Miljø for døende
Kunstnere og håndverkere gikk i Stockholm sammen for å utvikle nye tanker om hva slags miljø som er godt for pasienter som er døende og mottar smertelindring. Ble dermed «Dødens forværelse» et værene sted?

Stein på stein i grensland
Arild Berg har utviklet keramisk kunst for en sykehusavdeling og så målêt virkningen den har på pasienter og ansatte der. Dernest fikk han deler av arbeidet inn på Nationalmuseets årsutstilling, som plasserte det på sokkel.

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«Alla pratar om hemliknande miljö inom vårdn, men ingen sykhus erbjuder passanter och anhöriga möjligheten att ta av sig skorna»
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Kunsthåndverk
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Many elderly people, especially those grappling with life’s terminal phase, wish to continue living in their own homes. But given that resources are scarce (human, monetary and otherwise), this option is available only to a few. ‘Everybody talks about creating a homey environment in hospitals, but such institutions never even invite patients or their visitors to take off their shoes.’

This statement is from the artists Rieko Takahashi and Roger Andersson, who came up with pinkish rugs made with wool and linen thread. The result is intriguing, but the process has also been appreciated by one of the active bystanders connected to the project: ‘Their dialogue was an interesting one to attend to,’ says Olav Lindqvist, a scientist and researcher at Medical Management Centre, which is part of the world-renowned Karolinska Institute in Stockholm.

Since the project’s inception in 2009, Lindqvist and some of his colleagues have participated by holding public lectures and taking part in various dialogues. The exhibition called Rom för död (Room for Death) is but one result of the unique project initiated by Stockholm län (county). Following the exhibition at the Swedish Museum of Architecture in Stockholm, a book will be published presenting research and experiences from the different stages of the project. At its core has been the idea that by bringing together people with different backgrounds, it should be possible to find new perspectives and new solutions to pressing problems.

**ORIGINAL TEXT: MALIN VESBY**

**SYNOPSIS:** CHRISTER DYNNA

**TRANSLATION:** CHRISTER DYNNA AND ARLYNNE MOI

**Page 16–24:**

**Stone on Stone in a Border Region**

To take his studio ceramics out of the artworld’s closed circuit and bring them into people’s daily lives — to see what use they might be for his knowledge of art — is but one of Årild Berg’s motivations for putting art in a public hospital. He has found that combining his own artistic research with methods of research drawn from nursing makes an interesting pair that might do other people some good. Thus for one project, he embellished a hospital ward for elderly people with undiagnosed mental disorders. Berg used a large team of consultants from the hospital in order to get a better picture of what might work in that particular environment. Once the results in the artistic research had been produced, he let the users and his fellow researchers have their say on where to hang the art. Thus he engaged with the patients and their supervisors, and in turn they tried to incorporate his ceramics into the hospital’s therapies and patient care.

While visitors to this hospital ward will notice the 20 or more tiles adorning the walls of the main corridor, the artworks do not demand a whole lot of attention. Quite the contrary, as their colour scheme is rather tender and predominantly restricted to shades of blue and white. Some motifs are abstract while others are figurative representations of birds and insects. They are based on his own drawings which he has combined with abstract elements that look a bit like graffiti and unreadable text. This juxtaposition of pure shapes, colours and imagery was one of the criteria from the project’s outset. In the early stage, Berg consulted with a focus group to discuss various ideas. The group consisted of some ten people, among them a nurse, a doctor, a physiotherapist and a designer, and they were all interviewed as part of Berg’s artistic research. But even though the project came into being through a democratic process of sorts, the end result clearly shows Berg’s signature. And as a result, it has also triggered some of the patients to talk about what they see and feel while looking at the works; this is indeed a result. Berg and his fellow researchers were hoping for.

The patient group consists of elderly people with no record of mental disease. They have experienced mild to severe depressions and sometimes delusions, so cognitive therapy is readily at hand to treat most of them. When a patient arrives, if a dialogue can be established promptly, it can ease the process of communication. This is especially so for patients who might otherwise find it difficult to talk to the staff about their personal feelings and fears.

Although the tiles may at first seem inefﬁcual, they have actually helped the department’s psychosocial nurses to improve their working methods. Thanks to the, a ﬁnding of Mette Holme Ingeberg and Britt-Maj Wikström, two health researchers Berg has collaborated with in order to produce data that could say something about the efﬁcacy of his art after it was installed. The three have co-written an article now published in the Journal of Psychosocial Nursing and Mental Health Services.”

The peer-reviewed article presents and analyses data from a handful of surveys the researchers conducted on site. Having now become part of the curriculum for certain student groups specializing in psychosocial nurs- ing, it documents that the porcelain tiles have helped several patients open up more readily to the staff, thus enabling the staff to improve the therapy and care. The article also says the tiles have helped the staff relate better to their workplace because it now has ‘authentic art’ rather than mass-produced prints. The art has affected the ward’s identity inasmuch as public hospitals usually have no budget for buying original art.

