected deeper concerns. Staff, families, and patients recognised the visual impact of the tiles. They applauded the authorship of the tiles and the creation of an inclusive hospital environment where everyone felt secure. They recognised the hospital as a children's space because the tiles communicated artworks for children by children. The value of the tiles in having a healing and distracting quality for parents and children alike was apparent as was the colour, texture and variety of the tiles. Concerns emerged, however, for more art in the Mater Children's Hospital in the future. This could take the form of community focused artworks, artists in residence programmes, exhibitions and programmes to be included in the foyers, ceilings of wards and treatment rooms, bedrooms, play rooms and courtyard areas of the hospital. The adjacent cultural community of Southbank, local schools, Queensland Government, and private enterprise funded programmes could be included to provide support for further educational artworks programmes dealing with the cultural, social, and physical needs of the hospital community.

REFERENCES

- Abbs, P. (Ed.) (1987). *Living powers: The arts in education*. London: Falmer Press.
- Abbs, P. (1994). *The educational imperative: A defence of Socratic and aesthetic learning*. London: Falmer Press.
- Accessible Arts (2002). Retrieved October 1, 2004 from <http://www.aarts.net.au>
- Arts for Health (2003). Retrieved April 25, 2002 from <http://www.mmu.ac.uk/artsforhealth/index.htm>
- Baron, J. (1995). Art in hospitals: The Fitzpatrick Lecture 1994. *Journal of the Royal College of Physicians of London*, 29(2), 131-144.
- Baumgarten, A. (1936). Reflections on poetry (first published 1735). In B. Croce, *Aesthetics*, Rome: Bari.
- Beardsley, M. (1982). Some persistent issues in aesthetics. In M.J. Wreen & D.M. Gallen (Eds.), *The aesthetic point of view* (pp. xx-xx). Ithica, NY: Cornell University Press.
- Behrman, P. (1997). Art in hospitals: Why is it there and what is it for? *The Lancet*, 350, 584-585.
- Bertoia, J. (1993). *Drawings from a dying child: Insights into death from a Jungian perspective*. London: Routledge.
- Black, P. (1996). Hospitals, art and children: The Lambie-Dew Oration 1996. *Innominate*, 47(5). Retrieved June 23, 2005 from www.medsoc.usyd.edu.au/innom/47-5/lambie.html

- Bourdieu, P. (1993). *The field of cultural production: Essays on art and literature*. Cambridge: Polity Press.
- Burns, R.B. (2000). *Introduction to research methods* (4th ed.). Frenchs Forest, NSW: Pearson Education Australia.
- Capon, J. (1997). Artworks in the new Children's Hospital Westmead N.S.W. *Artlink*, 17(2), 63-64.
- Chapman, B. (2003). *Making the arts a fundamental part of healing*. Unpublished document, LIME, St Mary's Hospital, Manchester, UK.
- Cintra, M. (2003). *Revealing the intangible: The role of culture and the arts in healthcare design*. Paper presented at Synergy: Arts, Health and Design, Sydney. Retrieved May 25, 2005 from http://www.placemaking.com.au/2003/synergy/syn_papers/book_of_abstracts.html
- Clifford, S. (1997). *Why have you drawn a wolf so badly?* Unpublished master's thesis, Queensland University of Technology, Brisbane.
- Creswell, J.W. (1994). *Research design: Qualitative and quantitative approaches*. Thousand Oaks, CA: Sage.
- Creswell, J.W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.
- Croce, B. (1909). *Aesthetics as science of expression and general linguistic* [D. Ainslie, Trans.]. New York: Macmillan.
- Csikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience*. New York: Harper and Row.
- Delamothe, T. (1996). Chelsea and Westminster Hospital Arts Project: Early days. *British Medical Journal*, 313, 1634-1655.

- Eisner, E. (Ed.) (1985). *The seven myths of art education: Seminar for art teachers*. Chicago: Education Department.
- Farrell, L. (1999). *A study of the visual arts in Christian religious schools in Queensland, Australia*. Unpublished doctoral dissertation, Griffith University, Brisbane, Queensland.
- Gerrand, D. (1995). Healthy debate. *Network News* (2nd ed.), pp. 12-13.
- Glesne, C. (1999). *Becoming qualitative researchers* (2nd ed.). White Plains, NY: Longman.
- Goodnow, J. (1977). *Children's drawings*. Somerset, UK: Open Books Publishing.
- Gubrium, J., & Holstein, J. (1997). *The new language of qualitative method*. New York: Oxford University Press.
- Habermas, J. (1984). *The theory of communicative action: The critique of functional reason*. Boston: Beacon Press.
- Huberman, A., & Miles, M. (1994). Data management and analysis methods. In N. Denzin & Y. Lincoln (Eds.), *Handbook for qualitative research* (pp. 428-444). Thousand Oaks, CA: Sage.
- Marsden, S. (1993). *Healthy arts: A guide to the role of arts in healthcare*. Melbourne: Access Arts.
- Mayall, B. (1999). Children and childhood. In S. Hood, B. Mayall & S. Oliver (Eds.), *Critical issues in social research: Power and prejudice* (pp. 10-24). Buckingham, UK: Open University Press.
- NNAH Fact Sheet: Research and Evaluation* (2003). National Network For the Art in Health. Retrieved April 23, 2003 from http://www.nnah.org.uk/fact_sheets/sheets/sheet5.htm

- Oppermann, M. (1996). *Art, architecture and medicine: Placemaking in Liverpool Hospital*. Retrieved October 6, 2002 from <http://www.cofa.unsw.edu.au/research/stanford/artmed/papers/oppmann.html>
- Sabiell, K., & Bennett, D. (1997). *Youth arts in hospital, a creative challenge*. Retrieved October 6, 2002 from <http://www.central.com.au/artmed/nchw/youth.html>
- Senior, P. (2002, October). Jersey Healthcare expands and seeks to incorporate Arts for Health Concepts. *Arts for Health News*, pp. 1-4.
- Smails, S. (1999, May). Practising the healing arts. *The Lady*, pp. 25-31.
- Smith, R. (2001). *Royal Bristol Hospital for Children*. Retrieved May 25, 2004 from www.raysmithart.force9.co.uk/pages/walls.htm and www.raysmithart.force9.co.uk/pages/bristol.htm
see also: www.wsi-sign.co.uk/gallery_pages/Bristol_childs_hosp/bristol_master.html
- Smith, T. (2003). *An evaluation of sorts: Learning from common knowledge*. Durham, UK: University of Durham, Centre for Arts and Humanities in Health and Medicine.
- Staricoff, R.L., Duncan, J., Wright, M., Loppert, S., & Scott, J. (2001, June 5). A study of the effects of the visual and performing arts in healthcare. *Hospital Development*, pp. 25-28. Retrieved July 14, 2005 from <http://www.hdmagazine.co.uk/story.asp?storyCode=200764>
- Staricoff, R.L., & Loppert, S. (2003). *A study of the effects of the visual and performing arts in healthcare—The first scientific evaluation*. Keynote address presented at Synergy: Arts, Health and Design, Sydney. Retrieved May 25, 2005 from http://www.placemaking.com.au/2003/synergy/syn_papers/book_of_abstracts.html
- Steinhardt, L. (1993). Children in art therapy as abstract expressionist painters. *American Journal of Art Therapy*, 31, 113-120.

Sundaram, R. (1995). Art therapy with a hospitalized child. *American Journal of Art Therapy*, 34, 2-8.

Swingewood, A. (1998). *Cultural theory and the problem of modernity*. New York:

Ulrich, R. (1991). Effects of interior design on wellness: Theory and recent scientific research. *Journal of Health Care Interior Design*, 3, 97-109.

Wright, S. (1991). Beyond a developmental approach to the arts. In S. Wright (Ed.), *The arts in early childhood* (pp. 1-24). Sydney: Prentice Hall.

OTHER WORKS CONSULTED

Anderson, J., & Poole, M. (1998). *Assignment and thesis writing*. Brisbane: Jacaranda

Ball, B. (1998). I, you and the art: The interactive space in art therapy with children.

Dissertation Abstracts International: Section B: The Sciences & Engineering, 59, 2411.

Bhimji, Z. (2000). Imaging the body: The work of Zarina Bhimji. *The Lancet*, 355, 1377.

Case study: Bristol Royal Hospital for Children (2001). Retrieved May 25, 2004 from

<http://www.publicartonline.org.uk/case/brch/>

Clements, K. (1996). The use of art therapy with abused children. *Clinical Child*

Psychology & Psychiatry, 1, 181-198.

Cohen-Liebman, M.S. (1999). Draw and tell: Drawings within the context of child sexual

abuse investigations. *The Arts in Psychotherapy*, 26, 185-194.

Crotty, M. (1998). *The foundations of social research*. St. Leonards, NSW: Allen &

Unwin.

Denzin, N., & Lincoln, Y. (Eds.) (1998). *Strategies of qualitative enquiry*. Thousand

Oaks, CA: Sage.

Disunno, R. (1999). Working with children's dream stories in an art therapy setting.

Dissertation Abstracts International, Section A Humanities and Social Sciences, 60(1-A), 0065.

Dunn-Snow, P. (1993). What's so special about teenage mutant ninja turtles? *American*

Journal of Art Therapy, 31, 102.

- Feinstein, S., & Uribe, V. (1986). Hospitalization of the young. *Pediatric Annals*, 15, 861-866.
- Fenton, J.F. (2000). Cystic fibrosis and art therapy. *The Arts in Psychotherapy*, 27, 15-25.
- Fowler, B. (Ed.) (2000). *Reading Bourdieu on society and culture*. Oxford: Blackwell.
[Sociological Review Monograph Series]
- Fowler-Smyth, J. (1996). *Art, architecture and medicine: Placemaking in Liverpool Hospital*. Retrieved October 6, 2002 from
<http://www.cofa.unsw.edu.au/research/stanford/artmed/papers/oppmann.html>
- Flick, U. (1998). *Introduction to qualitative research*. London: Sage.
- Glyn, V., & Silk, A. (1990). *An introduction to the psychology of children's drawings*. New York: New York University Press.
- Goodman, R.F., Williams, K.J., Agell, G., & Gantt, L. (1998). Talk, talk, talk, when do we draw? *American Journal of Art Therapy*, 37, 39-49.
- Günter, M. (2000). Art therapy as an intervention to stabilize the defences of children undergoing bone marrow transplantation. *The Arts in Psychotherapy*, 27, 3-14.
- Guerin, J. (1999). Three voices of art therapy: Image, client, therapist. *American Journal of Art Therapy*, 37, 126.
- Hadley, N. (1999). Maintaining art therapy connections: Verbal dialogue-image connections. *International Journal of Arts Medicine*, 6(1), 31-33.
- Halifax, N.V.D. (1999). [Review of Simon, R. (1997). *Symbolic images in art as therapy*. New York: Routledge.] *American Journal of Art Therapy*, 37, 127.
- Hamer, M. (2002, June 22). The art of healing. *The New Scientist*, 2348, 39.
- Happy views created (2002, 15 May). *Bayside and Northern Suburbs Star*, p. 7.
- Hart, M. (2001, May 17). New hospital complex ready to care for kids. *The Courier-Mail*, p. 12.

- Harakas, M. (2000, June 10). Why the witch is always wicked. *The Courier-Mail*, p. 10.
- Holly, D. (2000). Health care facilities reflect change in healing philosophy. *Houston Business Journal*, 30(50), 8B.
- Hood, S., Mayall, B., & Oliver, S. (Eds.) (1999). *Critical issues in social research*. Buckingham, UK: Open University Press.
- Horton, C.B., & Bucy, J.E. (2000). Assessing adolescents: Ecological and person-environment fit perspectives. In W.E. Martin, Jr. & J.L. Swartz-Kulstad (Eds.), *Person-environment psychology and mental health: Assessment and intervention* (pp. 39-57). Mahwah, NJ: Erlbaum.
- Jones, D. (2000). The arts in health care: A palette of possibilities. *American Journal of Art Therapy*, 38, 117.
- Koppelman, R. (1984). Hand puppetry with a chronic psychiatry population. *The Arts in Psychotherapy*, 11, 283-288.
- Larkin, M. (2000). UK arts-in-health network grows exponentially. *The Lancet*, 356, 1451.
- Leff, P., & Walizer, E. (1992). *Building the healing partnership*. Bethesda, MD: Brookline Books.
- Loppert, S. (1995). Art in hospitals. *Journal of the Royal Society of Medicine*, 89, 519-520.
- Maclagan, D. (1999). Getting the feel: Problems of research in the fields of psychological aesthetics and art therapy. *The Arts in Psychotherapy*, 26, 303-311.
- Malchiodi, C. (1999). Art therapy, arts medicine, and arts in healthcare: A vision for collaboration in the next millennium. *International Journal of Arts Medicine*, 6(2), 13-16.

- Marshall, C., & Rossman, G. (1989). *Designing qualitative research*. Newbury Park, CA: Sage.
- Mater Children's Public Hospital (date). Retrieved November 15, 2000, from http://www.mater.org.au/our_mater_hospitals/mch.html
- McLeod, C. (1999). Empowering creativity with computer-assisted art therapy: An introduction to available programs and techniques. *Art Therapy, 16*, 201-205.
- Merriam, B. (1999). [Review of Brooke, S.L. (1997). *Art therapy with sexual abuse survivors*.] *American Journal of Art Therapy, 38*, 63.
- Meyer, G. (1999). An exploratory study of the theory and technique of five expressive art therapy modalities. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 60*(2-B), 0838.
- Miles, M., & Huberman, A. (1994). *Qualitative data analysis: A source book of new methods* (2nd ed.). Thousand Oaks, CA: Sage.
- Moon, B.L. (1995). *Existential art therapy: The canvas mirror* (2nd ed.). Springfield, IL: Charles C. Thomas.
- Moon, B.L. (1998). *The dynamics of art as therapy with adolescents*. Springfield, IL: Charles C. Thomas.
- Moon, B.L. (1999). The tears make me paint: The role of responsive art making in adolescent art. *Art Therapy, 16*, 78-82.
- Morgan, J. (2003, February 8-9). Healing art and the medicine in music. *The Sydney Morning Herald*, Weekend Edition.
- Office for Children (1996). Australian Association of Paediatric Teaching Centres. Retrieved August 30, 2000 from http://www.wha.asn.au/aaptc/pub_office_children.htm

- Orr, S. (1998). [Review of Moon, B.L. (1995). *Existential art therapy: The canvas mirror* (2nd ed.). Springfield, IL: Charles C. Thomas.] *American Journal of Art Therapy*, 36(3), 91.
- Phillips, P. (2000). [Review Feder, B., & Feder, E. (1998). *The art and science of evaluation in the arts therapies: How do you know what's working?* Springfield, IL: Charles C. Thomas.] *American Journal of Art Therapy*, 38, 117.
- Prager, A. (1993). The art therapist's role in working with hospitalized children. *American Journal of Art Therapy*, 32, 2-11.
- Raghurman, R.S. (1999). Battling separation anxiety. *American Journal of Art Therapy*, 37, 120-125.
- Raghurman, R.S. (2000). Dungeons and dragons: Dealing with emotional and behavioural issues of an adolescent with diabetes. *The Arts in Psychotherapy*, 27, 27-39.
- Riley, S. (1999). Brief therapy: An adolescent invention. *Art Therapy*, 16(2), 83-86.
- Rubin, J. (1999). In memoriam: Mala Gitlin Betensky. *American Journal of Art Therapy*, 38, 38.
- Scher, P., & Senior, P. (2000). Research and evaluation of the Exeter Health Care Arts Project. *Journal of Medical Ethics: Medical Humanities*, 26, 71-78.
- Silverman, D. (Ed.) (1997). *Qualitative research: Theory, method and practice*. London: Sage.
- Simmons, S. (1992.) [Review of Levick, M.R. (1986). *Mommy, daddy, look what I'm saying: What children are telling you through their art therapy*. New York: M. Evans.] *American Journal of Art Therapy*, 31, 26.
- Simon, R. (2000). [Review of Thomson, M. (1997). *On art and therapy: An exploration*. London: Free Association Books.] *American Journal of Art Therapy*, 38, 115.

- Smith, S.C., & Pennells, M. (1995). *Interventions with bereaved children*. London: Jessica Kingsley.
- Spaniol, S. (1998). [Review of Warren, B. (Ed.) (1993). *Using the creative arts in therapy: A practical introduction* (2nd ed). London: Routledge.] *American Journal of Art Therapy*, 37, 34-35.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.
- Thomas, G.V., & Silk, A.M.J. (1990). *An introduction to the psychology of children's drawings*. New York: New York University Press.
- Timony, M. (1994). [Review of Bertoia, J. (1993). *Drawings from a dying child: Insights into death from a Jungian perspective*. London: Routledge.] *American Journal of Art Therapy*, 33, 58-59.
- Turner, J. (Ed.) (1996). *The dictionary of art*. New York: Grove's Dictionaries.
- Vick, R.M. (1999). Utilizing prestructured art elements in brief group art therapy with adolescents. *Art Therapy*, 16, 68-77.
- Viola, W. (1944). *Child art*. London: University of London Press.
- Weishaar, K. (1999). The visual life review as a therapeutic art framework with the terminally ill. *The Arts in Psychotherapy*, 26, 173-184.
- Williams, K.J., Agell, G., Gantt, L., & Goodman, R.F. (1996). Art-based diagnosis: Fact or fantasy? *American Journal of Art Therapy*, 35, 9-13.
- Wright, M. (1998, April 19). The best medicine. *The Sunday Times*, p. 12.

APPENDIX A

INTERVIEW WITH BARBARA FOSTER

Authority to Tape - Question: Are you aware that you are being taped?

Answer: Yes I'm, aware.

Response: Okay.

QUESTION 1: The first question I wanted to ask you about the **Tile Project** was just if you could tell me what happened you first heard about the **Tile Project**. What was going on at the time, and how you came to be involved.

ANSWER 1:

Well the first approach with the whole idea was through Peter Steer's wife who is a parent at our school. Dr Peter Steer has had three (3) children at our school and still has Emily there; and Glenys simply said Peter has a new idea for the hospital and he would like to talk to you about it.

Well weeks went by and we - Peter, Glenys and I - met at a birthday and I said what do you want to talk to me about and he gave me his business card. In actual fact, I didn't speak to Peter because when I used that telephone number I was told that John Gilmore was the parent or father of that project. Peter may have initiated it, he might/must have an overall position, but John is actually the Main Manager of all the connecting bits there to do with this end of what's going to happen in the hospital.

So, John Gilmore actually came out here because when he suggested that I go to the Mater I thought it out that that would be awkward. So he came here one afternoon, which impressed me no end and he brought with him the architectural pictures, the artist's impression of the corridors and he told me about Peter's, his, the others that have been involved in the concept of this new hospital. That they had wanted in many/every way possibly that they could think, to produce an environment that was comfortable, welcoming to the children and their parents. Because if you look at the plans you can see things like rooms for distressed parents in places so that parents are not separated from their children. That they were endeavouring to have places where children can see out of the hospital and that they wanted a piece/..... artwork in the hospital that was specifically child related and they had approached artists who had said they would collect children's work and adapt it and at that stage my back stiffened! And I said "Oh no". I asked him about the legality of using children's art work, because just recently within the last two (2) years I believe in this State, the law has been passed that any new buildings should have 2% of its building costs given to Queensland artists or craftspeople to have their work incorporated in the building design.

So that (???) Sue said, because Sue was part of the framing of that policy stop the plonk way in which art was / building was finished. People have now said what are we going to

1 put on the walls, so out and buy something - plonk!! So that the whole concept was
2 coming together with the building and it's aesthetics. And I was told that all of the
3 legalities, processes, whatever had come through before that law was passed therefore, we
4 were free to have children's art work even though - as you would thinking about it - these
5 are 5 000 little artists. They're not professional artists, but it's art as expression of a
6 child's life.

7
8 Now, I had no idea how we would do this. I said to him, "as a teacher I understand how
9 you would evoke the artwork from children, but as for setting it up the whole plan/scope,
10 all of that, was way out of my depth". I would need to be part of a team and I said I had a
11 person in mind and it was my friend Pamela Godsell-Smith who has through her life
12 managed to set up businesses, run hotels, has a very creative, but well organised mind. So
13 I approached Pamela, who was at that stage in the middle of many, many things she was
14 attempting to do, but she also caught the vision of what this might be. How the doctors'
15 had dreamt of this hospital.

16
17 **ANSWER 1 (CONT):**

18 This was to include children in a very important way and she just said "Count me in". So
19 spoke to John Gilmore on the conference phone and he invited us to be part of a meeting
20 with other people that were going to be part of the group.

21
22 We met, I was just trying to think who was at the meeting ...

23 We met Andrew Holmes the architect, Miriam Newitt who was the tile manufacturer that
24 they had chosen and I don't know whether we met the trust people, but anyway - at the
25 first meeting we got an idea of the general directions of where we were going to this up.

26
27 Pamela put all her resources to the fore to think of how we might do it. We probably
28 could have had help from others more practised at setting the grant up, but what we had
29 encountered now was a problem with time.

30
31 When John approached me about twelve (12) months ago, about June last year, I was
32 heading for a very very big show involving every child in the school and a big production
33 and it was taking all my energy to get this together under the circumstances that we had at
34 school at that time. And I said "don't speak to me until after this Show is over". Then
35 when we sat down to look at what was ahead of us, panic buttons went off because we
36 realised we only had third term i.e. October - November period to get the word out to
37 schools.

38
39 Now everybody that teaches in a school knows that's madness time because there is
40 testing, they wind up things at school. There's the end of year. We could finish school
41 first week of December. For people to be getting word of a project we would like them to
42 get involved in. I suddenly realised it would have been far more comfortable if we
43 (would) had been able to start much earlier in the year, but as we didn't have that we had
44 to simply get going so we scabbled because one thing that was set before us was that we
45 might have promotional panels produced by December, i.e. Actually have several panels
46 made, tiles mounted on them to use to promote. So Miriam looked at us and we said we
47 would just have to start and we started with my school, St Ignatius.

