

Knowledge worlds apart

Aesthetic experience as an epistemological boundary object

Max Liljefors

In November 2019, the World Health Organization (WHO) released one of its evidence reports, which it had commissioned on the positive health effects of the arts, *What is the evidence on the role of the arts in improving health and well-being?* (Fancourt & Finn 2019). It is far from the first to show that doing and experiencing art can have healing and rehabilitative effects, but the WHO report is the most comprehensive of its kind to date.¹ With its global perspective (albeit with an emphasis on Europe), it brings together findings from nearly 4,000 scholarly studies. Art's effects are found to span the entire human life cycle, from antenatal to geriatric and palliative care, and to take many forms, whether faster rehabilitation, reduced medication, fewer doctor's visits, the alleviation of a variety of physical and mental symptoms, and greater well-being and quality of life. The report concludes that the arts can have both health and socio-economic benefits, and should therefore be integrated into the WHO's European health policy, Health 2020.²

The WHO's evidence report is the most ambitious to date, with far-reaching ramifications for art and health as a field of research. In terms of the humanities, however, the most startling thing about the report is the knowledge that is not there, the knowledge that is noticeable by its absence. The report lacks any reference to the aesthetic disciplines—art history, musicology, literary studies,

theatre studies—which traditionally steward the academic legacy of arts scholarship and continue to push back the boundaries. When the WHO report enumerates the theoretical basis of the studies it includes—‘psychology, psychiatry, epidemiology, philosophy, ecology, history, health economics, neuroscience, medicine, health geography, public health, anthropology, and sociology, among others’ (Fancourt & Finn 2019, 52)—there is not a word about the aesthetic disciplines. At best, their inclusion is implied by ‘history’, ‘philosophy’, or ‘others’. The WHO report is not unique in this. In the field of arts and health, aesthetic subjects are significantly under-represented compared to medicine and healthcare.

It is only in recent decades that arts and health came together as a unified, international field of research. How did it come about that the aesthetic subjects, with learned traditions that date back centuries, have such a small part to play? It is no exaggeration to say that two worlds of knowledge have formed around art and the experience of art—two epistemological fields with the same object of study, which for simplicity’s sake I refer to as the ‘aesthetic experience’, but which by and large are untroubled by academic exchange with each other.³ One world of knowledge consists of the aesthetic disciplines as pursued in the humanities, the other of the various branches of scholarship in the field of arts and health. Why do they talk to each other so little? Could they, should they communicate more?

One object of study, separate worlds of knowledge

The prevailing situation means that the aesthetic experience has evolved into an epistemological boundary object. The concept of boundary objects was introduced by Susan Leigh Star and James R. Griesemer (1989) as a term for things and information that have a variety of meanings, and are handled in different ways in different social contexts, but which nevertheless have a settled content that ensures they are delimited in the same fashion, whatever the context. As a concept, it has gained currency in the theorization of

interdisciplinary research. Writing on 'Credibility and Legitimacy' (2012), Elin Bommenel considers how it is that boundary objects facilitate communication between different branches of scholarship. When a variety of disciplines study the same object, it is usually with differing views of knowledge. Each discipline has its own research questions, methods, and results, which are considered legitimate and worthwhile. These knowledge criteria, Bommenel explains, have a dual function, for they guarantee scholarly quality within each discipline, while serving as a mechanism to exclude representatives of other academic (and non-academic) traditions. Interdisciplinary research into boundary objects requires researchers to lift their eyes from their own particular specialisms in two ways. The first is to accept that other disciplines operate under the principles of other knowledge criteria that are just as valid as their own criteria in their own field. The second (which is closely linked to the first) is to view their own criteria from a meta perspective as just one of several paths to knowledge. To have one's horizons broadened in this way is not to lessen the scholarly relevance of one's own knowledge criteria. What it does do, however, is encourage researchers to see whether lessons learnt from other disciplines can enrich their own fields, and whether their own knowledge has perhaps unanticipated relevance to other disciplines.