Berg’s artistic research in the hospital setting is part of a PhD project that also includes two other public depictions, one for a school and the other for a church. Also in these contexts Berg has established a close dialogue with the ‘Local and social energy’ is how he describes the responses to his ideas, and he has tried to include them in the ‘palette’ from which he works. The three projects make up the empirical material for the thesis Berg is about to hand in to Helsinki’s Aalto University, which runs the doctor of arts programme in which he is enrolled.

But back to the hospital project; Berg did more than provide the hospital ward with ceramic wall pieces. He also made porcelain objects that could be held in
the hand. He refers to these as ‘stones’, and they were his own idea of a good object to introduce into the ward. The idea encountered some resistance at first but was later accepted, also by the staff. Kirsti Frenshaug, head of development at the department, relates that the 20 or so stones have been ‘adopted’ to the extent that none of them can now be found: the patients and staff must have taken them home!

Berg meanwhile saved one of the ‘stones’ and sent it in to the annual exhibition of the Norwegian Association for Arts and Crafts, which is held at the Museum of Decorative Arts and Design in Oslo. The jury deemed the object worthy of inclusion in the exhibition and put it on a plinth, but Berg needed to supply a name for it. He called it *Arctic Border* and made no mention of the hospital project from which it derived. Later, when he was invited to give an artist’s talk in connection with the exhibition, he related that *Arctic Border* had been ‘developed to be placed in the corridor of a psychiatric ward for elderly patients’. The title, he said, was meant to reflect on ‘being in a border region between that which is known and unknown’.

Berg’s own attitude to art is adamant; art should always somehow be part of society and try to serve a cause. When talking about his student days at Oslo National Academy of the Arts, he says that he had to find out on his own what stance he would take and how he would work as a ceramicist and artist. An encounter with the works of Joseph Beuys was, he says, crucial for his orientation towards a Beuys-ish concept of ‘social sculpture’. Later, after graduation, he participated in a workshop arranged by what was then called *Institutt for Romkunst* (‘Institute for Spatial Art). It was during this process of working with people from completely different disciplines that he forged a connection between his own ceramics and ideas derived from conceptual works like those of Beuys.

Berg continues reflecting in this vein when he discloses that he does not share the common attitude of grieving over the loss of industrial arenas, places where the knowledge he and others have of ceramics can be employed. The expressions of nostalgia permeating the field of arts and crafts do not interest him because alternative ways can be found for putting ceramic art in the service of society. Berg is however not a stone thrower, nor does he sit in a glass house; actually he teaches design at an institution that encourages cross-disciplinary research.

**Original Text and Synopsis**

**Translation:** Christer Dynna and Arlyne Moi


**Material Information**

**NORSKE KUNSTHÅNDBERKRES’ TEMASTILLTING 2012**

**Kurator:** Juan A. Galtén

Se oppdatert program, intervjuer og informasjon på vår blogg: www.materialinformation.no
Stein på stein i grenseland

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Anmeldelser

sosiale prosesser til min måte å bruke keramikk, sier Berg, som også poengterer at han har tenkt strategisk på sin unike kombinasjon av å koble kunstnerisk utviklingsarbeid direkte på helsefaglig forskning.

Ingen kunst-innkjøp

Selv om keramikken til Berg beviselig har fylt flere funksjoner i behandlingen, blir ikke denne kunst eller noen annen innkjøpt av sykehuset. Det sier Kirsti Frøshaug som har jobbet innen psykiatrien siden 1974 og i dag har en stilling som fagutvikler ved Alderspsykiatrisk avdeling på Ahus, som Bergs steiner og fliser ble laget for.

Den praktiske anvendelsen av Arild Bergs keramiske utsmykking i sykehusets behandlingstilbud vært Frøshaugs ansvar.

– Jeg syntes til å begynne med at flisene virket kjølige. Det at noen hadde kors og blomstermotiv kjentes heller ikke riktig, men dette hadde vi litt inn flytelse på også.

Frøshaug sier seg nå udelt entusiastisk overfor prosjektet, og hun berømmer Berg for å ha skapt en personlig ramme rundt prosessen da dette pågikk på hendes avdeling.

– Da han og de to medforskerne var her ble hele avdelingen ivaretatt og informert under hele forløpet. Etter at selve forskningsprosjektet var avsluttet, videreførte Frøshaug selv praksisen som man hadde etablert. Men hun innrømmer at i en travel hverdag ble dette vanskelig etter en tid, særlig ettersom nesten hele fagstaben eller omkring 32 sykepleiere av i alt 50 medarbeidere, skiftet jobber. Blant de enkelte nyansatte som Frøshaug rakk å instruere i hvordan utsmykkingen ble brukt som del av behandlingen, var det bare et par stykker som sa seg motvillige. I dag ønsker sykehuset å beholde utsmykking også når de skal flytte videre til egne lokaler, men et formelt innkjøp av Bergs arbeider er ikke aktuelt.

– Det er ikke tale om at vi har råd til å kjøpe det. Sykehuset har innkjøpsstopp, penger til kunst finnes ikke i det hele tatt. Men vi har store flater vi skulle hengt noe på.

Noen flere detaljer


Les mer på Bergs egen hjemmeside: www.arildberg.no