48

1 Without completely grasping some of Miriam's problems of how the glaze would go on
2 the tile - but I knew that I would have the backing of the Principal and that I would be
3 able to use my art lessons and Pamela joined me and we throughout one week (class by
4 class) ran the tile programme. Well, we made all our mistakes in that first run, but from
5 that were able to set up lessons to endeavour to steer people away from the mistakes that
6 we had made.

7
8 We had decided that it was foolish to use colour, even if we were going to photocopy it.
9 Various colours photocopy at different tones. We needed a black and white reproduction
10 for Miriam's process. She also tried to explain to us what was going to happen to the
11 glaze. She worked very hard trying to explain to me what happens within the firing of the
12 glaze. How it can spread and then pull right back and if the line is too thin the line of
13 glaze will break. So that would affect how we/what drawings we used and how they
14 would be transferred.

15
16 So we collected from St Ignatius probably 180 - from that we were only able to use about
17 70%, because some of them were far too fine, some were too complex. But we began
18 then we invited a second school - in Sandgate - where I knew Dina and Glenda Horan
19 would be very receptive to us coming down there and with two (2) classes doing a tile
20 project. Then we knew that we had to have 3D tiles to go on those panels. So we had
21 looked at who would actually be able to go from school to school to do the workshop on
22 the 3D tiles, because we knew we couldn't and someone had suggested to Pamela...
23 *Pamela talks in a wide range to all sorts of people. She is a great net worker.* She got the
24 name Stephanie Outridge Field. Stephanie has conducted many community projects
25 throughout Brisbane. So she is used to setting up something like this. So that is how
26 Stephanie joined our team and she took clay down to Sandgate again to do the whole
27 school to get 3D's from there. So we'd have glazed 2D's and 3D's on the promotional
28 panel. Now we also realised that we were being to take footprints of new born babies. So
29 I suddenly had to image that we had to be there December 31st when these babies were
30 born and back again the next day. When the next lot were being born. It was quite like
31 that. We spoke to Directors of Nursing and organised when we could call on mothers to
32 explain to mothers what we were doing and foot-printed these little babies. Well it was a
33 slow start but once it got under way we had mothers delaying their departure from
34 hospital for a few hours to have their babies foot-printed.

35
36 Were so busy, we lost count of how many babies we were foot-printing from the neo-natal
37 wards (those strong enough), all the way up to wonderful. It was a very interesting time.
38 It was like being a quasi-medic with basins and the washing of feet and the painting of
39 feet to the horror of fathers and mothers - painting these little feet black then washing
40 little feet. Making sure they filled-in the forms. We thought we had fifty (50). We had
41 no idea we had a hundred and something. I don't know how many little feet there were.
42 But that gave us this wonderful group of the new borns - the last of the century, the first of
43 the century which was a very powerful record for this piece of art work and as we were to
44 collect and work from patients 0 - 17 that fulfilled that part of the criteria.

45
46 Now Pamela had organised in those weeks, amongst a whole lot of other stuff in her life,
47 letters to Day Care Centres and preschools - particularly Day Care Centres and Child
48 Minding Centres to get the toddlers. This is where, in our wonderful naivety, I knew what
49 schools would be like. I should have extended that thinking to other institutions. People

1 would say to us “Oh I know people want to be a part of this”. But when you’re in a busy
2 institution people have to work out how to sort your programme into their
3 curriculum/timetable. Pamela didn’t get any big response - almost nothing from those
4 Day Care Centres. So before we knew where we were, we were with the school year
5 starting work. We, Pamela, had set up (I had done the lesson plans) she had set it up, she
6 had letters in invitation. She had responses coming back. We began to look at the actual
7 mode of work that was going to happen and we thought “Good, we are under way!”.

8
9 All these things had gone out at the beginning of the year, then nothing for five (5) weeks.
10 Well, I was squeezing every bit of work I could out of what we had collected the
11 previous year to try and keep Miriam supplied with designs to keep her manufacturing.
12 This was a little awkward trying to explain this to the hospital that we couldn’t just
13 marshall the work as we had organised it. Because we were relying upon the co-operation
14 of hundreds of teachers, and teachers were really being asked to be the deputies to not
15 only run the lessons but to get those forms filled-out. Because the form assigns copyright
16 to the work, it is the only way it can legally be made into an artwork and then
17 incorporated into the whole building. So to encourage some of them while I still had
18 some time free on Mondays, I trotted off to a couple of schools and did workshops to
19 show staff how they could do a tile project and still thought - here they come - perhaps
20 hundreds. Finally, about Easter, people had realised the end of first (1st) term was
21 coming, they had better get a go on. So then it flooded in, and without people like - we
22 had to have a technical person to put/assign the unique numbers to the work. That was
23 Barbara Poulsen. She was someone that Stephanie knew. She turned out to be a
24 wonderful member of the team, with a sensitivity for what we were doing, and great deal
25 of patience and an absolutely thorough worker. So she was assigning numbers and
26 registering all these names/forms/schools and we found this wonderful person who was
27 actually the sister of one of Daniel’s school mates. A lass, (who) was actually leaving
28 school, starting University, needed odd jobs, who with a bright, clever brain could be
29 brought in on the team to do a lot of the manual work - like packaging stuff to send out to
30 schools, to produce the right thickness line we’d purchase pens. To ensure that they had
31 everything they needed, it had to be sent out as a complete kit.

32 So Jackie started to do that and she was still on the work when it came pouring back in
33 again, to go through and do some preliminary sorting because she became very conscious
34 of what could be definitely go on to become a tile design and just what was impossible.
35 That (had) been the disappointing thing - to know that we couldn’t include all works and
36 that some child might do a drawing and it was not going to be able to be translated into a
37 design.

38
39 On with the process... Pamela had probably told you the process of
40 unpacking/photocopying all of that office work that they went on with. Well, finally the
41 designs were coming to me in boxes and boxes and I had worked out how I could do it. I
42 had thought of several different ways in which I could set this up. I had in the very
43 beginning grand ideas of thematic work on different walls. We’d have a sea of things
44 from these schools and “this” from other schools and these would be in blues and green
45 and something else and “this” would be in something else. Well, if you have 5 000 or 9
46 000 little brains as it turned out all deciding what they would draw, its like having a
47 vehicle harnessed to 9 000 little animals all going to pull in different directions. So,
48 although the hospital grandly said “My life in Queensland”, analysed down to anything
49 that the Department of Tourism could see as “My life in Queensland” it’s my life as I see

1 it from four (4) years of age to 17. It's, or, what, ever is in my brain as a Queenslander. I
2 don't know. We gave themes, we gave directions, we gave subjects. We sent out
3 examples, but they still ...

4
5 **QUESTION 2:** What are some of the themes and examples that you suggested?

6
7 **ANSWER 2:**

8 Oh. We suggested - I wrote a poem about Queensland. You think some of the things that
9 St Ignatius children had incorporated: they looked out the window and at that stage - at
10 this time of the year the frangipanis had no leaves on them, they looked naked frangipanis
11 - the sunshine that says when the sun is really hot we slap on our shades and put on a hat -
12 all the things we do have, have to do as Queenslanders. The sun - yes. We know its an
13 icon for Queensland, but we had no idea! The wretched thing would supersede
14 everywhere. It would be popped on wearing sunglasses - not (that) we wear sunglasses,
15 we wear hats - the sun wearing sunglasses. The toads on the road because it said the best
16 way to see these pests is flattened on the roads. Queensland frogs. Something about
17 Queensland frogs because we have had trouble with the toads eating frogs eggs. They
18 picked that up - frogs children love. And flattened on the road. We have several fantastic
19 drawings of toads with tyre marks on them. and one with the toad, the tongue hanging out
20 the side because that's how you would see it because way out on a hot road the toad
21 would be dislocated and the tongue is poking out the side. And swimming - this is a
22 country where people would go to the beach for Christmas. It didn't matter if they lived
23 by the beach or not. We had the sea as the year went on and I was doing co-operative
24 planning in our school. I realised what a proportion of the eight (8) and nine (9) years
25 were drawing from their school programme, which has a lot to do with marine life. So I
26 got crabs and shells. A couple of things I had suggested which were fanciful like - "I
27 collect stars", were beautifully illustrated by children at our school picked up by another
28 school, but on the whole if the teacher didn't direct them or use those lessons we got a lot
29 of stereotypes. But (what) we also got where the teachers.

30
31 **QUESTION 3:** What were you saying about stereo types?

32
33 **ANSWER 3:**

34 Oh yes. Stereotypes - you know - this is where as an art teacher it is sort of as an
35 emphasis to me to develop a child's ability to explore things and to give them techniques
36 and support as they develop their skills because we had stereotypes that went on and on.
37 Trees with apples, houses with chimneys - which we don't really (rarely) see here. Two
38 hills with the sun between it. A boat that was ruled with a ruler, butterflies - *bread &*
39 *butterflies*, I think they were called in "Alice in Wonderland". And that's exactly what
40 they looked like - two (2) slices of bread joined together with a fat grub, decorated heavily
41 with all sorts of patterns often unable to be translated because they were far too complex.
42 Balloons - not many balloons. But over and over and over again, this rotten sun! Well,
43 Pamela said in her sorting that if she'd seen one more sun she was physically going to
44 throw up. And Jackie got the same way. But we did see where in one school, Iona
45 College (Lytton), where some wonderful work started to come through. Wonderful things
46 that were suggestive of shorelines and organic things without being overly defined.
47 Lovely rhythmical shapes, things that the glaze would work well on. A teacher who had
48 obviously thought about what the end product was going to be. So Pamela wrote to the
49 teacher at Iona and said "these are wonderful - what are they?". And he said they are

1 from aerial photographs. Some of them looked to me like the twelve (12) apostles and the
2 sea and things on land, but they were abstract enough just to work-in beautifully. Then
3 there were other children who could draw who had obviously looked at something, as our
4 kids at St Ignatius did. Looked at some thing - drew it with reference. Not as copying,
5 but as reference. Plant forms or animal forms. Certainly some of them included
6 Australian animals. That was good. Then we got, started to get, those that really gave
7 some thought to about where they came from. So from Roma - the teacher had talked
8 about things that were distinctly from Roma - and we got little pieces of writing that came
9 on the artwork that talked about the bottle trees that are in Roma. There is a memorial
10 avenue, Akubra hats, stock whips, things that are of the bush life out there. The same
11 thing happened with the school of the air - the children had come in from remote areas
12 and drawn the images that were most strongly in their minds. And they're not dolphins,
13 and they're not houses with chimneys. They're mustering and cattle and tank stands and
14 that's really where a child's reflecting their life in Queensland, without being told what to
15 do.

16
17 Ah, listening to one teacher say "Oh life in Queensland, well of course we must include
18 the map of Queensland". Oh, blimey! A child doesn't think of Queensland in terms of
19 maps, he thinks about it in terms of playing on the swing in the back yard, like we've had
20 a tree with a rope with a tyre hanging from it, or roller blading, we've got a lot of roller
21 blading. Skate boarding, and things that children with their own life, and sometimes just
22 things that they like. I liked elephants, so I draw an elephant or I like floral things so I
23 draw lots and lots of flowers - not with smiling faces. We've had several very interesting
24 flower drawings which we've seen from a lot of things like that. So, I suppose the most
25 spontaneous, way down in the symbolic area of the little one in the 3, 4, 5's is got a lot to
26 with just how I know to put the brush on paper and apply paint or move it around to get
27 some symbol which gives you this lovely spontaneous faces and expressions that might
28 just come from the turn of the brush, and out comes this funny little expression on the
29 face, or - yes - little character movements that are very wonderful. But the older ones do
30 think about what they're doing, they do draw what interests them and therefore when it
31 goes on the wall it's going to have a resonance with children on all ages to look at them.
32 Now fairly recently we did get the panel stuff, but not as early as we hoped. Those
33 promotional panels and the publicist from the - or the publicity officer, I should say - from
34 the Mater rang to say that our national TV station wanted to do an hour news item on
35 television magazine thing on the Mater Children's Hospital. She said "on the tile
36 project", so I thought it was going to be more about it but in the end the whole piece was
37 on a lot of things connected with the hospital and how it was going to be set up. So three
38 of the panels came to St Ignatius because it's the closest and had a number of children's
39 work on it from the early pieces. They were put in the artroom for the children to come
40 and see their tiles.

41 They had only submitted a black and white drawing, so now they were going to see *the*
42 tile and what happened to it. And that's what was really very interesting. They came into
43 the room and there were about twelve (12) of them, I think. And they physically attached
44 themselves to the tiles. If you were televising it, you couldn't see the tiles - you could
45 only see children flat up against the tiles, they stroked them, they looked at them, they
46 talked about them, they wanted to know about them. Because of Miriam's glazing, it's
47 thick and it's lustrous, the red tiles looks as if they've been glazed in clear red toffee.
48 This is what the architect said they wanted. They wanted tactile things. And the contrast
49 between the 3D tiles, which are things that raise up from the surface and can be rough,

1 and this very smooth glazing mean that the children could put their hands on them. Not
2 only did the children put their hands on them, when the Principal came in he did the same
3 thing. He wanted to handle the tiles, touch them. So, you could see there was going to be
4 a real relationship with the tiles and the observer. It wasn't just going to be a visual thing,
5 it there was going to be something else happening.

6
7 As they're mounted I believe a lot them will be probably too high for children to touch.
8 The T1's which are the little panels of three are down low so that toddlers can touch them,
9 they're recessed and the T2's which are a long skinny panel of 11, those are recessed so
10 that wheelchairs and gurneys don't knock tiles off. But, in choosing subject matter for the
11 T1's I thought about toddlers and how when you've got a little one, you open a book and
12 you look at a picture and you see the cat, see the chair, see the ... and you call on their
13 ability to identify an image. So I've chosen fairly clear images for them. When I say, *I*
14 *chose*, that brings to my role in this project is that the plan for the actual for the actual
15 layout of the panel had to be worked out and coming from the vast idea/the theme, I had
16 to look at something workable. We were getting in work of such variety. Then I couldn't
17 wait to get the whole sea thing, and then do a sea thing. Time just keeps beating away,
18 and Miriam had to keep manufacturing, so that meant that there had to be a steady flow to
19 her to produce the tiles so that when they finally, when we come to the end of the layout,
20 we've come to the end of the production - we can start putting them on the boards. So I
21 hit upon an idea that I would use the age range. I would go, on each panel, from little
22 ones to big ones as much as I could, with a variety of things that that would give me. Like
23 the broad brush strokes of the 4 - 5 year olds if they were painting, and the elaborate
24 patterning of an older child who's working out something fairly refined. And as the 3D's
25 are unknown until the boards are actually produced - the tile's actually been stuck onto
26 the board - those are blanks on the panel.

27
28 That was a practical solution because the 3D's were all produced fairly early. They had to
29 be local. The clay had to be trucked to a school. They had to be done on one day, had to
30 be returned to Miriam under certain conditions to be fired. Otherwise they would have
31 been, well the clay would have been stressed or damaged or the firing wouldn't have been
32 successful. She'll no doubt explain that. So that was done, completed.

33
34 That means once they were fired, came out of the big kiln, they were put into big pallets
35 and they're sitting there and I don't know what they look like and you can't handle them.
36 You can't unpack them and start physically sorting through those things. So to draw up a
37 plan, I knew that one third were going to be 3D and I looked at the fact that you could
38 arrange the 3D's in certain orders or you could be random. Now if you're random, you
39 can have an infinite variety. And this is what Barbara Poulsen noted, because she'd been
40 taking now the duplicate panels of designs, the packets of the designs, and she's been
41 taking my plan and putting them into the data base. And she noticed that they were not
42 the same. Everyone she touched was different. And I thought, well if you make
43 something very predictable, it's like the pattern on the floor or the wall, you just cease to
44 notice it. If it's random it can have/ draw attention to it. I want people to know what
45 they're passing by. I want them - it's not just there to cover the wall - it's there to engage
46 people too. It's there in a waiting room or in a lobby for people to look at it. So having
47 chosen the random selection of 3D's, I then looked at the colours that we had.

48 There are a limited number of colours, but they can be varied because sometimes the
49 background is the colour that needs to be the glaze when the line's been fine. And

1 Miriam explained this to me. She said if it's a very fine drawing do it as a reverse glaze,
2 so that the drawing comes up as a terracotta line and the background is coloured. Well, I
3 had probably a much bigger use of glazed line and background in the first panel because I
4 didn't know what they were going to look like. When she'd actually produced them, and
5 then we attached them to the boards along with their terracottas, suddenly it came to me
6 how much terracotta was on the wretched things. You know, the 3D's are all just
7 terracotta. So, although terracotta is wonderful, it didn't always enable you to see the
8 design clearly on the glazed tiles. So I tended to perhaps do more reverse glazes than I
9 did in the first 4 - 5 panels. But, it's all a juggling thing as you go through. I wondered
10 about what I would choose.

11

12 *(Tape 1, side 2)*

13

14 You can look at the panel and see balances of terracotta of areas and you can see flows of
15 colour. But when I got hundreds and hundreds of designs coming in, I slowly sort-of
16 came to the realisation that I could have little stories on the tiles. For instance, I had a
17 picture of an angry dog - a really savage dog, teeth bared. Then I had a picture of a happy
18 dog with it's tail wagging. Then I had a picture of a dog and a cat sitting side by side. So
19 I had this little scenario in mind, that here is angry dog, here is happy dog and finally you
20 see peaceful interaction between canine and cat. I thought, "now that's got a little thing to
21 it" and then there's the several cars. And there would be a little line of sea things that
22 you could get up a little beach scene, a little water scene, because the spaces between the
23 terracottas might be three tiles, or two tile, or four tiles, or one. If you came across a
24 really unusual tile then it could go in the space where there was one, and it's framed by
25 3D's and there it is sitting there, you can look at that. Or you can run your eye along a
26 line and see little designs connecting together.

27

28 And once Pamela heard that I was doing that, she started to sort tiles into categories
29 because she saw that I was already doing that on choosing a group of flowers, or wild life,
30 or something of that sort. Creating these little scenarios within the spaces. So when
31 Jackie Gordon, the publicity person, asked me about it, how we would see them. There
32 are several ways you'd see the panel. You'd see it as a minimalist design - terracottas,
33 colours, balanced, abstract picture - that's how you have to approach it, really is an
34 abstract picture. Otherwise you fall into the trap of something like checks or stripes or
35 hideous things like that. The other thing is that when you're standing still and you stop
36 and you look, then you look into an area, then you look into a tile. So you've got constant
37 variety in what you're seeing. And that, to me, gives you a great advantage. I don't know
38 who's going to be standing hanging around the corridors examining them like this, but I
39 know that when the panels have been where people can look at them - that includes John
40 Gilmore who had them in a public area back at the Mater for people to see, he said "I keep
41 finding something different". Well that gives you a much extended interest, just beyond
42 the first initial "Oh that's the such and such" and then you pass on. Then you're
43 beginning to look at an artwork and you've got all those dimensions going on. And it's
44 quite wonderful.

45

46 Now it's been very exciting for children to know that their work is going in there, but it's
47 also been very disappointing for us, that we can't include 9 000 designs. We have 5 000
48 and that's it. Which we've had discussions about what we could do with the others.

49

1 As the agreement of copyright is worded, there's the possibility that some of those
2 designs could become something that goes on a mug or a tie. The Hospital could use it as
3 a promotion, they actually own that artwork now. But, yes, it will be very disappointing.
4 Even though that was in the words sent out to people that not all could be included, of
5 course every child expects that if they did it - it is. It's a lot like auditioning I suppose.

6
7 **ANSWER 3 (CONT):**

8 There's disappointment. But certainly, I've had a great delight in seeing what can be
9 done, and also for me as a Queensland-wide thing, spur me on with interest to see that life
10 is a very important part of the children's life and should be supported.

11
12 **QUESTION 4:** What has been the reaction when you've told people who are not
13 involved with the project about it? What has been their reaction?

14
15 **ANSWER 4:**

16 Well, in speaking to friends about the project, because it's gone and it's devoured my
17 evenings and my weekends. To do it you just have to keep plugging away. It's like
18 knitting a sweater for an elephant. You know, you just have to do one thing at a time.
19 And to explain why I can't be involved in things, and to start to tell them about the project
20 takes some explanation. It's the figures that stagger them. Then they think about what is
21 happening to the children, and how the children Queensland-wide are being involved in
22 this connection with the Children's Hospital and it's been quite wonderful the way
23 they've seen, as I did, the dream of the doctors' to have a child friendly hospital. They've
24 also sort of been appalled at the size of the work, and it wasn't until we were half way
25 through I suppose, or fairly recently, I said to John Gilmore "Had you any idea what was
26 ahead of us?". He said "No-ooo". Neither did we! It's been massive.

27
28 **QUESTION 5:** What do think is the children's response is to the idea of what they're
29 doing with the tiles? Do you think it varies by age? I'm just thinking
30 out the context of the Children's Hospital for them. (I think this is what
31 she said, it was hard to make out).

32
33 **ANSWER 5:**

34 When they are doing the drawings, some of them thought they were actually producing a
35 tile - they were going to get it. That was one confusion is one of our classes. They, I
36 suppose to start with they thought they should draw - some of the very young ones - a
37 picture of someone in hospital, and then we've sort of steered them away from that and
38 said, no, it's something really that you're interested in. Then there was the school where
39 the teacher really didn't explain to them what they were doing, we got a lot of things like
40 'get well cards' as designs, because writing doesn't translate well we couldn't use those.
41 And I thought their idea is good, they're trying to be encouraging and positive in their
42 contribution. In one school in particular, where a student had a lot to do with the Mater
43 and eventually died - *I don't know whether Pamela told you about that one?* - the whole
44 school was going to make a time because they were going through the grieving process
45 for that little boy that died of leukemia. So they had wanted to put something into the
46 hospital to remember that child and it's been a mixed thing. I can only speak from the
47 classes that I've had anything to do with, because I'm at the end of the result. I know that
48 I just get the designs, I haven't been part of the process in the classroom. There could be
49 any number of conversations going on while they explore what they're doing. Because

1 they'll walk all around a subject, from even the relevance to themselves - that you know I
2 had a broken arm, or my cousin is in hospital to, I suppose, to knowing very little about
3 hospitals. But in the fact that they're producing something from themselves, eventually
4 that's going to be - when they see it - that's when it will hit home. When they see their
5 work in the hospital, that's going to have a very powerful effect.