In what follows, I will discuss what is arguably a key factor in the different views of knowledge between the humanities' aesthetic studies and arts and health: the question of the instrumentalization of art. I also have a tentative proposal for how to bridge the epistemological gap, at least provisionally. A central role is played by the 'co-production of knowledge', a concept coined by Sheila Jasanoff (2004a, 3) to describe how knowledge is both the result of various scholarly disciplines' systematic studies of reality *and* various social and political interests. Co-production, as Jasanoff points out, is not a theory that claims comprehensive explanatory validity, but rather should be seen as an idiom, an interpretive perspective with which to avoid falling into the traps of social or scientific determinism, by recognizing both nature and society as

factors in knowledge production (Jasanoff 2004a, 3; Jasanoff 2004b, 20). An interpretative, negotiating idiom of this type is particularly useful in interdisciplinary research about epistemological boundary objects, as it is neutral on the question of the hierarchy of different forms of knowledge. As she puts it:

Unlike 'laws of nature', the idiom of co-production does not seek to foreclose competing explanations by laying claim to one dominant and all-powerful truth. It offers instead a new way of exploring the waters of human history, where politics, knowledge, and invention are continually in flux. (Jasanoff 2004b, 43)

Like Markus Idvall in his analysis of informed consent in the present volume, I draw inspiration from an article by Vololona Rabearisoa and Michel Callon (2004) about how laypeople—patients and relatives—have successfully contributed to advances in French biomedical research on muscular dystrophy. Rabearisoa and Callon apply the co-production perspective to the interaction between laypeople and experts. I will do something similar here, but first I consider the exchange of knowledge between experts in different fields. The differences are smaller than might at first appear: an expert in one discipline is usually a layperson in most other disciplines. It is Rabearisoa and Callon's concept of 'intermediary discourse' that has immediate bearing on my argument. They use the term for a two-way discourse between experts and laypeople, a form of communication that is deliberately held at a level that is neither exclusively technical nor strategic, and designed so that laypeople (remembering that in interdisciplinary research everyone is a layperson to some extent) can gain an insight into the research process without being swamped by technicalities. According to Rabearisoa and Callon, it is about 'going into the content of research without getting lost in it, that is to say, without losing sight of the goals' (151).

Their use of the word 'goal' indicates that the research they have studied had a clear purpose, as in addition to the usual vague

scholarly ambition of increasing the sum of human knowledge their aim was to alleviate or cure a specific disease. This has direct relevance to my case here, since the gap that I argue exists between the aesthetic disciplines and the field of arts and health only exists courtesy of the instrumentalization of art—that is, whether the aesthetic experience can and should be anything other than an end in itself. The question of ends and means is also interesting because Bommenel (2012, 282) stipulates that successful interdisciplinary research demands that researchers from various disciplines agree on a common vision for their research goals. I believe this should be nuanced somewhat, since research is often conducted with several goals in mind, each with different degrees of generality, and specific goals do not necessarily have to be covered by the more general ones. I will return to the question of research objectives later.

The question of instrumentalization

The aesthetic disciplines command a wide repertoire of theoretical frameworks and analytical methods, which fall outside the scope of this study. The same is true of arts and health, if not even more so, because the field brings together so many disciplines. Aesthetic experiences are subjective in nature, and it is not obvious how their effects should be measured. As a rule, the medical and health sciences work with randomized controlled trials, quantitative designs, and predefined health outcomes, while ethnological research uses small case studies, qualitative analyses, and a strong element of argument and interpretation (Priebe & Sager 2014, 69–70). The result is very different types of data, so their mutual weighting is not straightforward. Studies tend to avoid talking in terms of cause and effect, and instead look for ‘correlations’ between art and health. A British report calls for a ‘realistic approach’, to include verifiable data of several kinds (APPGAHW 2017, 40–2). The WHO Evidence Report also holds back from specifying a hierarchy of different types of data and methods.