6
7 **QUESTION 6:** What would you say is, from a particularly memorable point or
8 memory, of the process to date is for you?
9

10 **ANSWER 6:**

11 The day we actually put the tiles on the board! (laughter) Yes, it's when your father
12 came with us and asked if he could help Miriam with the board. The first boards were
13 delivered to Miriam's factory and we set about, we had duplicates - 118 to do these
14 promotional panels, so we chose - *they sent out* the very biggest ones 3 across and 9
15 down, there were 27 on the board. They were, the end ones are called T5 and the middle
16 ones called T6's. So we had three boards, two with a frame around the outside and an
17 internal one and we had to look at my - *this was the big test* - did my plans work? Took
18 out the plan, she brought in the box labelled with the label which said which panel it was.
19 It contained all tiles that she could produce according to directions. We unpacked them.
20 She had made a grid that was the right positioning for the tiles - see they were going to be
21 glued on, they were never going to be grouted, they were going to be glued on - she just
22 unpacked tiles and began looking for the numbers, it was a bit like playing bingo til we
23 put each of the designs in place, then we went and collected so many 3D's - this is where
24 this process is probably a little less selective as such, a little quicker to select them.
25 Because you can't handle them, move them around a lot. Then they were glued on, then
26 we looked at them. Then we felt so elated we rang Pamela. We said "Pamela they're
27 here" and Miriam rang her husband Michael and said "bring champagne, we're going to
28 drink to these panels!". (laughter) So we stood there and we looked at them, and we
29 looked at Michael who has seen tiles manufactured for years in the factory, and he said "I
30 think they're amazing".
31

32 I mean, one is interested in them if you're an art teacher - there's a real identity to them,
33 one being very powerful is to see the chain reaction all the way down. When Miriam, she
34 photographs the tiles as they come out of the kiln, and she had collections of photographs
35 at one of the meetings of the tiles that she'd produced to show to John Gilmore and Peter
36 Steer, and of course for me it's like being shown family photos, babies - here they are, all
37 the babies that have been born from the kiln. And as they picked them up, Peter's
38 comment was "I never believed it could be as good as this". And I take that as being
39 really an important thing, because he would have had in his mind the hospital he saw in
40 the States, he would have had in his mind the prototypes that they'd produced - Miriam
41 and the architect, to see what it might look like, choosing glazes, choosing the terracotta -
42 but now here's a rehearsal, a dress rehearsal for the hospital in front of him. And when
43 they came to the school, the children of course loved them, the teachers' were impressed
44 with them, but the parents thought a lot of these panels and took them in. I was looking at
45 a much wider audience, so this is giving me an insight into the future. Now of course not
46 everyone sees this side of the hospital, as Andrew Holmes the architect has said "there are
47 going to be people who will *hate* the design of the hospital, it will conflict with *their*
48 concept of a children's hospital, or their personal taste". But as far as it comes to designs
49 I have watched, and talking to him - and he's a very easy person to talk too - they have

1 thought about everything to do with the colours. The carpet, the upholstery material, the
2 colours on the walls, the glazes of the tiles, so it all connects. It's not an ad hoc thing at
3 all. It's very carefully and thoroughly thought out.

4
5 **QUESTION 7:** *(can't understand the question)*

6
7 **ANSWER 7:**

8 They know they're restricted to a fairly pallid green for large part of the corridors I think.
9 Which is important for patient recovery, if you're wheeling someone from one part to the
10 other you'll need to know whether they're - from their skin colour what's happening with
11 them. You can't take them through an intensely deep pink corridor, so they look rosy and
12 well. Or an icy blue one, there's apparently some special ruling for the colour.

13
14 But to have vitality, interest, a certain amount of energy, they've chosen very strong
15 colours - almost jewel colours. If you look them, it's a ruby red, a deep sapphire blue, it's
16 a sort of torquisey green and a cream - an ivory cream, with a hint of yellow in it - and it
17 works well with the terracotta. The boards are all differently coloured. So the mounting
18 boards aren't all green background - green / blue / jack-o-lantern-orange / clear, so that
19 looks a honey colour / and red. So there's a very certain richness in the colour that you've
20 got there.

21
22 So I suppose, instead of all being - it's not wall colour either, it's not straight out primary
23 promite. Ah, there's umm, ah I just find it very interesting. I'd like to talk to him some
24 more - this is what I believe they've done - but I'd like to hear it from him, that that is
25 exactly what they've done, that they've chosen something with that much energy and
26 interest in it, in those corridors. This is all the public areas, so, it's not where people are
27 going to live. Not where children are going to be ill. I don't know what goes on in the
28 ward. But it's in ... (end of tape, change sides, part sentence missing.)

29
30 It's not empty. Certainly you couldn't walk into an area with the carpeting and the tiles
31 on the walls and say it's empty and it's barren. There's no barrenness in it at all. But I'd
32 say it's still fairly - it's not wild either - it's not uproarious. You've got to have a balance
33 between the two things, have an energy and interest. And a certain amount of order.

34
35 **QUESTION 8:** What are you hoping for? You've already have, you always had,
36 the vision of what the end result will look like. What do you
37 imagine it will be like for the hospital - like the staff members who
38 work in it? What would you hope they might be looking to find?
39 *(think this is the last part of the question, not very clear)*

40
41 **ANSWER 8:**

42 I hope we will see coming about what we saw were the possibilities. That there will be
43 interest, there will be delight - and even when I'm turning drawings over and I see a tiny
44 little, wonderful little thing full of character - and it makes me laugh with delight, not with
45 derision, but with delight. Or even the fact that from little minds, these wonderful images
46 can be there, that there are dimensions of childhood that grown-ups can see and of course,
47 children they're so curious, they really get very involved in choosing which one they like.
48 Admiration and selection, so that there's a lot of lovely things can be happening there.
49 It's like reading a comic, it's very engaging. I'd love to see that engagement. I'd love, I

1 just don't know. See you can imagine these things, and there'll be the undiscovered thing
2 that you haven't thought of, that someone reflects back to you and you think, well that's
3 wonderful. I could never have dreamt that that would have happened.

4
5 **QUESTION 9:** And John Gilmore, I think it was, said "I didn't imagine it would be
6 this good". What do you think he meant by that? What do you think he
7 was responding to?

8
9 **ANSWER 9:**

10 I don't think they had any idea of what the children *could* produce. *I knew* what they
11 could produce, 'cause I've been 20 years watching children do amazing things. But
12 because this State has been left without formal art education, to develop a child's skills
13 beyond a certain level of self-development, many adults in this State never had the
14 opportunity to draw and to explore things the way these children do. And they're amazed.
15 They're just amazed at what the children produce. And Miriam is too. Miriam says "if I
16 could draw like this", well to me again that emphasises the sadness that the opportunity
17 wasn't given. I feel that's downright unjust, that it wasn't given and all the more reason
18 why it should be pursued to say "well look what they can do".

19
20 **QUESTION 10:** You just mentioned having worked with children as an art teacher
21 for 20 or so years, is there anything else that you've consistently
22 drawn on as you gone through the various stages of this project?
23 That's been your own personal experiences?

24
25
26 **ANSWER 10:**

27 The most important thing is to me, I suppose I had to learn this very, very early, is to be
28 evocative, not directive. You must evoke from the child an image, and guide their
29 selection, rather than tell them what to do. Now when I conducted the workshop for the
30 Mater staff, there was a lot of direction by parents, because they had to bring their
31 children, be with their children, then take their children home. They stayed with their
32 children (laughter) which means they tended to want to direct what they should draw, and
33 that made the children feel intense. I remembered how it made me tense if someone hung
34 over my shoulder and, you know, commented on my work.

35
36 You can guide a child as to the techniques of spacing things of that sort, but in actual fact
37 for them to produce something that is of themselves their must be a whole ..., you must
38 relaxed about what they're going to do and respectful of what they're going to do. We
39 were absolute puritans in the beginning and said "we're not going to alter these in any
40 extent" and then it occurred to me that some of them were not going to be included unless
41 we widened a line, where a line was drawn to faithfully make it a wider line so that the
42 glaze would hold on, rather than have "this isn't going to happen at all". Or where at the
43 very last minute a child decides to cover the thing with tiny dots, which I've seen. It's
44 like having a measles outbreak through Queensland children at a certain age at the
45 moment. There's a "dottiness" that's going on, I don't who's responsible for that. I'd
46 like to find out and stop them. Whether they've been watching things like "Art Attack" or
47 something I don't know. But preschool or even up into year 4 / 5, you suddenly finish an
48 artwork and then before your hand can stop, you pick up the brush and you go "dot-dot-
49 dot" all over it. (laughter) Sometimes, to the detriment to what' already been done. If

1 you were working on a one-to-one with a child you'd say, "that's wonderful, that's really
2 great, that might not add more to it, it might take away" sometimes you can take away by
3 putting more and more on, you can bury a good work. When the work comes to you
4 already, you just see well this is fine, but here they've intended to fill this in, but it's all
5 scratchy lines. It's supposed to be filled in, but it's not complete or here, as paint came
6 across the page, there are trailing dots that accidentally splashed paint. Those things you
7 can remove, or where it's been reduced and a good space where a glaze could go is now
8 diminished, then you can alter that a little so it can be put there again, but this is read the
9 mind of the child, rather than say "well that's not good", I'd do this to it. You must keep
10 that off at all times.

11

12 I had a long discussion once with my friend Dina about that. She said "oh I find it very
13 difficult not to say, oh don't you think that this would good here (laughter), shouldn't you
14 put a rainbow there? Or how about a bit of gold?" . Adding on, adding on, adding on.
15 You can demonstrate, I'm still fairly cautious about demonstrating for children because
16 they've got to learn to bring it from themselves outwards. I draw on that a fair bit. I've, I
17 suppose the whole enjoyment is being with their artwork. When they've been able to do
18 their own artwork. When they've been left with very little that they can express
19 themselves with, it disappoints me. I can see this child wants to very much, but their
20 drawings - I know how to draw a flower pot with a flower in it with a smiley face - ooh ...

21

22 **QUESTION 11:** I'm sitting at home watching you go through (you know) individual
23 design, by individual design, by (you know) micro-millimetres of
24 correction and/or (you know) trying to adapt so that each of these
25 things have a chance to be included. It's occurred to me that this is
26 absolutely gruelling and painstaking and very individualised
27 because each design is given it's (you know) ten/fifteen minutes of
28 care. What has spurred you on and given you the energy that
29 you've got?

30

31 **ANSWER 11:** Ummm, I said I'd do it. I agreed to do this work, I had the vision that they had. A couple
32 of times I've wondered whether everybody had the same idea of where we're going. But
33 that was only briefly. In the core group Pamela, Barbara Poulsen, Miriam - I haven't had
34 much to do with Stephanie and her beginning was short/strong and then completed -
35 where as ours goes on and on. There's been a mutual sustenance. Miriam encourages
36 me, I appreciate what Miriam's doing. I encourage Pamela, Pamela is being involved in
37 doing some plans herself, because as an artist, that to me said she now had her hands on
38 actually choosing designs instead of just processing them. Just raw processing, collecting
39 and numbering and packaging them. She's now actually acting as artist in putting some
40 plans together and that makes me quite delighted because I know her heart. I want to see
41 an end of it in the time, because there's also the fact that we signed a contract with certain
42 rules attached to it, and the whole pride in doing the job well - it's to be done well. I was
43 a bit ambivalent about having my name there. I'm a person for whom if you do this
44 process, you put everything into what you are doing and it is done. It's achievement is the
45 acclaim. Anything else is sort of a superfluous thing. I am, having seen those panels and
46 seeing what Miriam's pulled out of the kiln, constantly rewarded with the process. When
47 it's in the hospital that will be wonderful.

48

1 I struggled with my name, I wouldn't put my image in it. At first I thought, "oh yes, I'll
2 design a tile", and then I thought "I'm on dozens and dozens of plans, I'd decide where
3 they go". That hadn't quite penetrated to everybody in the hospital administration,
4 because one person said to Miriam "how do you know what colour to do them and which
5 way to do them?" And she looked at this person who's been in the group, or associated
6 with it for months and said "Barbara tells me". (laughter) I thought, "yeah that's it, that
7 sums it up". When I was first given that task, I went to Dick Alwood and said "Dick, I'm
8 going to be asked to do this job, it means that I will have a hand of some things in public
9 place to do with children's artwork that will stand for decades" and he understood
10 completely, and he has been very supportive. He has safeguarded me at school from too
11 much involvement. You know I do my, as much as I can do, but he's not asked over and
12 above to the point of death from me. Because he understands what it is that we're doing,
13 and he understands the role his school played in it.

14
15 So that is what leads me on too. That it is an extraordinary work. I thought I'd, in the
16 end, to have my name with the others associated with it is something that is a legacy.
17 Barbara Poulsen says "it's history, and you mustn't leave out the history", and that's true.
18 I'm not very good at recording my own history, as you know. Signing things and laying
19 claim to them, that you know. The process is wonderful, but I'm so product minded that I
20 want this all bannered round. But, to have my grandchildren come and say "my
21 grandmother did that" that would be good (laughter), that would be good. But it, you
22 know, it's not for fame, it's to be part of this team effort to do something this
23 extraordinary.

24
25 **QUESTION 12:** What day are you looking forward to, in the future? In regards to
26 the project.

27
28 **ANSWER 12:**

29 Ohhh, in March! John Gilmore said "you'll be in the front row". I thought "oh good,
30 unimpeded view of the tiles". I'll walk down those corridors with it all finished and say
31 "Oh good, it all came together. We did it!" And this is what, I think, Miriam says too
32 "we are doing it, this is the evidence." If someone said, "well why did you choose them?"
33 I mean, "there's this elderly art teacher, that's only ever been in the one school in
34 Brisbane, didn't you search, didn't you?" Pamela said, "NO, they came to us. They
35 chose us." That might have been expedient that Peter knew me, I don't know, but once of
36 our wills we had caught the vision we became part of what they were thinking of.
37 And as Miriam points out, we mighten've known what we were doing in the beginning,
38 but we've set ourselves up in the practical sense, and in a well-organized sense, so that we
39 are actually achieving it. It's coming about. And I think that's the best evidence to say
40 why would you choose them? Well, they did it! It'd done!

41
42 **QUESTION 13:** So the opening will be in March?

43
44 **ANSWER 13:**

45 The opening will be in March. The tiles will actually have to be installed, starting
46 December, which is why these weeks are difficult, because we thought we'd be finished
47 earlier. If we hadn't five week hold up at the beginning, we might well have finished
48 them all. We would have finished our plans. Whether Miriam would have been able to
49 manufacture them... If she's doing each tile, they're individual designs. People don't

1 understand, it's not running through 1000 of the same picture, screen printing. I don't
2 fully understand all the processes she uses, but she's involved with each tile. That's what
3 she says, "I will have made 5000 tiles". That includes, her handling of the 3D tiles to
4 make sure that they're all firmly attached. She respects the children's work. So that's a
5 stewardship that's admirable.

6
7 **QUESTION 14:** I'd perceived that stewardship all of you have taken on in the
8 project, in your own way. Taking care of those designs that have
9 been created by the children.

10
11 **ANSWER 14:**

12 And in some ways, detaching from the artist and the need to express ourselves, that's
13 probably why we were better in the balance of it, to do that for the children as teachers. I
14 hope as very good teachers. That we do that. Because, you know, the thought of taking a
15 child's design and saying "well, that's nice idea but I think we could do with this, we
16 could do that with it". You think - ohhh, no no no! If there going to give this, then you
17 respect their gift. What you're trying to do is try to enable their gift to be produced to the
18 best possible degree.

19
20 **QUESTION 15:** What do you think will be the biggest impact of the project once
21 it's finished and the Hospital is open?

22
23 **ANSWER 15:**

24 I don't think, I've only just started in the past month or so, when we were last - oh it could
25 have been six weeks ago - when we were last...

26
27 **TAPE 2 Side 1**

28
29 **QUESTION 16:** You were just talking about the impact, the biggest impact of the
30 tile project once it's been opened?

31
32 **ANSWER 16:**

33 As far as we can find out, and I think you did some research too didn't you? To try and
34 find children's artwork in Hospitals. This is much bigger than the Hospital in America
35 that Peter first saw that prompted the idea. This is really world-wide, an extraordinary
36 thing. Community projects' been done and they were done for this Hospital before the
37 building started, there was a Community project to paint (? 162) the panels, but that's an
38 impermanent thing.

39 The panels are taken out while the building is built. Even the community things that
40 Stephanie's working on, apparently have a limited life depending on town planning,
41 traffic, damage, etc, etc. If this Hospital goes its life time that artwork is going to be on
42 public view, with - I don't in Queensland if there's somewhere else with 5000 pieces of
43 artwork - it's not the only artwork - there are going to be other things in the Hospital some
44 other artists. That's an immense, you know, number of people involved in contributing to
45 the aesthetics of the place. So for me, that interest, sheer weight of numbers - that's
46 extraordinary. And the fact that it has gone for representation all the way up to Thursday
47 Island. I'm just noting the name of the islands from children at Thursday Island School,
48 it's not just Thursday Island. So I don't know whether there's a boarding area there, but
49 you know the School of the Air is children from remote areas. One child alone in a

1 station, or with its sibling, way up there they've been involved. So that's a pretty big
2 impact. Considering the size of Queensland. In any part of the world, who else apart
3 from Russia maybe, has an area the size of Queensland? They can say they've got
4 representation that far? This is what I think might disappoint me in some of the things *not*
5 being said about the work. That there are things that should be recognised about the
6 work. We've been so busy doing the work, I want to grab hold of those people in the
7 Media and say "Do you understand what we did?" "Do you understand what's here?"
8 You're talking about the gold from the medals coming from this part of Queensland and
9 in Australia, and the bronze we made into medals ... (tape fades out and is silent - seems
10 to have missed a bit).

11
12

13 **QUESTION 17:** How was the project funded?

14

15 **ANSWER 17:**

16 We had no idea how to fund this thing. So of course (laughter). We probably done it in a
17 very modest fashion. But we went in with in Miriam, Pamela and I and we didn't do it for
18 money, but we have been paid a fee. But you had to have more than that interest to do or
19 we'd never have done it! (laughter)

20

21 That's why I felt it was really ... that Pat had to reign (*not very clear speech*) where she
22 had to have complete jurisdiction on it and that's what you do when you ...(?), but there's
23 a lot of love there, a lot of commitment. I know when we hit one crisis, when we went
24 over these points and we were in agreement. That's why we're doing it. (*I think that's*
25 *what was said, not clear*)

26

27 **QUESTION 18:** Why are you doing it?

28

29 **ANSWER 18:**

30 We're doing it because, Miriam will tell you why - the agenda that runs behind, she goes
31 way beyond the brink to do those tiles. I know Pamela has gone way beyond, to, her own
32 energy and I've had less burden with family members. I'm not having them building or
33 swimming school like Pamela or the others, but yes poured a lot into it - given this year to
34 it. Because there's just more to it than fame and fortune, because it's a wonderful thing to
35 do.

36

37 **QUESTION 19:** Do you have one last word ... anything else you might like to say?

38

39 **ANSWER 19:**

40 No, that's it! That might be it. (laughter) That's the end.

41

42 **Interviewer:** *Thank you very much.*

43

44 **END OF FOSTER INTERVIEW**

45

1 APPENDIX B

2 INTERVIEW WITH PAMELA GODSALL-SMITH

3
4 **TAPE 1 - SIDE 1 – 15 August 2000**

5
6 *Permission to Tape*

7 *Interviewer:* Pamela would be able to just indicate that you know that you're being
8 taped?

9
10 *Pamela Godsall-Smith:* Yes, I'm aware I'm being taped.

11
12 *Interviewer:* Fantastic, Okay.

13
14
15 **QUESTION 1:** Just as an opening I wanted to ask you how you first learnt of the Tile
16 Project and those initial experiences that you first had of it.

17
18 **ANSWER 1:**

19 Okay, well Barbara Foster rang me - or came to see me - and said that she'd been
20 approached by the Mater Hospital to organise 4 or ..., I think initially it was 4,000,
21 artworks by children that could be made into tiles, and would I help her collect the
22 artwork? And I said, "Yes, that sounded wonderful", because that was about (I don't
23 know) be July I think, July/August '99. And in our innocence we thought, well I thought
24 - as I had a major building project on building a home and a business and a swimming
25 pool - that my part of it, of collecting and contacting the schools, and the children and
26 organizing the collection of the artwork would finish up about December '99. So I said
27 "Yes" and signed up. (laughter)

28
29 Then month by month we found out how more and more and more complicated it really
30 was. Initially it was, I don't think really were told exactly what the parameters were that
31 they wanted, which actually in the end was 4,000 artworks, one-third of them to come
32 from country areas. Every area of Queensland to be represented, every ethnic background
33 to be represented, particular emphasis being on disabled or children who had anything to
34 do with medical treatment at the Mater and, of course, conscientiously the Torres Strait
35 and Thursday Island and Aboriginal segment of the population.

36
37 So, that was how it started, and as we were / as there were no guidelines of how you
38 would do a project like this, although I've been involved with collecting data from ...(mini

1 skips???) all over Brisbane and with the setting of that up, it was slightly different in the
2 fact that it was artworks and it was also different in so far that it turned out that we had to
3 have their copyright permission from every adult or guardian of each child. So, that was a
4 kind of a degree of difficulty to the tenth (laughter) power, because we, well - Barbara's
5 long experience in Primary Schools and my experience as a parent - I know how hard it is
6 for the schools, what little time they have available for outside projects. And then, for the
7 outside project to not just be run in-house, but involve the school communicating with
8 every parent and every parent getting something as important back as a legal form, and
9 then matching up those legal forms with the individual children's work, and then
10 transporting them back to us for processing. I mean, I knew what a big commitment each
11 school would be asked to make to the project, in as far as time and resources. So that was
12 the beginning of the project.

13
14 And our first, our real first problem was trying to work out a way to give them a lesson
15 plan that would result in these specific artworks, because we couldn't / we were very, the
16 artwork that had to be collected was very specific as well. It had to be in black and white.
17 It had to be 15cm square, but the black lines or the areas of black -or white - have to be
18 4mm or larger. So it could be translated into one colour glaze on tile. So to restrict the
19 children down to that limited area we had to come up with some strategies of how we can
20 communicate to a child, without limiting their expression. So finally what we did, we
21 decided we would provide the pen that would give a reasonable thickness of line and, of
22 course, we would provide the format of the 15cm square, which has mostly worked.
23 Although some schools have circum-navigated all our instructions quite gleefully and
24 photocopied and enlarged the squares to suit the, you know their own ideas. And some of
25 them have coloured the works even though it's very clearly stated in about eight different
26 places - you know from the initial communication with them to the follow up of the lesson
27 plan, that it has to be in black and white. So we've done the best we can for them. So
28 that was, that was really important. That was the difficult, that was the difficulty. Getting
29 the artworks that had to be of that very specific type. We couldn't just say "send the latest
30 drawings of the children in the school".

31
32 **QUESTION 2:** Just a follow up to that with these other interpretations by the
33 schools. How do you make sense of when people haven't "got it", despite
34 the instructions that you gave them? What do think might have happened
35 with the communication there?
36

37 **ANSWER 2:**

38 I think the teacher's had a pre-conceived idea, have not read the lesson plan. Because the
39 lesson plan is a structured plan and it says, basically - (*just stop that a second and I'll*
40 *read it to you*)... What the process was, some of the schools actually had a live
41 presentation by either Barbara or myself, or both, where we explained the project,
42 explained the degree of difficulty of the, ah, what actually can be translated into glaze on
43 terracotta. And then the next thing that happened was that the school was sent an
44 invitation to participate. And that explained the project, explained that the children be
45 able to find their tile, who would be the participants and how everyone would be involved
46 and that there was a copyright release form to be signed. And this also included a
47 description of the art kits, which said that there were pens and brushes and paper for the
48 under six's, and collage and stencil sheets. Then when that went out they were sent out a
49 lesson plan, they replied to that and they were sent out a short form which was a "thank

1 you for choosing to help the children to participate in the Mater Child” and that very
2 specifically dealt with the artwork:

3 (direct quote from document)

4 *‘The artwork is drawn or painted in one dark colour.*
5 *The lines and areas of the works are at least 4mm wide.*
6 *The reason for that is the thinner line, the glaze,*
7 *may separate during firing and not be able to be seen.*
8 *The drawing is square - the tiles will be 15cm x 15cm.’*
9

10 So that’s in piece of work, plus a sort of an overview on how to get children to draw, and
11 then the lesson plan went out with the lesson and it has:

12
13 (direct quote from document)

14 *‘An artwork able to be transferred onto a terracotta tile*
15 *and reproduced in one-coloured glaze.’*
16

17 That’s this is a box, with “OUTCOME” at the top of it, and it’s the first thing...

18
19 (continuation of direct quote from document)

20 *‘The artwork is to be any image the participating children want.*
21 *And the artwork will be reproduced in a 15cm square tile.’*
22

23 Okay? And then it goes through the materials and then that’s backed up with some
24 stimulating information about subject matter that we think Primary School or Upper
25 Primary or High School children would be stimulated by, that the teacher could use. And
26 then when it came out that we were getting a tremendous number of smiling suns with
27 sunglasses, and one high school sent us reproductions of “Pooh Bear” and “Thomas the
28 Tank Engine” and things like that, so we sent out an urgent thing that says:

29
30 (direct quote from document)

31 *‘When supervising the production of drawings:*
32 *Please take ten minutes to read through the lesson plan.’*
33

34 (laughter) You know, when all else fails, read the instructions! Okay? And then, one of
35 the most important parts was:

36
37 (direct quote from document)

38 *‘Re-direct them from using the following images,*
39 *as they will not be used and for them to send them in*
40 *would waste the children’s effort, your time and*
41 *the project’s resources.*
42 *So anything reproduced from a storybook, some children*
43 *have been tracing pictures from books ...’*

44 Which are quite obvious, you can tell a real line from a tracing...

45
46 (continuation of direct quote from document)

47 *‘Anything to do with “smilies” or clipart from the computer,*
48 *flowers with 5-petals and a smiling face ...’*
49

1 I can live forever and not see another one of those...

2
3 (continuation of direct quote from document)

4 *'smilie suns with/of a circle and sticks, and suns*
5 *with sunglasses ...'*
6

7 Which means, of course, that the Queensland Tourist Bureau has done a wonderful job.
8 'Cos every child thinks that the sun should wear sunglasses...

9
10 (continuation of direct quote from document)

11 *'And placing 5 items in the square ...'*
12

13 Like the 5-of-Spades, you know something in the middle and one in each corner. That's
14 it...

15
16 (continuation of direct quote from document)

17 *'Any writing, and their own names ...'*
18

19 Because they're not allowed to have their names on it, on the actual tile - although a
20 couple have "JAN" backwards, "E" upside-down and back-to-front, have got through.
21 (laughter) Because they were not specific, you know.
22

23 So that's what we did, and plus any other communication with the school. I also sent out
24 samples of what was suitable and what would work. And I gave them examples of the
25 difference between - well one I always sent out was, the tile size with the drawing of a hat
26 side-on. You know. I don't know if you've ever seen, you know the, it's just and it could
27 be a snake that swallowed an elephant from the "Little Prince"? You know those
28 drawings? Anyway I do the hat, and then I do it - the hat coloured black on a white
29 background and the hat white on a black background with a big tick besides those two.
30 And a "not-so-good" besides the one that's just a line. But that hasn't, didn't, none of that
31 made a "take" with some schools.
32

33 So, you know, which was disappointing, 'cos they're the educators. (laughter) It was
34 really, but you don't what the circumstances at the school is. One of the things is, if
35 you've had anything to do with art, people have really gone an absolute "cringe" I think,
36 probably - although I don't think there's much research on it - it seems to me the biggest
37 thing people fear, they say is standing up front and public speaking. Well I would say the
38 next biggest thing is to draw something, to be asked to draw something that you had to
39 show to somebody else. 'Cos, I think - and a lot of the teachers are / have a sense of / you
40 know, no sense of just how to create something, how to put down an image. So I think
41 that was a major hurdle that we had to get over.
42

43 **QUESTION 3:** How was the follow up letter? Was it successful?

44
45 **ANSWER 3:**

46 Yes! Yeah, yeah. Most of it. Most of it! Although the very last school which I just got
47 their artwork in now, which is hideously late, and they really begged me to come into it.
48 They got in, because even though they were in the Brisbane area, metropolitan area,
49 which was done very early in the piece, they are actually the oldest continuous Primary

1 School in Queensland. So I thought "Goodie! They've got a specific place in a project
2 like this." So I spoke to the teacher, and I sent the artwork out, and I don't know whether
3 I didn't send one of the pieces of paper, but they've sent me back enlarged works by
4 children - no copyright forms - and nearly everything in colour. So it couldn't be more
5 wrong. There isn't one piece I can use from this entire work. So some teacher's taken
6 alot of trouble, we've spent money sending them resources and stuff, they're finally
7 sending it back to us. Someone's taken all the time to get the children organized and
8 pens, and colourings and everything in the one place. And send it back, and it can't be
9 used. Cannot be used!

10 So, the only thing I can see happening is that I will have to actually make a personal trip
11 out to that school and somehow recreate, you know - get some drawings out of them. So
12 and it's really sort of a real problem now, because it's just so far - it's just too late.

13
14 But I can't... there's a certain sort-of commitment that we've got to the schools and to the
15 children more importantly, that we have actually covered every type of child or every
16 description that we can, and I tried very hard that anyone who was interested in the
17 project, and wanted to participate - that they were able to participate.

18
19 So, a lot of even individual people have contacted me - by fax or e-mail - wanting their
20 children to be in the project and all of them have been sent out art kits and helped through
21 the process of creating an artwork. And some of them have been very moving, because
22 some of them have been people who have lost children, had children die at the Mater
23 Hospital and this is their sibling wanting to draw the teddy bear that the child died with,
24 and all that sort of thing, you know.

25
26 **QUESTION 4:** Could you tell me a couple of those stories that stand out to you
27 particularly?

28
29 **ANSWER 4:**

30 Yeah, well. Well I've got one. I've got a little spina-bifida girl who actually I work with
31 in the pool here. And she goes to the Mater Hospital a lot. And we probably we would
32 have picked her up when we did the spina-bifida school, we did 3D tiles with the Spina-
33 Bifida Association and their summer camp. Actually, I don't think it was the summer
34 camp - it was only a couple of months ago. Anyway it was a camp for those kiddies. But,
35 Lucy, for instance, she's severely spina-bifida; she really has no body after about her rib-
36 cage just two little legs that can't be moved, they just sort-of float along behind her in the
37 pool. And she's been a very ill little girl. She's just been back in for stones in the kidney
38 and things like this, she's not at all well and has a very limited life span. So she lives near
39 here, so I delivered hers to her and got those. And well, the children who (laughter/ tears)
40 - you know they're really sad... (tears).

41
42 **QUESTION 5:** So these have been from kids who have done the tiles, and
43 subsequently passed away?

44
45 **ANSWER 5:**

46 Yeah... (still tears) And that's really tricky. That's really tricky because of the,
47 (composing herself) how precious the artworks the are. It's really scary handling them
48 and making sure that they're included. And of course, not all of them have actually,
49 they've been done by very sick children so - they don't - you know, it's a terrific effort by

1 Miriam who actually does the glazing, to actually get something out of them. Because the
2 line isn't thick enough, there isn't enough form, there isn't - they're on the wrong sort of
3 paper, it goes on and on. You know. So some of them have been a tremendous amount of
4 time involved just to make sure that particular child's work has gone through.

5
6 I mean, some of the happy stories are friends of mine they had a (I've gone all weepy
7 now). But they are sad when you think of the poor little buggers.

8
9 **QUESTION 6:** It obviously means so much to the families...?

10
11 **ANSWER 6:**

12 Oh, well you can imagine. I mean this a huge treasure they hand over to you. One of
13 them that Barbara's been dealing with is a hand-print of a little boy who's died and of
14 course it's only in plaster-of-paris, so it's very, very fragile and it's his actual hand-print.
15 So you can see the creases of his hand in the hand-print when you look down into the
16 plaster, but it doesn't reproduce up to anything. But at least we can get the hand shape.
17 So she's managed to work a way to do that, but we had to be very specific to the parents
18 what we were going to do that bit of plaster-of-paris, what we weren't going to do to it,
19 and that at all costs that would be preserved, because that's their - you know - memento.
20 And in that actual case, I think the family were either Islander or Aborigine, so there's all
21 the cultural significance, about the death and dead people, and names and whether you
22 can name them or not. You know it's quite ah...

23 But anyone the family has given permission for it to happen. They asked for it to happen.
24 And then they were given permission and then we had to actually negotiate with them
25 how it would be done.

26
27 Some of the happy stories are - we've got a little boy in from Hong Kong; a drawing
28 from a little boy in Hong Kong - the wrong size - and the drawing was a bit thing. So I
29 managed to enlarge it to make the lines thicker. But he did a wonderful drawing of his
30 uncle's farm out at Pittsworth where he stays, but he was actually born at the Mater
31 Mothers' and was very premature baby and was there for about - I think he was about 3
32 months premature - so it was sort of "touch and go" for months whether or not he would
33 actually survive. But he now actually lives in Hong Kong. So he managed to get his in.
34 (laughter)

35
36 Which is a wonderful little drawing, of trees that really look like gum trees. He's done
37 these wonderful little squiggles that just look like, ah they're pretty - ah, I just can't think
38 of the artist ... Fred?.. - it's not going to come to me. But he's very famous. You know he
39 does these wonderful squiggles that just look like gum trees from a distance.

40
41 **QUESTION 7:** So how did he find out about, these individuals...?

42
43 **ANSWER 7:**

44 Well, I actually knew his mother and invited, and I knew the baby had been at Mater
45 Hospital, so they were down from Hong Kong, so I saw her and I said "You know, this
46 project's on, would you like to be included?". And nearly everybody leapt at the chance
47 to be included.

48

1 The school's knocked us back. There were plenty of schools that said "No, we don't want
2 to know about it" who were the ones that we asked face-to-face. And of course, there
3 were all the ones that sort-of saw the advertisement in the State School publicity who
4 didn't enquire. And there were plenty who enquired, but didn't follow it through because
5 it was obviously too much of a commitment, or they didn't have a teacher with the
6 expertise to help the children. Or for whatever reason, you know. (still trying to compose
7 herself, still a bit weepy)

8
9 **QUESTION 8:** But most people, were, you know, really?

10
11 **ANSWER 8:**

12 Oh were really enthusiastic! Some of the schools were madly enthusiastic. Some of the
13 schools went to tremendous trouble to ensure the children participated. Some of them,
14 you know, some schools there would be 500 children in the school and they sent us 500
15 artworks. You know, it's just really amazing commitment. And then schools that you
16 expected to be really interested we had to sort-of "manipulate" (laugh), I guess is the only
17 word. But, maybe put the invitation in front of them in a number of different ways, would
18 be more appropriate until it was seen that it had, that the invitation had not been taken up.
19 Then from a higher authority, in the school - a principal or someone - said "Yes" this must
20 happen because of our long association with the Mercy Sisters and the Mater Hospital and
21 then all the artwork popped out. And then far more than we really needed in that instance.
22 But they were still very welcome because it was a high school. The High School's were
23 the hardest to get. And the senior classes were just really, really very rare. Because all
24 the artwork that they do, they've got a very full curriculum. The artwork that they
25 children do have to go into portfolios for their end of the year examination. And so they
26 have very specific artworks that they're doing. Even though, I mean, I know how easy it
27 would be for them to make this particular form for the Mater Children's Hospital, you
28 can't argue with a teacher who's got a curriculum and a certain limited time to look after
29 the students. You can't question that they've got the time.

30
31 **QUESTION 9:** Just regarding the publicity and talking about the project. Why do
32 you think, when you've had really positive personal responses to the
33 project, why do you think it's captured people in the way that it has?

34
35 **ANSWER 9:**

36 I think it's because they are people who for one reason or another have had something to
37 do with the Hospital. They've had a child very ill, or a niece or a nephew, or something
38 like that. (still weepy) Or there's a kid in the school who's had an ear transplant, and I
39 think it's been the personal experience that's drawn people in more than anything else. I
40 think if you went round to every school that actually responded, you'd find someone on
41 the staff who pushed it through they either had a personal contact with either Barbara or
42 myself, or Stephanie Outridge-Field (the potter), or Miriam Newitt (the manufacturer), or
43 had - more importantly - had a child at the Mater Hospital. I think, actually all of us
44 involved, like I've had well my five nieces were born at the Mater Hospital and at least
45 half their children were born at the Mater Hospital. Girls who I went to school with were
46 nurses there. I've had a baby there, and an operation there. So I think it's a great
47 Hospital, otherwise I wouldn't be doing this. Because it's just been a huge time and effort
48 involved in it. It's been more a work of the heart than anything else. I think it's been, it's
49 actually.. I don't know, it could be a self-fulfilling prophecy in one way. But in the

1 original, when Barbara and I sat down and discussed it, we felt right at the beginning that
2 it would be personal contact that would bring this off more than anything, because of the
3 commitment that the school had to make as far as time of their teachers and the problems
4 of sending out copyright forms, getting them back, following it up, getting it alphabetical,
5 blah-blah-blah...

6
7 And we just felt that the only people who'd be willing to put in that extra time would have
8 some personal reason for doing that. And I think that if we range every school and found.
9 I think that would come up statistically. There would be somebody at their, someone,
10 that's why it's been happening, you know.

11
12 **QUESTION 10:** So in your personal contacts with the schools and with these
13 individuals, do they often volunteer the reason why they're
14 interested?

15
16 **ANSWER 10:**

17 Yeah, I get a lot of ... That's why I'm quite convinced. My overall impression is that
18 people have responded to it on the personal level. The other major reason would be,
19 basically what I've said "Oh my child was at the Hospital" "My own baby was born
20 there" or "Oh, we've just had a baby in the family born there" or of course the other
21 connection is through the Christian Brothers and the Mater Hospital. The Mercy Nuns.
22 When I haven't been able to get any State School or any response from a town, I've gone
23 through the Mercy (laughter) Old Girl network and for instance, you know, and the
24 Catholic network. Because, for instance, Roma I invited four schools at Roma ranging
25 from their College through to a Primary School; and the College responded first, so we
26 accepted them. And the other three didn't actually respond. Even though we had a
27 personal contact there. Then, finally, the College - when I followed up to find out how
28 you're doing, how the artwork's going. They said "Oh no, none of the kids are interested,
29 we've got one artwork back". So they just gave it as exercise for the kids to do outside of
30 a structured period and so they only got one child did a drawing. And apparently she
31 didn't think it was appropriate. So I don't know what it was. It was probably a monster
32 or something, you know. And, or a dog throwing up on the road was great one always -
33 or a dead dog, or a dead dingo, or a dead kangaroo. (laughter) There's been a few of
34 those. And so I was stuck then with a major country town. And that covered a whole
35 area of Queensland, that Roma contact, so I went back to the little Catholic School and
36 said, "I know that you found it, haven't accepted it, but we haven't had anyone from
37 Roma respond, and could you?" And in fact we then got a wonderful response from them,
38 and guilt of course. Guilt! Guilt! Guilt! (laughter) They felt so guilty that they hadn't
39 responded in the first place, so it was good Catholic school. And so, yes they responded
40 really well. They did the exercise very well. The children all produced artworks that
41 were reproducible. That was a success. Generally speaking, the personal contact made a
42 big difference, particularly at the beginning of the project. I got a very big response, I just
43 put a little notice in "Education News" which was an in-house thing that the Department
44 of Education, a very nice public relations lady there, put a notice in for me, which I made
45 up and it was just calling all artists... *End of tape*

46
47 **TAPE 2 - SIDE A**

48 **Pamela speaking - QUESTION 11**

1 We worked on, to get an image like that, I don't know if you've done much of Picasso,
2 studied Picasso, but I went to his studio in South of France and they actually have kept
3 every piece of paper he practically blew his nose on, and they've framed it (laughter) and
4 they've put round this building. But it's very interesting because, what we see as a
5 childish simplicity by Picasso, he worked very hard to achieve. And, I don't know, have
6 you ever seen the Bull Fighter and the Bull Ring one? And it's virtually just a few strokes
7 and a couple of blobs of paint a dot here and a splash there, and a zip there and a wave of
8 a flag there. But he did it 50 or 60 times before he got the dot in exactly the right place.
9 Whereas this child, in this image got it the first time.

10
11 The hands, and the one leg, (laughter) it's just too wonderful. Even the balance of the
12 lines, here. I've pinched that and framed it for myself. I think that's the pick of the 5,000.
13 Although there's a few that I'm very fond of. I've got one from, we had children from the
14 School of the Air, and they had a big camp in Mt Isa, so there were 200 children collected
15 from all over the most remote areas of Northern Territory and Queensland. Which is
16 valid for the Mater Hospital, because - I don't know if you know - but South East
17 Queensland and the Northern Territory has a huge leap culturally and historically. The
18 children from the Northern Territory are mostly educated in Queensland, just like the ones
19 from the Islands are educated in Queensland. So a lot of those people were educated in
20 the schools in South East Queensland and also Rockhampton. So I thought that was, I
21 don't care if some of those kids come from across the border of Queensland.

22
23 But there's one. This little fellow's done a drawing of this man on a horse, or person on a
24 horse, on this hillock. I call it the lone ranger. And he's sitting there with his hat on his
25 head, (laughter) there's his horse, and there's a couple of flowers - once again, 5-petalled
26 flowers - down in the corner, but there's wonderful lone ranger alone-on-the-range image
27 that he's got and I thought, that's another of my favourites. Some of them you laugh out
28 loud when you see them. You know, they're just so amusing. They're so witty. There're
29 such a few brush strokes and they've shown - really little people - shown a horse running,
30 you know?, with just flash-flash-flash-flash. And you think, "oh, if only I could do that!".
31 You know they're really... Some of them are just brilliant. And when you get that, that's
32 really good. But see, another adult may look at that - who doesn't know about expression
33 - and think this child hasn't drawn the person with two legs and the wheels of the bike are
34 the wrong size. Not seeing that that's all completely in balance.

35
36 **QUESTION 12:** Do you know how old the child was, who did this was?

37
38 **ANSWER 12:**

39 I think six. Unfortunately, I didn't keep the age-group.

40
41 **Interviewer's Comment:** *It's wonderful.*

42
43 **Pamela:** *It is good, isn't it? I couldn't resist that, so that's my souvenir of the Mater*
44 *Tile Project.*

45
46 **QUESTION 13:** (1) At this point in the Project, most of the designs have
47 been collected and
48 (2) they've been...(end of tape copy from KS).
49

1 **ANSWER 13:**

2 (1) Yes, they've all been collected.

3
4 **Pamela speaking - QUESTION 14**

5 I like to reproduce the men, and then hand it on to Miriam, the manufacturer. Because it
6 wouldn't be possible for her to run her business and suddenly produce 5,000 artworks.
7 Some of them, as I say, if you get a windmill out west which we've been sent some of,
8 with the cris-cross of the southern-cross windmill bars, I mean that's quite hard for make
9 sure it comes out on the image, so I think she's had to work very hard on some of the
10 images that she's been sent, but because they are very characteristic of the child's
11 environment they can't be missed, you know. So, I mean, you really could say that at
12 every step along the way, there have had to be choices made by adults. At least our end
13 we're trying to make choices not from a censorship point of view, but rather from a who's
14 being represented.