Given such a diverse field of research, it may seem surprising

that the aesthetic disciplines do not already play a prominent part, especially as they have several centuries' head start on the systematic study of the arts. The reason why, I believe, is not so much specific methods and theories, and more the underlying approach to the object of study, art. Kristofer Hansson and Rachel Irwin make the point in the introduction to this volume that value judgements about the validity of different forms of knowledge determine the direction taken by clinical research. This is no less true of aesthetics. In the history of art—I focus on my own discipline, Art History, in the belief that scholars in other aesthetic subjects can identify with my arguments—there is a firm conviction that art should not be subject to the requirement of being useful, that it should not be instrumentalized. Art scholars leap to the defence of the freedom of art whenever politicians set about controlling public art or the Church censors 'inappropriate' artworks. This is not only a political response, but stems from profound epistemological perspectives. It is worth dwelling on the most important.

The discipline of art history is strongly influenced by aesthetic philosophy, which periodically has been closely intertwined with art theory. The view that the aesthetic experience is essentially different to other types of experience is particularly dominant. Immanuel Kant (1724–1804), in his magisterial third critique, *Critique of the Power of Judgment* (2002 [1790]), dissects the meaning of aesthetic judgement using a series of distinctions. The power of judgement constitutes its own form of knowledge, dissimilar to knowledge derived from pure reason and practical reason (the subjects of Kant's two previous critiques). He separates judgement into aesthetic and teleological judgement, of which the former exists as four different types. One of these is the judgement of beauty, which for Kant falls into 'adherent' beauty, which means that it is conditioned by an idea of the object having a purpose, or 'free' beauty, free from every notion of how the object should look or function. Only free beauty, according to Kant, can give rise to 'pure' aesthetic judgement, uncontaminated by instrumental considerations, and it is this form that is associated with the fine arts. Kant admits that aesthetic judgement in reality

often exists in combination with other forms of judgement, and his third critique is indeed still subject to philosophical exegesis, but the point here is that art history has inherited the intellectual impulse to think about aesthetic experience in its purest form. It is primarily thought of in contrast to, and not together with, other forms of experience and receptiveness.

Other outlooks on knowledge are closely linked to this approach. Thus, history of art is traditionally noted for its analytical focus on the artwork *per se*, and the internal dynamics which give the artwork its distinct meaning-making and aesthetic force. Sweeping generalizations about different types of artworks or their historical origins are considered superficial, a sign of sloppy thinking. In short, each artwork should be presumed to constitute its own world of meanings—these can certainly vary in nature, depending on the historical context, but always manifest in and through the artwork itself.

Further, the discipline is wedded to a strong historiographical narrative that holds the (Western) history of art to be a progression towards independence and self-knowledge. In this view, art ever since the Enlightenment has gradually shed its political and religious shackles in order to focus on its own problems and an exploration of its own nature. Clement Greenberg (1982 [1965]), inspired by Kant, formulated one variation of this notion of history; Arthur Danto another (1997), in his case based on Friedrich Hegel's (1770–1831) philosophy of history.

I would not claim that all art historians today agree with the views outlined above—views which within the discipline have been subject to close, extended critiques—but, regardless, I would argue they are cornerstones of art history, and have done much to shape the knowledge criteria and values of the discipline. These criteria and values remain powerful, even when the underlying philosophical arguments retreat into the background or are abandoned. One such value is art history's deep scepticism about the instrumentalization of art. I believe this stems not so much from an impulse to defend artistic freedom, as a feeling that instrumentalization runs counter

to the very definition of art, and, above all, challenges the basis of the discipline's knowledge criteria.