15
16 **QUESTION 15:** Has there been a moment that stood out to you as particularly
17 memorable or exciting in the Project so far?

18
19 **ANSWER 15:**

20 The opening day will be it. (laughter) I'm aiming for that - like an arrow! Opening day,
21 I'll think that'll be the moment!

22
23 **QUESTION 16:** Is there a date set for that yet?

24
25 **ANSWER 16:**

26 I haven't even thought that far ahead. I'm just going by the day myself at the moment. I
27 think early next year, I'm not terribly sure when it's going to open. I just know that I'll be
28 there. Even attached to a lung support, but still I'll be there! (laughter)

29
30 **QUESTION 17:** What do you look forward to most on that day?

31
32 **ANSWER 17:**

33 I'd like to see children reacting to the tiles. I'd like to go with a tour of children, round,
34 and hear what they've got to say. That's what I'd like to see. I just want to hear someone
35 say "Oh! Look! That's like my painting!" And I'll be okay then. Yeah, that'll be my
36 day, my moment.

37
38 **QUESTION 18:** I know that when I saw the panel that was in mum's artroom for
39 awhile, I went straight up to it and I put my hand on it. Mum said
40 "You just did what everybody does!"

41
42 **ANSWER 18:**

43 Yes! I don't know how they're going to keep it clean quite frankly. As a piece of
44 furniture in a Hospital, I think it's scary. Because to me, because the other side of my
45 training is that I was a house-keeper in hotels and one of the things you try to avoid is
46 somewhere dust can collect. And what we've got here is 5,000 ledges 15cm long. So-- I
47 don't know what they're going to do about that. That's, I really think they've created a
48 huge house-keeping problem for themselves. I don't think the cost of this project will be
49 known for years. Because the upkeep on these will be - BIG, in my opinion. But then,

1 I've been wrong before. If you look at *terracotta*, I'll show you the tiles. Not to mention
2 the 3D ones.

3
4 **Interviewer's comment:** 1. They're very poreous, aren't they?
5 2. And that'll be a little gap, before the next one...
6 3. I couldn't imagine, like gliding your finger...
7 4. And what did they think?
8 5. That'll be interesting, don't you think?
9

10 **Pamela:** 1. Yes, they're very rough. People with a wonderful pencil sharpener.
11 Just there, see that edge?
12 It's not finished? They've all been sealed, but that'll be standing up.
13
14 2. And that'll be like that, on a panel.
15
16 3. Well, just even trying to get the dust off that. How do you get the dust
17 off that? Interesting problem in a Hospital! Anyway, I pointed that
18 out very early on to the powers-that-be.
19
20 4. And the functionaries, well - it went through their bureaucratic system,
21 so I have no idea where it ended up! (laughter)
22
23 5. (laughter) I don't know, because I'm not any good at bureaucracy.
24 I've never, ever been able to work in handing information up the line
25 and let it dissipate into the air. I've never been any good at that.
26 I either do it myself, or forget it, you know.
27

28 **ANSWER 18 (CONT):**

29 Yeah, so that's one aspect of the Project that intrigues me. I think there's, when
30 something like this happens, I think the physical presence of those tiles, the reactions of
31 the people - I'm very glad this research is being done, because I think it will have a huge
32 impact, because everybody who stands in front of even one artwork, the implications of
33 what the artwork says to them - where they are in that space - the space taken up by the
34 artwork - and communication back and forth, is actually like a prism really, than artwork.
35 It doesn't have just one side. It doesn't matter if it's even just a thin piece of paper - it
36 doesn't have one aspect only to it. So something like this, where you've got 5,000 human
37 beings communicating themselves, very directly, in very strong colours and very
38 permanent tile material. Huge impact! Huge impact! I think there'll be an aura around it
39 almost, I really do. I hope a few angry guys got in. 'Cos there'll be some cross children
40 in this Hospital. There'll be some children very unhappy that they're in this Hospital and
41 they want to be there, and they don't think it's fair that they're there, and you know. And
42 they should have a representation there, but there weren't very many that I saw that came
43 like that.
44

45 **QUESTION 19:** Well I think one of the most important elements of this research, is
46 looking at the healing context of the Hospital and, it's about, and
47 illness and how the art interacts.
48

49 **ANSWER 19:**

1 Well actually, I think that they could actually use it very constructively in the healing
2 process for the children. Now, I used to take patients for a psychiatrist that I knew, used
3 to get me to take groups of his patients who were suffering depression to the Art Gallery,
4 on tours. And I was just the escort. I used to arrange for the trained volunteer art guide
5 that are in the art galleries, they have them in the major State galleries here. A group of
6 men and women who, often highly educated people, who then do a whole series of very
7 specific training courses to be able to talk to people about the art work that are on the
8 walls of that gallery and art generally. So I used to take these patients along, and it was
9 absolutely intriguing as to which guide I got as what the reaction was. Because I've never
10 forgotten one tour, at the end of it I thought I'd go home and cut my own throat. I didn't
11 know how the depressed patients were!

12
13 But she took us from one painting to the next, like there was, she really got stuck into the
14 Victorian section of - this was the NSW Art Gallery - and we visited the sons of Clovis
15 whose father cut both their feet off and set them adrift on a raft, and this was in true
16 Victorian fashion, in pictorial elegance. The figure of the great sculptress - who's name
17 I've forgotten - who was hung because she killed her rapist. She was a great, she was
18 Australian. She lived in Italy in the sort-of 18th Century. I just can't think of her name,
19 beautiful, beautiful work. And, I mean, we went from one artwork tragic story to the
20 next, even the burnt Australian landscape with the crows on it. (laughter) You don't
21 know how upset - I came staggering out of the gallery - "aye, aye, aye". You know, and I
22 said to the doctor "Well I don't know how you're patients are going to get on this week
23 (laughter), 'cos I'm going to home and have a gin!"

24
25 But another lady who took us around, so after that I was very careful who we got on the
26 tour, and there were was lady who was a doctor, and so she understood **who** she was
27 going to be speaking too and where their lives were at the time. So she had, whereas the
28 lady a bit like the children in the high school - she got stuck on the depressed - like the
29 kids in the high school got stuck on the get well cards. Rather than, we're here to see the
30 beauty of the world outside of our own problems, you know.

31
32 So I think that they could probably, actually, take children - ill children - and use it quite
33 constructively for the children to go "outside" the Hospital for awhile - even if they were
34 stuck within the Hospital. They can "outside" the Hospital. They can go to Mt Isa to a
35 rodeo, they can go to the city lights that they can see from their windows, they can go and
36 have a hamburger, they can - you know - they can go "outside" through these little
37 "windows" that these children have created. And anyway, that's what I would do with it,
38 if it were under my control. But I'm not going to get involved with that bureaucracy over
39 there. But I'll suggest it somebody's ear. And as high us the food chain as possible. You
40 know that's what they are. That's what I think can happen with them.

41
42 *Interviewer's comment: 1. That's a beautiful idea. "Little windows" and connections*
43 *from children in*

44 **Hospital to children outside.**

45
46 2. *Escape windows...*

47
48 3. *With a piggy nose ...*

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1. Yeah, oh yeah. I could show you. Just turn that thing off a moment. I'll show you -
2. But I mean. You look at these. There's treehouses to climb, there's tents to go camping in, there's somebody's hand prints, there's - what's that? that's a monster - that's a nice monster. There's a whatsit, a thing-a-me-bob.
3. Yeah, who is that? What is that creature? You know you could have a lot of fun with the kids. Who's this, who drew this, and where do they live and what sort of life do you think they had?
And look, this kid's got a house that's a bit lit a rocket. And dinosaurs, and games to play and people's faces. And look at this, the helicopter round up. Playing a game on TV. A rodeo. There's somebody riding a wild steer in the fence. So you can go all round Queensland, and this is just one panel!
This is just 50 of them. Look there's a kid on a swing. Under water swimming. Go on a train trip somewhere. You know, you can have such fun. Such fun! with these, with kids.

QUESTION 20: And each individual tile. That's something that's impressed me as I've watched mum putting the tiles onto the panel, you know organizing what's on a panel - which you're doing too. Each one is given such individual consideration, like every line on there is looked at so it will come through well, and then the colour is chosen. And it's placed in relation to other images. It's not a

ANSWER 20:
Yeah, I did the same thing. It was like, you didn't just plonk them down anyhow. Like, I've done a whole series in one of these panels of things with wheels. So there was a truck, there was a bike, there was a train, there was a big cattle train, and a child on roller skates, and so I put them all in together, roughly so you could go "oh look, what have these got in common?" You could just, I can tell you, it will be such a rich resource for letting children's imagination's flow. It'd be just fantastic!

QUESTION 21: So, you're already thinking about how - when if they go from the tile to the panel - you're thinking about, how will the child see this as a whole, as well as the individual? How might their eyes travel from one point to the next?

ANSWER 21:
Yes, and try and get some kind of flow of imagination through it. And at the same time you've got in there, you know, the sort of abstract squirls and blobs of the 3-year-olds armed with black paint and a paint brush - a terrifying thought! I just, you know that's how I would approach it, if I had kids with me and I was in the Hospital, that's where I'd go with it. I'd use it to get them out of the Hospital, mentally. I think it be a huge boon to healing that way.

QUESTION 22: And what about the families? Because this, the families of the children who are in there. How do you think they might interact with the designs?

1 **ANSWER 22:**

2 Well I think you'll have a couple of reactions. I was once talking to someone who's child
3 was really quite ill, and he said a really surprising thing to me as he was going home
4 having left the child at the hospital, he saw other people with children by the side of the
5 road, and there was a family crossing the road. I mean, this was a very socially
6 secure/responsible/church-going/whatever person, but he was so angry that he couldn't do
7 anything about his child, he was angry at the other people for having that healthy child. It
8 just absolutely echoed to him that he didn't have a healthy child. So I think for some
9 families, they'll be very poignant. I think for some families it will say there's 5,000 kids
10 out there and they're all well and mine's not. They'll see it from that point of view. But,
11 that's just a thought. And I think, because I personally think one of the things I've
12 observed about women with children is that their egos are caught up with their children -
13 more so than with any other aspect of their life, so when their child is ill, it really pulls
14 their sense of well-being down from a point of view of "I'm not a good enough mother"
15 "I haven't done the right thing" "Could I have done something better?"... You know,
16 that's how they portray themselves - or see themselves - or frame themselves - is on how
17 their child is. So ... I don't know, I think it will be a very interesting aspect. I think
18 probably, well if you've got 500 adults you'll probably get 500 responses. It might, and
19 the other part of it, is it might be immensely comforting that - you know - you'd have to
20 be pretty dull not to see that there was a tremendous amount of care taken to produce this
21 final artwork of these tiles. So that and they're all very childish. So that must create a
22 sense of well-being and warmth towards anybody who's in that Hospital, you know. And
23 if it's very clear to the people looking at any panel, that these images were from children
24 all over Queensland - there was no censorship. The children chose to do whatever they
25 thought was right. I think that would also be probably comforting.

26

27

28 **QUESTION 23:** I think that sort of leads us back to what you said before, about
29 people who've chosen to be involved. It's a personal thing for
30 them...

31

32 **ANSWER 23:**

33 Yeah, yeah. I couldn't believe that there could be so much humour there and goodwill
34 attached to the final presentation, that it couldn't communicate itself in some way to the
35 observer. You know, I think the impact of that will come from the actual presence in the
36 whole corridors when you see, some of those panels of 500 I think will almost be like
37 shouting in your face. You know, they'll be just so huge and just so much to see at one
38 time, they'll be almost impossible to take in. They're very strong. They're very, very
39 strong in their communication, I think, the tiles. But, I don't know, you never know.
40 There's all different people in this world. I once had the opportunity to give people free
41 tickets to go and see the shows that were here at EXPO, which was - without doubt - the
42 most exciting theatre I've ever seen in my life, or likely to see. Because there was the
43 best from all the world. Like some of the Japanese artists were "national treasures" and
44 all of that... and I said to this fellow, this educated man - magistrate/lawyer - goes out
45 west, changes peoples lives with his decisions, I said "Would you like to have some
46 tickets to go to this theatre (I can't remember which particular one)". He said, "No, I
47 went once, and I didn't like it".

48 **Interviewer's comment:** *Went once, what?*

1 To the theatre. And I was so amazed! I said “What was it you went and saw?” And he
2 went to the like, the Gympie Repertory Theatre’s show “THE WHITE HORSE INN” and
3 he’s never been back to the theatre. So some people will look at that and see a lot of
4 badly glazed tiles, maybe. I don’t know? There’ll be somebody who’ll look at it and
5 think “why have they done that?” Some of them are “Look they’ve put two blue ones
6 together, that’s a bit odd”.

7
8 **Interviewer’s comment:** *They don’t make checks...*

9
10 **Pamela:** Yeah, yeah. That will happen I think. ‘Cos he never went to another
11 show, and you know I mean. That will be interesting. It’s going to be very interesting.
12 Perhaps a book, comments books, that’ll be good, visitor’s books around the place,
13 comment book - that’ll be good for this part of the project. You know, “What did you
14 think”, “What did your child say?”

15
16 **Interviewer’s comment:** *1. Absolutely, I think they’ll be doing some interviews,*
17 *some*
18 *questionnaires and things like that. I’m not quite sure*
19 *how*
20 *the research designer will go.*

21
22 *2. We will see.*

23
24 **Pamela:** 1. We will see.

25
26 **Interviewer:** Gosh, thank you so much for your time. It was pretty lengthy and in-depth
27 and intense, but all very, very wonderful. Thank you absolutely.
28 Fantastic.

29
30 **Pamela:** You’re very welcome. I’m glad I’m able to help. Good-O. I’m going to
31 have to lie down with a damp cloth over my head now.

32
33 **Interviewer:** I’ll be providing you with dubs of the tape, so if you felt like having a
34 listen again, you can.

35
36 **Pamela:** Oh no, I hate to hear what I’ve said. I always put my foot in it. I hate
37 interviews.

38
39 **Interviewer:** You did not. Hopefully those will be ready at the same time the consent
40 forms will be. Even if I’m gone, dad will make sure that you get them.

41
42 **Pamela:** That’ll be fine.

43
44 So forth... END OF INTERVIEW.

APPENDIX C

INTERVIEW WITH STEPHANIE OUTRIDGE-FIELD

TAPE 1, SIDE 1, 23 August 2000

AUTHORITY TO TAPE:

Interviewer: Could you just indicate for the record that you're aware that you're being audio-taped?

Stephanie: I'm aware that I'm being audio-taped.

Interviewer: Great! Thank you.

Stephanie: (Laughter) I couldn't avoid it.

QUESTION 1: The first question I wanted to ask, is if you could just turn your mind back to when you first became aware of the Tile Project? If you could remember what you heard about it? And what was said at the time? And what your response to that was?

ANSWER 1:

Okay, well it was probably about early half of last year and a friend of mine, Jess Gibson, who was an ex-President of the Queensland Potter's Association, is also / has a friendship in common with Pamela Godsell Smith. Apparently Pamela had rung her up and said, we have this idea to do a project with clay tiles with kids. Who can facilitate those workshops? Because even though we do art, we haven't done anything of that scale or using that technique, or focusing on it - Jess apparently said "Stephanie is the only one I know who could do this job for you, because she'd done similar things and done a lot of workshopping". So Jess rang me up and said "I've got a friend who I've known for years and years and years, I don't know quite what she's up to, but she wants to work with children and tiles, do you mind if she gives you a ring?" And I said, "No, that's fine". So that was my first thing, was through actually a common, both a professional and personal relationship with someone. And the fact that I was actually, I guess, known for working with children and working with clay. And then I had a phone call and they said "Oh would you like to come and meet with us?" so I went over, and I took sort-of photos of the work I'd done and my C.V. and that sort of thing. They sort of bounced the ideas off it and they basically asked me "do you think this is feasible?" - you know - the number of children, what our aims are, working with the client base of the Hospital in that sort-of environment, you know the appropriateness of both the physical entity as well as the ideas that could come forward, the role that the work could play in a place like that. All of those ideas we sort-of discussed and then we got down to practical logistics of how many

1 tiles, how big, what we could do, how long could we work with the children, how many
2 children did we need to see to actually do the number of mural panels that the architects
3 and the Hospital (I guess, project manager) were hoping to infiltrate through the whole
4 fabric of the building?
5

6 And the next stage after that was, "Oh yes, give it a try". And we actually trialed the
7 techniques that I had imagined would be successful with Preschool, Primary and
8 Secondary School in sort-of between the September and the...probably August and
9 October of last year. Then we got the fired results and then we actually went into full
10 time scheduling in November/December and then started workshops early this year. So it
11 was reasonably simple and straight forward. You know, the project was very accessible
12 from my familiarity with clay and with working with children, there was no problem as
13 far as I could see with doing/ with actually producing the tiles. So we went quite quickly
14 into doing the project.
15

16 **QUESTION 2:** So, can you say a little bit more about the work you'd done up to
17 that point with the children and how does the project compares to
18 those other things?
19

20 **ANSWER 2:**

21 Well, I first started working with children as soon as I had left, or while I was still at Art
22 School and I had gone to Art School between '77 and 1980. So I'd done an
23 undergraduate majoring in ceramics, I'd also done print making and photography as
24 minor subject areas. Then I went in and did a post graduate area. And all the time doing
25 that, I was very interested in not visual practice being confined to a gallery or to an
26 exhibition space or to an adult audience, but to a community audience, or sub-community.
27 Whatever that meant. So it didn't matter about age or background, or school level or
28 those sorts of limitations that often happen with arts practice - or it happened in the 70's
29 with art practice. You know there was a level of commitment and there was a hierarchy
30 of professional artists and hobbyists, and sort-of-dabbler and there was kid's art that was
31 in Primary School, but was a very small part of them and often it was a temporary kind of
32 art. You know the children's drawings were valued at the time, mum stuck them on the
33 fridge, they sometimes got a bit 'ratty', they fell off the fridge after 3 weeks and that was -
34 they disappeared. And it would seem that a lot children's work was a pre-empt to more
35 permanent or more valuable older person's work, instead of being just as valuable for that
36 time in their lives, as it is for a 33-year-old to make work or a 65-year -old to make work,
37 or anybody to actually do visual communications. Because it represents their physical
38 self and their state of mind at that age, and their experience level and their window on the
39 world. So I couldn't imagine why a window on the world at nine has any less value than
40 a window on the world at thirty-three - it's just different. It has different perspective's
41 and different parameters, cause of their experience and their physical self, all of those
42 things.
43

44 So I'd actually worked with holiday programmes during the time I was still a student,
45 working with children who used to create / we used plastic and create - one project I
46 particularly liked, we actually wrapped 6 foot wide plastic sheets around four trees and
47 made a temporary play area for performance. And the plastic allowed us to - we painted
48 on the plastic, we put paint over the reel(?) so we had fantastic birds flying in a real

1 landscape cause you could see through the plastic, so you could super-impose on the real
2 landscape but create a fantasy as well. We created door ways and openings, you could
3 actually see the performers on both sides of the plastic, so these layers of plastic could
4 actually create both an 'animation feel' and a 'fantasy feel' imagination as well as the real
5 world. All integrated, which is exactly was a short child's world is. So I started off
6 working with children a long, long time ago now. And I have continued. I became a
7 "Community Arts Officer" which is / was subsidised by the Australia Council back in '82
8 and I was the first regional-based Community Arts Officer in Queensland. And I got a
9 chance to work with a lot of children in a whole range of areas, and a lot of people who
10 were working with children - children's drama groups, visual art groups, poetry,
11 photography - I organised festivals. It was a really trial by..., I guess getting involved 9
12 days a week. I actually found at that time the power of collaborative work and exposure
13 of all people to opportunities of using new techniques all in different forms of visual
14 communications.

15

16 So I've just continued, and since my major area is clay and one of the things about clay
17 that is so challenging, is it has that tactile quality - it's actually formative, pretty
18 malleable, you can use it as a drawing, it is a permanent document through history - of
19 marks, and nature and values of culture. Because clay is one of the things, unlike wood or
20 fabric, it doesn't deteriorate often with age. Even if it's broken down buried at the bottom
21 of the sea, you can actually put it back together again and create a window of what that
22 time was like. And you can actually see it's remarkable fingerprint that's 5000 years old.
23 So the clay offers a very accessible material that children can understand, it's in our own
24 backyard everytime their parents build a swimming pool - it's in their world. They have
25 a, Brisbane particularly - there's a river running through Brisbane - Clayfield where I live
26 is pretty big clay pan. So the children can go out and actually pick it out of the ground
27 and make a talisman out of it, or any object they want - they can make a toy, or they can
28 splatter it - who hasn't made a mud-pie?

29 So the actual material clay, is very much integrated with our daily life. I mean, we drink
30 out of cups made out of clay. A lot of people don't recognised it for what it is. You know
31 the toilet we set on - clay. If we live in a modular brick house, it's a modular clay
32 structure. Overtime we've had buttons and containers. You can talk about the romantic
33 part of a big urn of oil travelling on the back of a camel across the desert. The Egyptians
34 had clay, the Sumarians had the clay, the Romans - I mean, you can actually track
35 Alexander the Great's warfare through the fact that he kidnapped tradesman, particularly
36 potters and took them. And you can actually track where that clay came from, from
37 which river basin that object came from because of the chemical content of that material.
38 So it's very site specific clay. It comes from a certain place. In every culture in the
39 world, I think, except the Eskimos. So we have a common experience with a common
40 material that is extremely low-tech. How miraculous is that? That it is also the coating
41 on the Sydney Opera House and the coating on the shuttles that go into space with
42 NASA? So it's now making porcelain teeth and bones, and that sort of thing, I mean the
43 magic of a material that's naturally occurring, that the dinosaurs could have walked on.
44 And then you have children leaving their fingerprint on it that could live for another 5000
45 years, is just - to me - very irresistible and very natural for us to continue that history of
46 social document using clay. So the instantaneousness of a child's imagination, or that
47 moment, or their drawing can be captured permanently by using that material. Unlike that
48 paper that will breakdown. We have to wrap up Divinci's "Mona Lisa" is a humidity

1 controlled-light controlled room and it's 400-500-600 years old. And it has to be nursed
2 through. It can't be thrown out to the weather and walked on like the mosaics of Rome
3 which are still exposed and people are walking all over them. So those, all of those
4 aspects, appealed to me as the material - that can be almost all things. It can be a
5 drawing, a painting, a piece of jewellery, a piece of sculpture, a toy and can be unfired
6 like the aboriginal (you know) ochre painting or it can be fired. So we've got all of that
7 happening and then we've got children who, if you've ever seen them play with mashed
8 potato or play dough or plasticine or clay, have that very malleable approach to material.
9 They're very "hands in there", "let's get involved". So it's just a perfect marriage as far
10 as I'm concerned. So I've continued since '83 to be involved with, I've done workshops
11 with Guide Dogs for the Blind - with people who are blind who can use this material.
12 I've taught colour workshops to blind potters, which is an interesting challenge in itself, I
13 mean I've taught almost anybody who wants to know. I mean I've got a, I had a, my
14 oldest student when she started with me was 98. The youngest children I work with are
15 under 12 months old. And it doesn't really matter because the process of the experience,
16 you know sometimes they'll come along "oh I'll just have some fun" or "I came along
17 because my friend came along" or whatever. I used to do workshops with FREPS, which
18 was a programme in Brisbane about ten years ago called *Free Entertainment in the*
19 *Parks* and I would set up on a big sort-of pond of black plastic, with about 300 kilos of
20 clay and just sit there during the activities - they often had free children's concerts or
21 something like this - and we'd do, we'd just build a fantasy landscape or whatever
22 anybody wanted to build. And one time I was sitting under a tree and there were a few
23 kids around me and a couple of parents sitting there having a chat while the kids made
24 things, they were playing. And this sort of rush of bikies came across the park and I was
25 going "Aaahhh, okay..." You know, they were all really heavily decked out in bikie gear
26 and they looked, and the kids just looked up and the guy said "Oh, is this - do you have to
27 be kids to do this?" And I said "No, anybody can do this". "Can we do it?" they said. I
28 said "sure". So all these guys they made Harley Davidsons and they made guitars and
29 they made all the icons of their life, and they sat there for three hours and played. Then
30 I've had kids - you know, the father had come over "oh no, no - oh they want to do it,
31 does it cost anything?" . We used to do it for free, you know, there was no cost to
32 anybody who came. After awhile the father would sit down and I'd say "do you want
33 some clay too?" and he'd sort-of nod his head and not get involved. Then 45 minutes
34 later he was making every African animal that was there and he made this most fantastic
35 giraffe that his son was looking at him, as though this was the first time they'd actually
36 played together. And the son "oh dad, I'm going off to get a drink", "Oh that's okay". So
37 they'd actually changed roles and he was allowed to play again.
38 And so there's, I mean I did that for four years - you know 2 weekends out of 4, just
39 going and sitting and just letting people have the chance to also play. So I mean, I've
40 done workshops in schools, I've made structures in people's - in streets, I've done
41 temporary ones were we wrapped - at the end of the day - and we just wrapped that big
42 lump of clay up. If they didn't want to take it home, they could take it home. We'd just
43 roll it up and that was it.

44
45 I remember one time a child said "can I take some clay to take home?" I said "oh sure".
46 Cos I let, you know the clay they could just take it home. I'd say, only if the person
47 who's bringing you thinks that's okay, because you know you can't put them in cars and
48 that sort of thing. And I had one little boy, and the picture of him, I wrapped up and I said

1 you can take whatever you want out of this pile, 'cos we're just going to wrap it. He
2 dragged the plastic around it like a big bag and he must have been trying to drag about 50-
3 60 kilos along like a giant pudding off his back. Trudging like, a photo out of a slave
4 moving, and he taking it all home. And I said "you don't...", and he said "oh yes, I'm
5 going to build something and I need it all". So those, that sort of, I guess personal
6 fulfillment from their involvement in the process, and that's not even firing and making
7 something permanent. That's just playing, having a malleable, physical expression of
8 their ideas and thoughts. They don't need anything more. I never took tools. You know,
9 if you want to make a spotty thing go find a stick on the ground. Press in a leaf. Never
10 took any tools. I just had the clay, plastic sheet to fit on and that's it. And what they
11 could make with just their hands - that was the tool. And to actually regard / in this world
12 now, we regard our mind as the tool often. You know, we're doing computers and things
13 like that. Although our mind is a tool we can't think though all the qualities of actually
14 making something physically that our hands can do. So I think this is a tool. To actually
15 talk about your hands as a tool is a really good thing as well.

16

17 **QUESTION 3:** Can you talk a little about the clay, as it has worked in this
18 particular Tile Project and when you've been interacting with the
19 kids. Have you seen similar sorts of responses?
20

21

22 **ANSWER 3:**
23 Yeah. There's no two tiles alike. Some of the things I find is you give somebody a
24 limitation like, we're doing 160mm square tiles - they're only about 1cm thick - they have
25 certain limitations. They can only go half way into the tile for carving. So there were 3
26 major techniques that we used:

27

- 28 (1) You could either scribe into the surface very much like a drawing, and that sort of
29 a tool was either a satay stick or a toothpick, so it was very much like a drawing -
30 just an outline on the surface.
- 31 (2) They could then carve into the surface, which was to 50% of the depth of the tile.
32 So that between 3 and 5 ml they could actually cart away.
- 33 (3) Or you could actually add clay to that height on the top.

34

35 They had three choices of sort-of techniques to actually work on the tile. They couldn't
36 change the square format of the tile. So they couldn't cut a shape, a heart-shape or
37 anything else. They had to stick the square format. The other limitation we put on was
38 "NO TEXT" because often people instead of using - for a couple of reasons. We get very
39 involved with text and we don't get involved with a range of languages, you know, so by
40 putting a text word on we're actually limiting the audience - because not everyone may
41 speak English, especially at a Hospital which is renowned for actually having a service to
42 the Asia-Pacific Region. And also, often people rely on text, instead of really working the
43 visual image to communicate. So we thought we'd say "NO TEXT".

44

45 And then everybody would just sort of want their signature, that mark. So "NO TEXT"
46 was one of the conditions that I suggested and put on the children and also the fact that we
47 were looking at some visually impaired children - either temporarily or permanently -
being able to touch them. Now text would just be a series of hieroglyphics lines.

48

Whereas you could actually create a sculptural image where you could actually feel a

1 picture. So that was another reason why text was eliminated. So that we could actually
2 touch the image and get some sensibility from it.

3
4 So we started off the workshops. There was a broad based theme called “Queensland my
5 home”. But, basically every child we spoke to lived in Queensland, that was their
6 experience. Some of them had moved from interstate, but basically their sense of
7 landscape, their sense of activities that they’d anticipated in where all the Queensland
8 experience. So there really were very few limits - by having such a broad-based theme -
9 that would be excluded from that. **(end of Kathy’s tape)**

10
11 ... giving them other limitations. And we ended up with no two tiles being the same. I
12 mean, we had.. and we also talked about the responsibility of being in a public place, this
13 wasn’t just their thing to hang on their wall or in their private home, or within an audience
14 that they knew. This was, two things were going to happen. It was going to be in a very
15 large place where there were a lot of people coming and going, and it was special place.
16 It wasn’t just a supermarket. It was a Hospital. So, what was a Hospital about? When
17 did you go there? And why did you go there? So we actually talked about that context
18 for the work. Because a number of children took the immediate response and said let’s do
19 an ambulance. I said “Well let’s think about this, have you ever gone to Hospital
20 yourself?”. We did an introduction about the place. When you were in Hospital how did
21 you feel? “Oh I was so bored”, “I only wanted my mother to come and see me”, you
22 know, if they weren’t desperately ill it was a waiting, slow time for them. I said “Well
23 what if you could look out the door, or walk along the corridor and see 2000 different
24 little drawings, what would you like them to be of?” “Oh, I want them to be of all the
25 things I like”. I said, “Okay, so we won’t do ambulances and we won’t do a stethoscope
26 and we won’t do a doctor, ‘cos they’re real in that environment. What are these little
27 windows of things that will make us feel good, what could they be?” So they were
28 activities that you’d really enjoy doing, but you wish you’d want to be there. So it was
29 “oh if I was in Hospital I wish I had my skateboard”. You know, skateboards, kids doing
30 skateboards. One little boy drew a tiny little Hospital and I said “What do you want to do,
31 what would you like to have with you when you’re in Hospital?” and he said “I’d like to
32 have an angel looking over me”. So he drew this absolutely beautiful angel, and he was
33 six and there was this tiny little hospital at the top and this beautiful winged thing and
34 this, and you know that was almost like a dream of care. “Who was caring for me?”

35
36 So we had all of that, and we talked about the responsibility. Who was the client? It was
37 the children. Who was it for? And then we talked about the dreams - you put yourself in
38 that situation. So that they took them very seriously.

39
40 And the other factor that came into account was that the work’s going to be there for 40-
41 50 years. No child has ever, I think, very doubtfully, been said “oh do an artwork and
42 we’ll put it on top of the State (?) for fifty years, and you’ll be - how old? - 69, or 53 or
43 you know. You’ll be older than I am now and maybe you’ll be holding the hand of your
44 child or a friend’s child and they’ll be 9 and they’ll be looking at the tile you made when
45 you were 9. So they took the task very seriously, because they realised. And I always
46 spoke of it as a “gift” to others. They were doing this. They didn’t have to do it. It was
47 compulsory, any child who didn’t want to do it, there was no way. The tiles, the children
48 were only allocated one tile. If they ruined it it wasn’t replaced. Every tile had a number.

1 And we also, the other thing that I think was a very important decision - is that there was
2 no selection process of the sculptural tile. It was only a technical limitation.
3 If you carved very deeply and there was a crack, the tile wouldn't be used. But basically
4 everyone who had made the effort to do a sculptural tile, there work would go in the
5 project.

6
7 And that was a very important thing. Because a lot of children are selected and put into a
8 competitive environment for "the best". And that's an adult decision of what is "the best"
9 or who's will be chosen. And one of the things that was part of the project from the
10 beginning, I said "Anyone who makes a sculptural a tile, it shouldn't be our decision to
11 include or reject it, I think that they should go in because they honestly represent an
12 individual in the age-group of the client base". And I can't believe that there wouldn't be
13 a connection with the kids that are going to be in the Hospital. So that was the other
14 commitment that we made. Every one that survived the technical process would go in the
15 project.

16
17 So that added too as one assurety that they work was going to be exposed in that
18 environment, so there was a responsibility in the designs and they were careful and
19 considerate and focussed. They thought carefully... , you know a responsibility they took
20 seriously about their design and what they were doing. And the next thing is that they felt
21 valued because no-one was going to make a judgement on them. Their image. And I
22 think that's important. We don't get very many options these days to not be graded and
23 assessed, accepted or rejected. I think that's an important thing.

24
25 **QUESTION 4:** Do you remember any specific interactions that you had with
26 children that illustrated that care and that sense of responsibility.

27
28
29 **ANSWER 4:**

30 Yeah, there was one. I was up at one of the schools, a high school and one of the students
31 who was a year 9. It's very interesting the interaction we had with teacher's as well,
32 because we'd be told - we'd go into the classroom, we'd demonstrate, we'd talk to them,
33 we'd let them start off - we usually had an hour and half session sometimes we were only
34 limited to an hour, which is a very short time frame to deliver and design. Anyway there
35 this young boy came up and said "oh I'd like to do a 3-dimensional face of a clown - a
36 smile - I'd like to make a permanent smile". I said "fine". So he worked very seriously
37 and the teacher had saw me speaking to this child and, sort-of a 13/14 year old boy, he
38 came over to me and over the back of my shoulder he said "he's so much trouble, that boy
39 is so much trouble, he just won't do anything that I tell him to do". Well I found the exact
40 opposite. That child made the most breath-taking 3D sculpture in this narrow confine. It
41 was just a brilliant caricature. Just absolutely brilliant! Even carved out the mouth and
42 had the teeth suspended and everything! I mean, really exquisitely done. And I could just
43 feel - and he was conscientious, he was thoughtful, he did a beautiful practical piece,
44 really well executed - but the reaction between this student and his teacher, this boy was
45 never going to get very far. He had been already labelled a trouble-maker. And I think he
46 was, he was the sort of child that didn't want to do it - just the easy cow-following-cow,
47 you know, in a sort-of cattle train kind of way. He actually wanted more from the teacher
48 and more from his work. And he was prepared to invest more, but he may not have been

1 allowed. And that was one project where he was allowed. And he came up with the best
2 work. You know, really good work.

3
4 And I had, I mean there are so many individual tiles, I did a project - a workshop - with
5 (what was) the Australian Flying Arts School, but I think they're now called Flying Arts
6 Inc. And they had Year 11 and Year 12 students fly in from all over the regional
7 Queensland. And I went along on the Sunday night and they said "oh come along you
8 might get 9 or 10 kids, we'll offer it as an alternative". I said "okay", so I walked in and
9 I'd had long day in the workshop and I was dirty and tell them a bit about myself, because
10 also there's a perception that I was dealing mostly with Arts students from secondary
11 schools, that it's almost a secret part or a hidden part of their life it's not their profession.
12 So I'm also a professional role model when I go in there. I talk about the fact that this is
13 my full-time job and it's a real job, and all of that sort of thing. So I introduced myself,
14 told them a bit about myself and what we were doing and what the project was, and
15 instead of getting 9 I got 27. They were stunned. In fact they had to cancel other
16 alternatives because they came... I think number one they were very interested and
17 curious about me personally perhaps, and the project. They hadn't really heard of a
18 permanent children's artwork being part of the structure of a building for that many years.
19 That was really interesting. I also talked about the fact that there would be internet or
20 database information so that you could go and find your tile. That direct link between
21 their work now and where it would be in the final piece was really important. The
22 responsibility of the project organisers to ensure that, I think, has gained a great deal of
23 respect from the children, to be involved. Anyway they came along and they were just
24 flooding everywhere. We chose, we actually moved from one room to another 'cos there
25 were just more kids then we had tables and the kids worked for 2½ hours. They were
26 supposed to break and have an evening supper and go to bed. I did the workshop from
27 7pm to 9pm, I didn't leave 'til 10pm. They just stayed there. They'd had a full day, they
28 were busy and tired and they just put their head down and worked. And the images were
29 just breathtakingly sophisticated expressions of their ideas. Once again, no two were
30 alike, but the impression was the degree of representation of people. There were a lot of
31 sculptures of people's faces, which was really very sophisticated images. I mean, they
32 sculptured one eye shut and one eye open, they had a very soft contour to the face - that
33 they were looking at split personalities. One girl was particularly doing a work on split
34 personalities, which was very interesting because they asked how old would you be when
35 you were here. I said "up to 18". So they were thinking about the conditions of someone
36 who would be in the Hospital, which I thought was really a very sophisticated design
37 motivation for them.

38
39 **QUESTION 5:** That was something that I was interested in finding out about too,
40 was your impression of how aware the students were aware when
41 they were doing the tiles, of the Hospital - clinical context?
42

43 **ANSWER 5:**
44 We talked about the Hospital and we tried, I mean one of the things I do in a number of
45 projects is try to put - you know, empathise - and try and get people to appreciate what the
46 situation is, *where* the work will be. For example, I'm doing a tile project in a streetscape
47 now with Grade 4's and so what's it like walking down that street? And we go through
48 all the emotions and qualities of that. So we do pretty much the same thing. And also

1 you talk about a sense of discovery if you go around a corner and you saw something
2 different. What would that different thing be, that would set it apart in that environment?
3 And we talked about what the Hospital's like - "Oh they always had to be clean and they
4 had a smell about them", that was a really interesting thing, they were talking about smell.
5 So a lot - they often made things that had a strong odour - like pigs or really strong
6 smelling flowers. That was an interesting relationship because they had this very strong
7 sense of that what reminded them of Hospitals was the smell and when they smelt it they
8 remembered their experience there whether it was good or bad. That was an interesting
9 expression. So they actually did very strong "smelling" tiles if you like - without the
10 smell. So we had pigs and flowers and things like that as well. So I think they were very,
11 very aware of - if they weren't aware of all the clinical categories of illness, if you know
12 what I mean - they certainly had some idea, a strong idea, of being a short-term patient / a
13 long term patient / or a permanent patient/ or a visitor. That was a big difference. That
14 was a difference as well, I think. You know, 'cos a lot of kids say "oh I've been in for my
15 tonsils", or "I've been in for a broken arm" and they know about kids who are in Hospital
16 for a long time. You know, and things like that. So they were very responsible and aware
17 about that. I think they'd all had some connection personally with either visiting Hospital
18 or having been in Hospital. Not all of them had been in Hospital. But we certainly used
19 to ask has anyone spent time in Hospital.
20 So we always tried to personalise it down to them as individual. Their experience as an
21 individual was representative of the collective experience. So what they wanted to do on
22 their tile was extremely valid.

23

24 **QUESTION 6:** If you don't mind my asking, my impression of the project is that
25 because of its scale and its scope, that's required a lot of investment
26 on the part of the people who have been part of that, and the kind of
27 thing you were talking about that personal connection with
28 children; my impression is that the people who are working at the
29 project too have some connection with the context and just a desire
30 to really go all out for the project. Would that be true of you too?
31 Would you be willing to talk a little bit about that?

32

33 **ANSWER 6:**
34 Yeah, yeah! I think a project like this is not about - has many, many values. It's not just
35 about covering a wall with something that's distracting or pretty. The process of what's
36 on that wall is as much about value adding to that place as what that physical outcome
37 will be. So in a sense, the children working for children in the age group of the client,
38 working for up to a period of up to a period of 12 months - over a period of 12 months
39 basically, the project has been getting ready - that sense of preparation and anticipation -
40 immediately value adds to that place for the client. Which is the child that is going to be
41 the patient or the visitor to that Hospital. So I think that's a very interesting process. It's
42 also the gift of all those children. They didn't have to do it. And so for me, I actually
43 think that making permanent our thoughts and our values is a really important landmark.
44 And it happens often in a temporary way. You see a child run down a street and you get a
45 smile on your face and you know, the sun's going and you get a degree of happiness from
46 sometimes the surprise or the temporary. Well we're actually trying to wrap that degree
47 of happiness. And that degree is emotional input and value, in something that's

1 permanent. So it's almost like a fossil of ourselves and our personality. And our values, I
2 mean what we find important.

3 What do you find important when you're nine, or what do find important when you're
4 three? You know, a number of kids drew (the younger ones particularly) drew their
5 family and holding hands and grandma's and love. All this sort of thing, the littler they
6 were. And it was really interesting.

7

8 I did, cos we had very small groups when I was doing the 18 months and 2 year olds and
9 they'd be drawing like this you see. I'd come along and say "what are you drawing?"
10 "This is my grandma's house, you go in the pathway and you pass all her flowers, she
11 plants those all the time, then she - on the door she always gives me a big hug, then we go
12 into her house and she's got all these beautiful things" you know, this "special-ness" and
13 this magic. And you look at the tile and there's a big drawing and there's a funny face
14 and there's a little squiggle that are flowers there. But that was the fingerprint of that
15 experience. Now that to me, when another three year old sees that, maybe they don't see
16 just the swirls that we might see. Maybe they see all of that experience that was put into
17 that tile. So, we get very slick and I think we have a lot of visual material out there - a lot
18 of signage, a lot of TV - a lot of slick, quick, trick kind-of visual communication and I
19 think the value of projects like this and other projects that I've done is that they're not
20 trying to sell you anything. They're just trying to communicate. And I think that's why
21 everybody... and the value of the individual, it's not about somebody on the 9th Floor in
22 MOJO doing a design where they're paid a lot of money for a purpose. This is an
23 unconditional gift. And it's an unconditional artwork. And all of those reasons. I mean,
24 we value who we are and what we are as a collective in this community, and all the parts
25 that make it up. You know, this is sort-of passion stuff. This is not, you know, the worst
26 you'll get is someone walking pass saying "oh that's a nice tile, I wonder who did that?" .
27 Is that the worse scenario response we'll get? Or the cleaner might say, "Oh God, these
28 are hard to clean!" But any recognition above that will be just a big plus.

29

30 **QUESTION 7:** How would you like to see people respond to the tiles once they're
31 in the context of the Hospital?