While utilitarianism in art is anathema to art history, the situation in arts and health is the opposite: art's usefulness in the shape of its positive health effects is the field's *raison d'être*. The knowledge criteria this gives rise to are very different. First, it is not the artwork itself that is the primary object of study, but the activities associated with the artwork—for example, a group of patients who discuss an exhibition they have seen, or who attend a creative workshop. The specifics of the artwork, its particularities and dynamics, rarely feature much in the analysis. Instead, the focus is the patients' physiological or psychological responses. Also, observable health effects in specific art activities are normally seen as the result of several interrelated factors. The aesthetic element coexists with other factors such as social interaction (activities often take place in groups) or physical movement, whose effects can rarely be isolated from one another. Moreover, health effects can be measured as physiological responses, such as stress hormone levels or cardiovascular reactivity, or as certain types of neuronal activity in the brain. This necessitates studies of variations on a physiological basis that is common to all mental states and processes. Arts and health, unlike the aesthetic disciplines, rarely pauses to consider the aesthetic experience in its pure, idealized form.

These disparities in knowledge criteria result in different types of statements. Art history's nuanced analyses seem to be of little relevance to arts and health, as they do not speak to that field's main concern, the effect of art on patients. For arts and health, the principle that art is possessed of categorical autonomy, separate from people's encounters with it, lacks epistemological value. Conversely, for art history, the references in arts and health to patients' observable responses are at best a trivialization of art. For art's worth to be dictated by such utilitarian externalities would be to instrumentalize it, to superficialize it in a manner that skids over the depths of meaning and meaningfulness that are intrinsic to the specificities of the work. Ultimately, statements made in the one

sphere of knowledge do not meet the basic criteria for legitimate scholarship in the other.

There are exceptions, just as there are hybrid forms, and researchers in their respective spheres of knowledge are not unaware of one another's rationales and motives; however, the dividing lines are still so entrenched that knowledge exchanges between the fields are complicated, and thus far have been remarkably rare. How to make it easier? As an epistemological boundary object, can the aesthetic experience facilitate a reflective cross-disciplinary dialogue? As already noted, co-production is a fruitful way to think about knowledge, as it requires us to explicitly refrain from ranking the various forms of knowledge, the better to understand their inherent complexities. What, then, would be the contours of an 'intermediary discourse', as Rabeharisoa and Callon (2004) call it, which can bring together experts and laypeople (or experts from a variety of fields)? It is not a question of ignoring the differences in order to plough ahead and unify the criteria from all spheres of knowledge into a single coherent system. Rather, efforts should concentrate on identifying specific, local overlaps, preferably where the dividing lines are at their clearest. The instrumentalization of art offers just one such opportunity.

Existential health as the basis for an intermediary discourse

To bridge the gap between the aesthetic disciplines and arts and health, one possibility is to reflect on the concept of health. When the WHO was founded in 1948, it adopted a three-pronged definition of health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'.⁴ This has been criticized for being unrealistic, since no one is likely to achieve *complete* well-being in all three health dimensions, physical, mental, and social. But there have been calls from some quarters in recent years for the WHO's definition to be extended

by the addition of another health dimension, usually referred to as *existential* or *spiritual health* (Sigurdson 2014; Melder 2011). The point of this fourth dimension would be to transect the other three, rather than being some sort of appendage. It is important to note that the term spiritual does not equate to religious, in the sense of confessional affiliation; rather, existential or spiritual health is about a subjective sense of meaningfulness, participation in something greater, and self-understanding. Insoo Hyun (2016, 128), who has studied spiritual distress in the face of illness, sees spirituality as the ‘experiential and emotional aspects of personal connection, inner peace, and support’, which some people find in religious traditions and others in nature, music, the arts or social community. Ola Sigurdson (2014, 34–6) distinguishes between spiritual and existential health, arguing that the existential dimension is characterized by self-reflection, which means that it cuts through or embraces all the other dimensions. That is the sense in which I use the term existential health here.