32

33 **ANSWER 7:**

34 I'd like to see that they touch them. I'd also like to see that, I think it's just like this
35 process, that it's a process. I actually think they could use the tiles very effectively there.
36 They could make beautiful puzzles out of them. Actually, of all of the panels that could
37 actually do line drawings and say "oh there are three butterflies in this panel, find them".
38 I think that means that the children, who are maybe perhaps bed-ridden or isolated from
39 you can also experience the value of what the children did. So I think they could actually,
40 also they could have a sign up at the beginning of the corridor where you've got children
41 waiting perhaps to go in to see a Doctor, saying - change the questions every month or
42 every two weeks - there is a blue butterfly and a yellow banana, find them, or something.
43 You see you can actually use them as a game, you could use them as a physical
44 distraction, you could use them as a journey - an exploration. You could actually travel
45 through the Hospital, you know "follow the ninth butterfly on your left and you're at X-
46 Ray". Or is it better to have an X-Ray sign or the 9th butterfly on the left? What if we
47 took tiles out of there and had them as signature pieces for different units? Who knows?
48 So I actually think how creatively the adults, who are doing the integration of this artwork

1 into the building, is a really important thing. And I'd like to see it become, maybe they'll
2 do a logo from one of the tiles on a tee-shirt for kids who go through the oncology unit -
3 "I'm a butterfly that flew away". Who knows what they could do? I think that visual
4 communication could be extended and taken into other areas. So I hope they look at
5 them. I hope they appreciate how they were made. I hope there's enough of a story told
6 through the IT database for them to appreciate the amount of energy and effort that has
7 gone in from the people who gave the designs and their time to do it. But you can't make
8 any guarantees. Some people will walk pass and say "why did they do that?".
9

10 **Comment by Interviewer:** *Yeah, yeah. I think it's unlikely to me that people will enter*
11 *that Hospital and not be impressed by the tiles.*
12

13 **Stephanie resumes:**

14 For two reasons: the fact that they'll infiltrate every floor - you can't avoid them. You
15 know, it's like you don't have any choice.
16

17 **QUESTION 8:** a) My impression is that the creatism of the children will be very
18 tangible. When you think about that in the Hospital, how do you
19 think - or how do you feel - people will interpret or internalise, you
20 talk about these tiles as a communication. What do you believe
21 that they will communicate to the people who are there?
22

23 b) Maybe we could talk about them separately, and also maybe the
24 people who are going to be working there?
25

26 **ANSWER 8:** a) Are you talking about the children or the adults? b) Okay.
27 Well, I think to the children they will instantly recognise other children's work. So they
28 will recognise it is a place of children. And often, Hospitals are the place of the health
29 care professionals, rather than the place of children who are the client, because they're
30 often they're slick easy-to-clean benches. Most of the furniture, you even go into waiting
31 rooms sometimes the furniture is adult scale and not children scale. So I think the fact
32 that they'll see the artwork of children will give them an immediate impression "this is a
33 place for children" and they're the *primary* concern. I think that's a really important
34 difference. And I think that comes through the intention of the project team from the
35 Mater Hospital, that I had connections with. That really they're looking at a health care
36 facility that recognises, you know that puts all of the value on the comfort and the care
37 and the welcoming of the children that are clients. And I think that's the first thing.
38 They'll go in and they'll go "WOW" and they'll immediately recognise the children's -
39 other children's - input and they'll recognise the connection with their own age group.
40 Because they've actually been very careful to try and get a broad range age group in the
41 tiles, that reflects the age group of the ... clients (mumble, mumble)...
42

43 Ah.

44 End of Interview

1 APPENDIX D

2 INTERVIEW WITH BARBARA POULSEN

3 TAPE 2, 21 AUGUST 2000

4
5 *Authority to Tape -*

6 *Question: Barbara, would you be able to just indicate for the tape that you aware that*
7 *you are being taped?*

8 *Answer: Yes I'm, aware I'm being taped.*

9 *Response: Okay, terrific.*

10
11 **QUESTION 1:** The first question I just wanted to ask you, is if you could describe how
12 you became involved with the Tile Project, and what it was - when you
13 first heard about it, how was it described to you?

14
15 **ANSWER 1:**

16 It was described, well I got involved through Stephanie Outridge Field who I've known
17 for a number of years and I think Pamela had approached her and asked her about
18 involved, and so I sent a CV to Pamela and she had a look through it and asked me if I'd
19 be interested in joining it. In the capacity of administrative things and also for the
20 computer data base.

21
22 **QUESTION 2:** What interested you about the project? What had you heard about it?

23
24 **ANSWER 2:**

25 I am a ceramic artist as well, so I'm involved with ceramics. I heard that it was going to
26 be with Stephanie, as you know is a community artist and she works often with children,
27 and explained that it was a very large project. That would be involving children from
28 right across Queensland and I just, it interested me because it was a very challenging
29 project. Does that answer your question?

30
31 **QUESTION 3:** *What did your job involve at that point and how might that have evolved*
32 *since you became involved?*

33
34 **ANSWER 3:**

35 Initially, I think we were involved with just working out what the process would be. It's
36 so long ago, and the process has gradually evolved over the period so I can't really
37 remember what we started with, although there was a lot of establishing a list of people
38 that we would approach. The schools that had expressed interest, getting information out

1 to the schools and having them fill in the paper work, book 3D workshops. So it was to
2 do with that. You had the administration at that side of the process, getting people
3 committed to being involved with the process. Then of course, once the artworks or the
4 information from the 3D workshops started coming in, I was setting up the data base - you
5 know, the various areas of the data base, the schools and centres that would be involved.
6 The participants that would be involved and the various panels that were going to be in
7 the Hospital and that. So that gradually gathers together all of the information that will be
8 required for accessing and finding out where the individual student's or participant's
9 artwork is.

10
11 **QUESTION 4:** So what are the various reasons for - if you'd just explain a little bit
12 more about - the data base? Why is it so important to keep such
13 detailed records?
14

15 **ANSWER 4:**

16 Well, the Hospital would like at the end of the day for participants to be able to either,
17 through the internet and the web, to find out where their tile is in the Hospital and where
18 there is around about 5000 tiles they had to have a method of being able to do a search on
19 their name and then finding out where in the Hospital that tile was. I understand that there
20 will be some sort of DVD programme sitting in front of the data base so that they can
21 ~~actually zoom in on a visual of their tile and be able to see it either over the internet or~~
22 through an interactive screen in the hospital. Then they can go and look at the real thing
23 if they want to.
24

25 **QUESTION 5:** So you have been responsible for taking all the information from each
26 individual's file and putting it into one place so that it can be used for
27 the children?
28

29 **ANSWER 5:**

30 Yes that's right.
31

32 **QUESTION 6:** What particularly, has been challenging about this project for you?
33

34 **ANSWER 6:**

35 The size of it probably is the most challenging thing. I think also working separately is a
36 little bit challenging. We don't all meet in one location, so we can't always communicate
37 on every little thing that happens. So it's lots of notes going to and fro, so I suppose
38 communication is a little bit challenging. They've probably been a lot of different things
39 that have challenged me. Just the enormity of the project is the biggest thing and getting
40 all the information into the data base, and just the processing of it and the toing and the
41 froing, and the filing and the other such things.
42

43 **QUESTION 7:** So for each time you have a name of a child...?
44

45 **ANSWER 7:**

46 Initially you have the participating centres, through every child will come from a centre.
47 So there's a data base of centres and that's our communication with participants later on.
48 We don't actually have individual addresses for the participants, that comes via the
49 school. So the school information goes in, so when the participant information goes in it

1 includes the school information. So it's easy then to be able to prepare information about
2 what participants from a particular centre were included in the final project so they can be
3 notified or whatever. And those that, for whatever reason, haven't been included can also
4 been notified via the centres. So the next stage is the every panel in the Hospital and the
5 architect's design is put into the data base. And the process that I'm going through at the
6 moment, oh Barbara Foster's done the panel designs and I think Pamela's doing some as
7 well, but I'm now entering the participants and the actual panel number that they're
8 appearing on and the position on that panel - or the address on that panel where the tiles
9 sit. So Barbara's deciding where the tiles will go and then I'm entering that into the data
10 base. So that will then merge with the other information and we'll have the exact name of
11 the participant, the centre that they belong to for communication, and the address exactly
12 where their tile sits in the Hospital. So yes, there's a lot of room for error, there's a lot of
13 checking that happens along the way and we hope at the end of the day it will be correct.

14
15 **QUESTION 8:** That seems to me to be, like you were saying, an enormous project, a
16 huge amount of information, because for each tile you have several
17 different pieces and individual pieces of information that have to be
18 checked and cross-checked and included. Are you also seeing the tile
19 designs as they go through, or do you simply work with the numbers?
20

21 **ANSWER 8:**
22 I see the tile designs, yes. When I enter the participants, the designs and the copyright
23 release have to be together. So, that's the legal requirement. They must have a copyright
24 release that the Hospital has commissioned to use that design and I think they have
25 complete release for any sort of use that they want to make of that design. Sorry what
26 was the question again?
27

28 *Q8 repeated So you get to see the designs themselves?*
29

30 **A8 CONTINUED:**
31 Yes I do. Yes I see the designs. Not for the 3D because the 3D's are prepared and they
32 are allocated a number when they're made. They go straight to Miriam for firing and I get
33 just the copyright release form and a photocopy of the tile, or a sketch of the tile, but it
34 doesn't actually show you what that tile looks like. So that's just been, they've been
35 entered on the data base from their copyright release form. Whereas the original artwork
36 that I've been entering from, for the 2D designs - the drawing designs.
37

38 **QUESTION 9:** So as all these designs sort of pass by you, in the process of your
39 work, what sort of response have you had to those designs?
40

41 **ANSWER 9:**
42 Well, they're very different from various schools. Some schools, you know it become
43 quite evident of the schools that had really intensive art programmes. So you get a variety
44 of school levels of different ages, depending on the art programme at school. But when,
45 all the work is interesting in its own way. A lot of topic recur and I guess that's from
46 curriculum.
47

48 **QUESTION 10:** What are some of the ones that you've seen?
49

1 **ANSWER 10:**

2 Oh, sea creatures. (laughter) A lot of sea creatures. Dolphins and shells and it's
3 obviously been in the curriculum. And I think there's a lot of participants around the age
4 of 8 or 9 and I think that's part of their curriculum. I don't know in what regard, but they
5 seem to have done a lot of that in their drawings. Some of the country schools are
6 interesting. I think the Roma School when they came through, they all had these little
7 captions about what the drawing was. They saw Roma as an area where there was wheat
8 grown, and these were of things that were sort of endemic to their area and they wanted to
9 express them - those cultural differences, you know, I suppose, in the tiles that they were
10 doing. I guess that wasn't so important to the children from the City schools, although a
11 lot of them show their backyard or the things, their hobbies you know, whether its surfing
12 or kite flying or riding their bike, and so it reflects their lives as well.

13

14 **QUESTION 11:** Do you find yourself thinking about children themselves, as you
15 look at their artwork and the children at the Hospital that this is
16 actually going to about, or do you think more about the topics of
17 the tiles?
18

19

19 **ANSWER 11:**

20 Sometimes you think of the topics of the tiles. I think it varies. They are of endless
21 interest and I think just watching that video a moment ago, every child is interested in
22 every single drawing. You know, they're just so fascinated and clay and tiles being such
23 a tactile thing, they can touch them - they're not going to damage them, and they all want
24 to touch every one. To feel what it feels like. To feel the texture and so forth. And even
25 if its fired state I think the touching of clay engraved is a very therapeutic thing. I think it
26 will be a very positive thing for the Hospital.
27

28

28 **QUESTION 12:** If you mentioned to someone who doesn't know about it, that
29 you're working on this tile project and they say, "so what's the tile
30 project?" how would you describe it to them? What stories would
31 tell them to help them understand it?
32

33

33 **ANSWER 12:**

34 I guess, when people say "what is the tile project?", I say "that the Mater Children's
35 Hospital, they're building a new Hospital for the children and they've included, they want
36 to include the artwork of children to make it a very client-friendly environment". Both for
37 children and for parents. And children's drawings are very happy. I think that that will
38 come across in the panels. I say "that there will panels and murals throughout the
39 Hospital and on every floor of the Hospital, that the tile panels range from - that there are
40 about 5000 tiles spread over panels from 3 tiles to 621 tiles on various floors of the
41 Hospital, and various mixes and combinations". And that there are artworks by children
42 of all ages. Baby footprints, drawings of preschoolers, paintings that have been shrunk
43 down so it will fit on a tile and right up to high school - right up to Grade 12.
44

45

45 **QUESTION 13:** I think for me it was very difficult to get an idea of the project until
46 I saw the tiles. The panels showed as examples that we used on the
47 video tape. What was your impression when you saw the tiles
48 themselves? Did they match what you had originally imagined

1 **QUESTION 16:** As you've worked on this project, are there any personal
2 experiences or professional experiences that you've drawing on, or
3 that you've been reminded of that have helped you work through
4 the challenges, I guess, of coordinating this whole project?
5

6 **ANSWER 16:**
7 I'm not sure what you mean...
8

9 ***Q16 re-explained***

10 *Well, for example I guess, you know mum being an art teacher and having worked*
11 *with children, I think she thinks about the children alot and her own ... (not sure).*
12 *There are other people. I'm thinking, when I interview Peter Steer that he might*
13 *think more of the clinical side of things when he's working on the tile project. And I*
14 *was wondering, you know, what did this mean to you - I guess that you've mentioned*
15 *that you're an artist - as a Queenslander maybe? Are there any things that make*
16 *this a very meaningful thing? That you feel proud to be part of the project? Or that*
17 *you're purely... 'Cos I just see so much effort, I guess, in it, for everybody involved.*
18 *It's almost an all-consuming sort of thing and to me it's almost there has to be a*
19 *little bit more than just a job involved in the tile project.*
20

21 I suppose that I see my role, or something that I bring to my role, is that I am also an
22 artist. I think if there has been somebody in this situation doing the data base work or was
23 a professional IT person, who didn't have any interests in the arts, in other words a very
24 numerical sort-of person, you know a very analytical sort-of-person, they may not have
25 coordinated as well with people who are very creative. But I deal with creative people all
26 the time, so I can understand the other side of their vision I suppose. I don't know if that
27 entirely answers your question? But that's the way I would respond to it.
28

29 **QUESTION 17:** 1. So you see your role as being, in same ways, almost uniquely
30 able to communicate with ...
31 2. And at the same time have the skills of detail that need to be
32 there for you to get the data base the way it needs to be.
33

34 **ANSWER 17:**
35 1. And understand the creative side.
36 2. Yes. You know, I think, Barbara can do both right and left brain type of thing you
37 know she's very analytical as well, but for example Stephanie has to be chased for her
38 paperwork all the time, and you know another person may not be so tolerant (laughter)
39 of those, of that side of the artistic nature. But it's much more involved with making
40 sure the art is there and everything else can take of itself. So I have to be the person
41 who takes care of everything else and make sure that we sort out all the numbers and
42 we sort out all the forms and dot the "i's" and cross the "t's" and so on.
43

44 **QUESTION 18:** Well clearly you have an understanding of why that sort of detail is
45 important.
46

47 **ANSWER 18:**
48 And I also understand why it isn't important to a creative person necessarily. So we just
49 have to find ways around all these differences. Otherwise art projects like this can't
50 happen.

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QUESTION 19: Absolutely, I think that's one of the very interesting things about these kinds of projects is when you have people coming from very diverse backgrounds coordinating for a common vision and I think each person it's meant something a little bit different to them, but somehow everyone's committed to the what's going to happen next.

ANSWER 19:
Enmeshing together with our differences and so forth. Everybody's had to do that.

QUESTION 20: What do you think has been a high-point for you so far in this project?

ANSWER 20:
The high-point is getting up to 9,000 participants and knowing you're pretty close to the end, 'cos they're the biggest thing, to get the participant's into the data base. So that was a high-point I guess.

QUESTION 21: 1. So you said 9,000 participants...
2. So even if the tiles aren't being used in the final project, instead of 5,000 tiles you are entering all artists who participated?

ANSWER 21:
1. We're up to about 9 thousand, I suppose at the moment ...
2. Yes, they all have to go into the data base, yes. So they, well then the information is available, what tiles were used and what artworks weren't used for whatever reason. I'm not in the selection process.

QUESTION 22: That's a very aspect of the project I think, because I think both mum and Pamela have talked about, you know, that they can't all be used and they tried very hard to make some of the tiles useable. But I guess you would understand as a ceramic artist that sometimes it's just not going to be possible. But the data base, I guess, recognises that even when the tiles weren't selected that that was the effort of a child who sent in their design and offered that to the Children's Hospital.

ANSWER 22:
Yeah, they all have to go on there. Because, I'm not sure what will happen. The Hospital may want to write to all the schools who participated and give them information about which children's work was used in the project. And we can tell them where it wasn't used. So there are different some reasons, I suppose. It has to be able to be translated into a process that Miriam uses, and that's the thing that rules out a lot of it, unfortunately.

QUESTION 23: It is quite amazing though when you say the 9000 participants (tape runs out)

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ANSWER 23: (Not given on new tape)

QUESTION 24: I guess the only thing is, is how does this fit in the scheme of your life and the work that you're doing? Is this going to stand out for you as something as very unusual for you, that you've done? Or does it sort of draw together a lot of things that you've done before?

ANSWER 24:
I've done a bit of consulting in the arts, in various fields. I work only part-time for "Southbank Coast Ceramics Department" I work three days a week there and I like to do other arts projects. There've been quite a number of things that I've been involved with. In a whole lot of different capacities, but usually in the arts. This is by far the biggest that I've been involved with. Usually they're just, you know, they might take a few weeks here and a few weeks there. But this has been, is going to be 6 months - 8 months who knows?

QUESTION 25: Right, it continues. How close are, or do you know how close we are to look at the final design? (laughter by Barbara) (Okay, we've just a non verbal from Barbara Foster)

Barbara Foster comments: *It should be finished by 8th floor, say, close to the end of September. Then we'll just have a ...line(?) (can't understand).*

ANSWER 25 (Barbara Poulsen):
There she knows better than I do.

QUESTION 26: 1. And you just keep getting these boxes full of paper...
2. And you're entering them all?

ANSWER 26:
1. We're getting the designs now.
2. Entering the panel number and panel address, is what I'm doing at the moment. And drawing up a little map of how they're to be pasted up onto the panel.

QUESTION 27: So when you walk through the Hospital, do you anticipate that your eye will be caught by these tiles and you'll remember them?

ANSWER 27:
You do remember them, yes. You do recognise them. Not all of them. But particular ones that have a, you know, that catch your eye when you first process them. I can remember lots of them, just looking at that panel then that was on the video, there were probably 4 or 5 there that had caught my eye at the time when I processing them. You know, you've seen everything at least 2 or 3 times, by the time you actually see the tiles, as you process. And after a while you start to think you've seen them all before (laughter). And that you remember doing the number 2 minutes ago, it's not, all numbers seem the same after a while.

1
2 **QUESTION 28:** I think one of the things that had interested me, when I often look at
3 the designs first, then my eye will be drawn to the top of the page
4 where the age is, and then to look where it came from. Will the age
5 of the child be accessible on the data base at all?
6

7 **ANSWER 28:**

8 That's up to the Hospital. What information they make available through that, is up to
9 them. But I think it will probably only be the ability to search the main and find the tile.
10 But I'm not sure, they might have age ranges or other information. They may have a little
11 booklet printed, or they may have that information available through their DVD disk.
12 There's all sorts of possibilities. But as you say, it is interesting to know the age of the
13 child. Some of them do remarkable work at very early ages. And of course, as well,
14 some of the older children do work that you would regard as done by a professional artist.
15 Amazing. And then you look at the age, and you look at where they're from. What
16 school and what suburb, or what country town, or Thursday Island, or where they might
17 come from. That's also interesting.
18

19 **QUESTION 29:** I sometimes think about, that when people look at all these tiles and
20 these designs, because they've surprised me, that maybe their idea
21 of children's artwork - or even art in general - may be affected.
22 Because I think we tend to underestimate sometimes what children
23 are capable of ... in their art (?) (hard to make out). Also, how art,
24 how we can experience art. Does that element of, this as a public
25 artwork (?), do you ever think about that? The ...(?)... impact of the
26 general public when they work through the Hospital?
27

28 **ANSWER 29:**

29 No. I think the artwork of the children is the most surprising thing. It's still a lot of
30 language that children use in their drawings and their art. That was probably common
31 when I was a child at school, you know, the sun and the flower and the butterfly and all
32 those... it's like a language of symbols that's common to all children. But there's also a
33 lot of creativity that you see in the actual designs that they do and the way they put things
34 together. And those, you know as they get a little older they'll break away... They seem
35 to go through a period of using that language, I don't know quite what age it is, but then
36 they will break away from it and they will use much more original things in their
37 drawings and represent the world as they see it. But also, put things together in a very
38 creative way. I think that's really interesting. It's interesting to see all of those aspects.
39

40 ***Interviewer's Comments:***

41 *I hope that people will think about the tiles, not always, well I'm sure that they will when*
42 *they're in the Hospital and we'll have an idea - or at least have a sense of the sheer*
43 *volume of people that get involved, particularly children that get involved, in making an*
44 *environment. I hope that the children will get to travel and see it, the one's whose*
45 *artwork...*
46

47 **Barbara Poulsen:**

48 Well, they will be able to see it through the internet too, I understand. I don't know if
49 there'll be a zoom around the Hospital, but they'll certainly be able to see their tile.

1
2 **Interviewer's Comments:** *That 360□ sort-of navigational things, are amazing.*

3
4 **Barbara Poulsen:**

5 I don't know how they do it, but they say they'll probably use a DVD. It's very exciting.

6
7 **QUESTION 30:** I just have one more question that's just occurred to me too, when
8 you said the children get linked to particular areas to particular
9 schools. Pamela had mentioned that there are some children who
10 have, or their parents who have, I guess they're outside or between
11 the net of collecting the tiles from the... that had a specific design
12 or a specific tile that they wanted included. How have you dealt
13 with that? With the data base?

14
15 **ANSWER 30:**

16 They would have whatever contact address they've given us. But there's also a group
17 from home school I think, they just had a single address. You know the children who are
18 educated at home. It's as if they have some sort of group association or some body like
19 that - that's the address we have on the data base. So yes, there are individual cases or
20 children who have some sort of linkage with the Hospital. Of course there's the children
21 of the staff of the Hospital as well. There have been workshops in the Hospital for the
22 staff and friends and so forth. And they've linked through the Mater Hospital Centre. So
23 yes, but there are some individuals who are on the data bases.

24
25 **QUESTION 31:** So it's amazing, I guess, the degree to which you've - the project's
26 - been able to include, rather than exclude people's participation. If
27 they've wanted to be a part of it, it's been fairly accessible.

28
29 **ANSWER 31:**

30 That's important too I think. Because it's very meaningful for them to be involved. For
31 whatever reason. People who have maybe lost siblings or had been very sick in the
32 Hospital for a long time, who want to be involved. Those sort of things. It's great that it
33 got that enthusiasm. We've gone out of our way to include them.

34
35 **Interviewer's Comment:** *Absolutely, then they'll be able to find their tile.*

36
37 **Barbara Poulsen resumes:** It's when you get a phone call from somebody saying, "send
38 us you know... I hope you've included it, it's really important to me, you know, you've
39 got to find it and make sure that, you know..." Yeah... (laughter).

40
41 **QUESTION 32:** 1. You've had phone calls?
42 2. How many would you say?
43 3. Then she calls you to search the data base?

44
45 **ANSWER 32:**

46 1. There have been a few. Yeah. They were very worried about not being included.
47 2. I don't know. It's gone through Pamela. Ask Pamela when you interview her.
48 3. "Quick, search the data base!" (laughter) "Find this child!"

49

- 1 **QUESTION 33:** 1. It does become very personal doesn't it? Like can?
2 2. Right, because they may not have gone through the system?
3 3. I think that's one of the very human aspects of this project
4 too, despite it's stresses, that there can be those phone calls.
5 I suppose even to the extent where both mum and Pamela
6 have said "well they really want this to be included, but
7 maybe we can send it back and suggest these changes in
8 order to make it more suitable".
9

10 **ANSWER 33:**

- 11 1. Of course, at the end we'll know exactly what's included. It's very hard at this
12 stage to find, to track them.
13 2. They may not be on a panel yet, or they may be on a panel, but not on the data
14 base, or ... Eventually we'll know everything, I think.
15 3. Yes, that's right.
16

17 *Interviewer's Comment:* Wow, that's very caring isn't it?
18

19 **Barbara Poulsen resumes:**

20 Yeah, but it's important.
21

22 **QUESTION 34:** Is there anything else? Any other impressions that you have of the
23 tile project that you'd like to share? To go on the record?
24

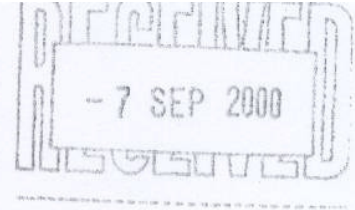
25 **ANSWER 34:**

26 Probably not on the record, no. There's a couple of things that happened along the way,
27 but I won't go into them.
28

29 *Interviewer:* Okay, well thank you very much.
30

31 **Barbara Poulsen:** That's okay.
32

Appendix E Ethics Permission



AUSTRALIAN CATHOLIC UNIVERSITY
Office of Research
University Human Research Ethics Committee
Ethics Clearance for a Research Project - Approval Form

Principal Investigator/s (if staff):	1) Mr Bill Foster	Campus: McAuley
Co Investigator	2) Dr Lindsay Farrell	Campus: McAuley
Co Investigator	3) A/Prof Elizabeth Davies	Campus: McAuley

Ethics clearance has been provisionally approved for the following project:

Mater Children's Hospital Tile Project: Phase One

for the period: 25 August 2000 to 1 August 2001

University Human Research Ethics Committee Register Number: Q2000/01-1

subject to the following conditions as stipulated in the National Health and Medical Research Council (NHMRC) Statement on Human Experimentation and Supplementary Notes 1992:

- (i) that principal investigators provide reports annually on the form supplied by the Institutional Ethics Committee, on matters including:
 - security of records;
 - compliance with approved consent procedures and documentation;
 - compliance with special conditions, and
- (ii) as a condition of approval of the research protocol, require that investigators report immediately anything which might affect ethical acceptance of the protocol, including:
 - adverse effects on participants;
 - proposed changes in the protocol, and/or
 - unforeseen events that might affect continued ethical acceptability of the project.

and subject to clarification of the following to the University Human Research Ethics Committee:

A Final Report Form will need to be completed and submitted to the UHREC within one month of completion of the project.
OR

An Annual Progress Report Form will need to be completed and submitted to the UHREC within one month of the anniversary date of approval.

Please sign, date and return this form (with any additional information or material, if requested by the Committee) to the Administrative Officer (Research) to whom you submitted your application, for approval to be confirmed.

Signed:


Administrative Officer (Research)

Date: 28 August 2000

(To be completed by the Principal Investigator, or Student and Supervisor, as appropriate.)

The date when I/we expect to commence contact with human participants or access their records is: 14/09/00

I/We hereby declare that I/We am/are aware of the conditions governing research involving human participants as set out in the Human Research Ethics Committee's *Guidelines and Instructions for Researchers/Students* and agree to the conditions stated above.

Signed:  Date: 07/09/00
(Principal Investigator (if staff) ~~or Supervisor, as appropriate~~)

Signed: _____ Date: _____
(Researcher (if student))

APPENDIX F

MATER CHILDREN'S HOSPITAL TILE PROJECT INTERVIEW QUESTIONS

The following questions were used as guidelines for conducting the semi-structured interviews with staff, parents, visitors and children within the hospital. The questions were structured to suit each interviewee as needed.

Question 1.

What are your impressions of the Tile Project?

Question 2.

Do you think there is scope for more kinds of artworks in the Children's Hospital?

Question 3.

Do you think that the tiles add to the healing aspect of the hospital?

Question 4.

Are there any tiles that you particularly like?

Question 5.

Do you think that the tiles make any difference to the way you feel?

Question 6.

Do they add to the general feel of the hospital?

Question 7.

Do you think that the Tile Project is directed at children?

Question 8.

When you think about the nature of the Tile Project what are some of the words that come to mind?

Question 9.

Do you think that the tiles make the Mater Children's Hospital feel different from other children's hospitals?

Question 10.

Have you noticed the children/public responding to the tiles?

APPENDIX G

INTERVIEW WITH VISITOR M41

M41/V20 Monica

Monica, I'm just talking to people about the tile project at the Mater. You've seen the tiles, I presume? Yes. And do you like them? I do. What do you like about them? Well I like the colours, the colours are beautiful. And the variety, because every time I look there's one I haven't seen or several I haven't seen, really. And I like that they're different shapes and textures. **And have you seen any that have stood out for you in particular? No. It's the overall. And do you think it adds anything to the way the hospital feels or anything like that as opposed to other hospitals or places like that?** Oh yes. Yes, it's much nicer. **So does it go beyond just interior decorating, do you think? Into art, do you mean? No, into the ambience, or environment of the hospital?** Uhhhh—ooh. I think it makes it feel like a welcoming place. It makes it feel like a place where children, in particular, are welcome, because they've been done by children. **So do you think the fact that it's kid's art is important in that setting? Yes, yes—being in a children's hospital. And have you seen kids interacting with them? Or families? No. No? That's a shame (laughter)** There's a certain corridor that I walk along and they're all along that corridor, so I look at them every time I come into the hospital. But I very rarely see anybody else... (laughter) , now that I think about it. **Are you on the fourth floor or third floor? Fourth floor. Coz I've been up to third floor where there's lots of tiles and no seats there and I've thought 'what a waste of tiles.'** Yes well there's certainly nowhere to sit on this corridor, you walk past them that's all. And then there are a few stations you come along the corridor and then around the front of the building ... and there are sort of stations, there's clinics there and there are a few of them along the way, but not all the way to the end. I don't know if there are any in places where you could actually sit and look at them. **There are some in the waiting areas of the clinic. But there are none in the wards. There are lots in the public areas, but none in the wards or in the places where patients are actually going to see them. (laughter).** That's a shame. **So do you think art does have a role in a health setting like that? (silence) Or do you think it doesn't matter?** I think it would depend on the kind of art. Like for me, that art is particularly appealing because it's textural and because it was constructed by children and it's a children's hospital. I don't know that having, like something by Drysdale on the wall, for example, it would have to be for art to have any other purpose than just filling up a space, it would have to have some particular meaning, I think, for the space in which it is. **Some of the people have been talking about getting interactive art or sculptures that kids can actually play on or with—that would be appropriate for the setting.** Yes. Certainly sculpture, I think, would have an appeal in

such a setting. Because of that, because it's got the textural aspect to I so it would have some sort of opportunity for kids to do something with it. You know, not just look at it.

APPENDIX G

INTERVIEW WITH CHILD M27

M27/C10 Jodie 16-year-old patient

Hi Jodie. Thanks for talking to me. We're just asking people general questions about the tiles in the hospital. You obviously have seen them around. Yep. And so what do you think of them? I think they are all good and it's good to see that children have their artwork on show. **Were you able to have a tile included? Do you know anyone who's got a tile up there? No? Well tell me what you do like about them? You said it was great that it's children art, but what else about them strikes you?** I like how it shows not just the really good art, but it shows also different people and the way they do different art. **So have you seen anything in particular that stands out for you?** I like the colourful ones. **Yeah, a lot of people like the colourful ones. Do you think it makes any difference to the way the hospital feels, by having things like that around?** I think it makes it feel more like the kids are at home. **Okay, so it is actually a friendlier place because the kid's art is there? Yeah. Do you think any art would have done that or do you think it's important that it's kids art?** No kid's art because it's a kids hospital. **Oh okay. Makes you feel that you could have perhaps done it do you think? Yep. If you could have done a tile what would you have done?** A bird. **Yeah? How come?** I like birds. **Fair enough. So do you think the hospital deliberately set out to include kid's art and what do you think they were hoping to achieve by that?** Yeah because it gives a, for kids who have to stay here all the time, it gives a family sort of feel sort of like .. **have you been to other hospital's before this one?** No. **So this is your first hospital sort of encounter? So you can't compare it to other hospitals and say this one's nicer? (laughter) . So is this your first admission here?** Yep. **And you've already noticed them and they've already made an impression on you. Yep. Well that's interesting because some kids come back all the time so you could understand if they do have an attachment to it. Yeah. You're looking like you want me to turn the tape recorder off. Okay, But I've got one more question. You've told me how you think they make the hospital feel, but how do they make you feel when you look at them?** Comfortable. **Great thank you very much.**

APPENDIX G

INTERVIEW WITH PARENT M56

M56/F15 Garry Parent in Emergency Department

Okay, I'm now talking to Garry who is Sonny's Dad. They're waiting here in the emergency department. So, Garry, I'm talking to people about the tiles, just trying to get a general impression about how they are being perceived. I caught you looking at them, what do you think? Oh, I really like them. I think it's a wonderful project.

What do you like about them? There are a number of reasons why I like them. I'm a trained artist myself, so I can appreciate them from that perspective. Also, as a parent in this environment, I enjoy that there is human creativity around to ponder whilst I'm waiting for the services. It's a really delightful, whimsical idea. **Is this the only part of the hospital that you've been in?** I did actually see some tiles in the next area, I didn't have time to actually stop and look at them. But I'd like to go back and have another look coz there's stacks more. **You could be here for a while. There's 5000 of them. So here on this panel, do you see any that you particularly like?** Um, It's really hard to dingle out any. But, I suppose, if I had to single out **it's too hard isn't it?** It's too hard. **I know, as I wonder around the hospital every day I get a now a favourite one, and I forget what the favourite one of the precious day was.** In fact, the nice thing about them is when you sit here for a while, you actually discover images you didn't see earlier in the morning and so as time goes by there's still things to discover and so it remains intriguing. **And so why do you think the hospital would have put this mass of art in the hospital? Or what effect does it have on you, I guess?** Well I find it gives you something to take your mind off other pressing issues. SO it has that distracting quality. And there's also a lot of universal images there to reinforce the fact that we all share a lot of similar experiences that can be easily identified with, even that possum hanging upside down, the car, the robot etc are all very universal images—the beach scenes are really quite charming. They make me sort of want to go to the beach. **So what sort of art do you do yourself?** A bit of everything. Printmaker. Painter. And photographer. And I'm currently studying multimedia. So I've got a range. **So you obviously just appreciate art in different environments. Absolutely. There's a growing sort of body of literature that's saying that having art in health settings is proving to be really important. Can you see how that would be?** Oh absolutely. I totally ... I've been aware of that premise for some time. I've done work as a public artist previously, so I've got a bit of insight ... but I also believe philosophically that art is a very therapeutic exercise in itself as being either a passive consumer of or an active maker of art. Both those dimensions to art have

very therapeutic dimensions so I think it's a very positive human activity. **So do you think the fact that this is a kids hospital, so you think kids art is important in this setting or do you think any art could work well?** It appeals to me. I really enjoy the stylisation that children have different drawing styles that reflect the younger age group expressing their ideas and I think that it's really enjoyable, as a parent, to see that. It makes me feel very comfortable here in the hospital. **So do you think in a setting like this, in a hospital, there could be scope for more kinds of art?** Oh I totally agree with that, I think that art in hospitals is a good idea. **So what sort of other things would you like to see?** Um that's a big question. **The list looks endless in your mind.** There are so many possibilities aren't there. Video installations, games, technology drive art through to sculptural art, tactile art, photographic imagery, historical imagery, maybe that wouldn't be quite so interesting for young children, they seem to need things that are slightly more immediate. **So while you've been sitting here have you seen any other kids responding to it or did Sonny respond to it very much?** Yeah I had quite a dialogue with Sonny. He pointed out things that he liked and I showed him things I found amusing. There's a lot of very subtle humour, whether that's intended or not, I don't know, some of them are pretty amusing. This image here that appears to be an alien form, I think it's a cane toad that's been squashed. That's pretty hilarious. **It's amazing they were asked to depict life in Queensland ...** Oh so there was a theme? **Well yeah, but there's an elephant there so go figure that one.** **So what do you think Sonny might have got from it of how did he respond to it when you talked to him?** He pointed out what images he liked, I think that he was kind of keen on the 3D formats, but I personally found them quite charming, but also like the more graphical images. The really simple line drawings, the car there for example. It's charming. It's got a really delightful fluidity of children's art. **Yeah. I love that family one myself, I've just now noticed it.** That is nice isn't it. **I think a really young kid did that one.** Every single image has merit, so you can't really, it's not really a competition it's a celebration. So, therefore you can't single things out. There are things that grab your attention, but because there's such a variety of ideas that came here—some of the design qualities are quite nice. Given that particular palette, colour wise, the modular format—because you've got so much variation in the ideas that are expressed, but because there's a design framework, it all fits together in a beautiful harmonious whole. That works really well for me ... Looking at this from an artistic perspective, the restraint of colour works really work in allowing you to focus on the idea in a pure form which was the expression of the ideas. Each one is a lovely, unique expression of a person.

APPENDIX G

INTERVIEW WITH STAFF M18

Dan CN: CHYMS UNIT

Thank you for your time Dan. That's okay. **I'm going around and talking to people about the tile project here at the Mater, are you aware of the Tile Project?** Yes I am. **What do you know about it?** Well, I know that thousands of kids contributed to a large scale display on most of the floors in the hospital, and I walk past them every day to and from where I work. Yeah they're outside the lifts, there in very prominent positions. **Do you like them?** Yeah I like them a lot. I find them very pleasant to look at and very interesting. Very childlike and very appropriate for the children's hospital. **Are there any tiles in particular that you like?** There's a couple that take my eye right down in the bottom foyer at the entrance to the Children's Hospital. **Can you describe them for me?** They're animals, to be honest I can't quite remember what kind of animals, but I do like them. **Do you know why you like them?** There's a series of them in a row, there seems like a bit of thought went into them. They're very childlike, um and a certain ... naivety, I suppose—simple lines. **Do you think the tiles make any difference to the way the hospital feels, or do they make you feel any particular way?** Well, I think they are incredibly child friendly. If you were a child you would feel very connected to it. I think they are connected very strongly to the community. Um, to me personally the concept of it, the way it does bring everyone, all these people into the whole structure of the hospital. **You work with kids, have they given you any responses to the tiles that would back that feeling up for you?** Yeah, yeah. They have. Some of them have had tiles here and I've been involved in looking up some kids' tiles and they've got a kick out of that. Or they know somebody whose tiles are somewhere. Other kids just kind of will be going past it and notice something and point it out to you. I think the children of the hospital get a kick out of it. **So why do you think the hospital chose this form of interior decoration?** Well, I think it was an attempt really to be part of the community, an attempt to make it child friendly and child accessible. And probably in the knowledge that some of the kids who had done the tiles would in fact be patients or have friends or relatives who are patients, and that they themselves might be up at the hospital at some stage. **So do you think they succeeded in those goals?** Yeah very much so. I'm sure it's been a big impact. **So when you think about the nature of the tile project, what are some words you come up with to sum it up or what it feels like?** Um It feels um—it feels global—is one word that comes to my mind. It gets it out of the hospital and gets it into the community, but it also has a resonance that it could be the child art of anyone in the world. So to me, there's a universality to it that appeals to me. **I know I'm cheating a**

little bit, but you told me before I turned the tape on that you like the concept in some ways more than you like the actuality of it. Can you tell me more about that?

Well I think it's as I've alluded to it's that tying in of the outside world with the inside of the hospital. It's the concept of it is quite brilliant—involving children in what is the children's hospital. I think it speaks volumes of the people who came up with the idea. (talking off tape) reflective of the child, the individual themselves not necessarily of a wonderfully like our society would deem an art, but it is an expression from a kid of perhaps low artistic skills ...

APPENDIX H

SURVEY OF THE TILE PROJECT MATER CHILDREN'S HOSPITAL

This survey attempts to find out what are the important parts or aspects of the Tile Project at the Mater Children's Hospital and how the Mater Children's Tile Project relates to the community. The findings of this survey will be offered to the Mater for its use and improvement of the art in hospital program. The information gathered will be also be used in a research paper by the Australian Catholic University examining the Visual Arts in Health. Personal information will be kept confidential. Thank you for completing this survey.

BACKGROUND INFORMATION

1. What is your connection to the Hospital community (circle one):

(a) Patient

(b) Visitor

(c) Nurse

(d) Doctor

(e) Other staff e.g. _____

2. Gender (circle one):

(a) male

(b) female

3. How long have you been at the Mater? (Closest time)

(a) 3 days

(b) 2 weeks

(c) 1 month

(d) 3 months

(e) 1 year

(f) greater than 5 years.

4. What ward are you part of?

For Questions 1 and 2

Give a rating for the **importance** of **each** of the items in the following questions by drawing a **circle** around the appropriate number to represent:

- 1. = very low importance
- 2. = low
- 3.= moderate
- 4. = high
- 5.= very high importance

PART A

WHAT ARE THE CHARACTERISTICS OF THE TILE PROJECT IN THE MATER CHILDREN'S HOSPITAL?

Question 1.

What do you like most about the Tiles in the Mater Children's Hospital?

		Importance					
		low	mid			high	
a.	the variety of the tiles	1	2	3	4	5	Bac
b.	the artists creativity	1	2	3	4	5	Ec
c.	the way the tiles make me feel	1	2	3	4	5	Ce
d.	looking at the tiles is relaxing	1	2	3	4	5	Bff
e.	looking at the tiles passes time	1	2	3	4	5	

The following comments are about art in general, please rate how strongly you agree with them.

		Level of Agreement					
		low	mid			high	
f.	art is an important way to communicate	1	2	3	4	5	Cc
g.	art is a new way of perceiving the world	1	2	3	4	5	Cp
h.	art helps in expressing feelings	1	2	3	4	5	Ce
i.	art is an enjoyable creative process	1	2	3	4	5	Acr
j.	art encourages personal expression	1	2	3	4	5	Ai
k.	art leads to an appreciation of other cultures	1	2	3	4	5	At
l.	art is recognised as important in the hospital	1	2	3	4	5	Aco
m.	art gives more freedom than other activities	1	2	3	4	5	Bff
n.	art is a challenging activity	1	2	3	4	5	Bac
o.	art helps me relax and unwind	1	2	3	4	5	Bw
p.	art is an engaging activity	1	2	3	4	5	Baf
q.	art is worthwhile in its own right	1	2	3	4	5	Ck
r.	patients/staff/visitors enjoy looking at art	1	2	3	4	5	Am Ap
s.	art involves evaluation of other artworks	1	2	3	4	5	Ae Ar
t.	art is a waste of time	1	2	3	4	5	Ck

PART B

WHAT IS THE RELATIONSHIP BETWEEN ART AND HEALTH IN THE HOSPITAL?

Question 2. What are the purposes of art in the hospital?

Rate the **importance** of each of the following **purposes** of art (i.e., the tiles) in the hospital.

		Importance or value				
		low	moderate	high		
The tiles are important because they ...						
a.	are an interest for patients	1	2	3	4	5
b.	are interior decoration	1	2	3	4	5
c.	provide cultural development	1	2	3	4	5
d.	assist emotional development	1	2	3	4	5
e.	are a service to the community	1	2	3	4	5
f.	art is a tradition at the hospital	1	2	3	4	5
g.	give a sense of individual worth	1	2	3	4	5
h.	give a sense of wholeness and healing	1	2	3	4	5
i.	provide enjoyment for all age groups	1	2	3	4	5
		Disagree			Agree	
j.	I like the tiles in the hospital	1	2	3	4	5
k.	Hospitals should be more like the outside world (e.g., remind me of home or things I like to do when I'm well)	1	2	3	4	5
l.	The tiles should not be only in the public areas (i.e., in the wards as well)	1	2	3	4	5
m.	The tiles are of no use when you are sick	1	2	3	4	5
n.	The tiles complement the healthcare in the hospital	1	2	3	4	5
o.	The tiles improve atmosphere of ward/hospital	1	2	3	4	5
p.	The tiles bring balance to the hospital experience	1	2	3	4	5
q.	The tiles instil feelings of wellness	1	2	3	4	5
r.	The tiles improve staff morale	1	2	3	4	5

Are there any other characteristics of art in this hospital that may reflect a relationship between art and health?

.....
.....
.....
.....

Are there any other purposes of art in the hospital? [Or types of art you would like to see]

.....
.....
.....

As stated, the information from this data will be used for research into the effect of art in hospitals. Nothing will used that will identify you in this survey.

Please complete the following: -

I agree to participate in this activity. I agree the research data collected for the study may be published or may be provided to other researches in a form that does not identify me in any way.

.....

To find out more about the study please contact the Principal Investigator Kathleen Sutton and/or Supervisors Bill Foster and Dr. Lindsay Farrell at the Australian Catholic University on 38557159

Code for survey

Aesthetic Field (Abbs)

Individual	Ai
Community	Aco
Creation	Acr
Tradition	At

Aesthetic process (Abbs)

Presenting	Ap
Making	Am
Responding	Ar
Evaluating	Ae

**Aesthetic Dimensions
(Csikszentmihalyi)**

Knowledge	Ck
Communication	Cc
Perception	Cp
Emotion	Ce

Aesthetic Experience (Beardsley)

Attention Focus	Baf
Felt Freedom	Bff
Detached Effect	Bde
Active Challenge	Bac
Wholeness	Bw

Aesthetic experience (Eisner)

Creativity	Ec
Imagination	Ei
Interpretation	Ein
Self expression	Es
Playfulness	Ep