Atul Gawande’s book *Being Mortal* (2014), about palliative care, provides some very useful insights. Gawande does not refer to existential health per se, but he writes about a form of well-being that captures much of what the concept is about. He believes that all care should reflect the fact that people are mortal. Accept that, he says, and care becomes more than a fight to extend the patient’s life as long as possible. An equally important goal is to make it possible for the patient to experience meaningfulness and satisfaction, even when life is marked by illness, loss, or approaching death. Gawande uses the example of a study at Massachusetts General Hospital of a group of lung cancer patients who chose to combine standard oncology treatment with palliative care, where they were given support in thinking through what they found meaningful in life given their circumstances. When the researchers compared them with a control group who had chosen only the oncology treatment, those who had palliative care were found to experience a significantly higher quality of life and to exhibit fewer signs of depression. Further, the hospice group lived on average 25 per

cent longer, despite receiving less life-sustaining treatment in the final stages of their illness (Gawande 2014, 177–8; see also Temel et al. 2010).

Gawande identifies two factors as crucial to this kind of well-being, which I argue is existential health in all but name. One is autonomy; the other is breaking the isolation that often accompanies illness. By autonomy, he does not mean an absence of external constraints—the freedom to do whatever you want—for it is obvious that life will be limited by illness and disability. Instead, it is an inner autonomy; the ability to experience meaningfulness even when your external life is much curtailed, and to find a way to relate to your life. In Gawande's words, it is about making space to be 'the authors of our lives,' even in situations not of our choosing such as illness or imminent death (140). Such existential well-being may certainly come with objectively measurable health effects, as in the Massachusetts study, but it cannot be reduced to metrics or evaluated solely on the basis of quantifiable outcomes. Instead, it has intrinsic worth.

Existential health, if understood as inner autonomy and connection, shares a great deal with the characterization of aesthetic experience in the aesthetic disciplines. Therein lies its potential to bridge the gap, if only provisionally, between the two spheres of knowledge when it comes to the instrumentalization of art. This much is evident if we take a closer look at how certain philosophers have described the aesthetic experience. Since Kant, a key theme in aesthetic philosophy is the special kind of freedom that characterizes the aesthetic. Freedom from instrumental concerns gives free rein to both perception and cognition. Their free movement, a kind of inner play which is satisfying in itself, is shaped by a dual dynamic, which coincides well with Gawande's two aspects. On the one hand, the aesthetic creates a distance from mundane consciousness, leading to self-reflection; on the other, it gives an immediacy to the object viewed, and with that a greater sense of presence and participation (see Liljefors & Alftberg 2019).

Martin Seel (2014), pondering Hegel, Kant, and Adorno, talks of people's receptiveness to the aesthetic as an 'active passivity,' a

conscious willingness to accept experiences but never to grasp after them, to be unconditionally open to the dynamics of the artwork and its effects; an activity that involves being alert to aspects that mundane consciousness tends to overlook, a 'being-there-with and going-along-with an abundance of forms and relations that we usually fail to recognize in our everyday modes of relating to the world' (271). For Seel, an individual finds in this a freedom to renew one's relations with the world, and thus to recalibrate one's relations with oneself: 'The central virtue of aesthetic sensibility consists in the capacity for finding oneself through detachment from oneself' (277). With a turn of phrase reminiscent of Gawande's, Seel (who earlier in his career studied well-being) emphasizes that a free self-relationship in the aesthetic cannot be distinguished from sharing in the alterity of the artwork: 'In other words, heteronomy must be an essential dimension of autonomy, if the latter is not to decay into isolation and alienation' (275). The freedom in aesthetics, writes Seel, subsists in this dynamic of active passivity (274). As he puts it, 'aesthetic freedom is constitutive of the capacity for self-determination' (280).

My point is that the characterizations of existential health and aesthetic experience substantially overlap, and this has implications for the question of the instrumentalization of art in the field of arts and health. If one concentrates on existential health rather than any other specific health effects, then art activities in healthcare no longer appear a trivializing instrumentalization of art for external purposes, but rather a realization of the genuine essence of aesthetic experience. This argument is consolidated by findings in the field of empirical aesthetics. Empirical aesthetics differ from arts and health in its aim to examine the aesthetic experience per se, without any external objective beyond a pure search for knowledge; but unlike philosophical aesthetics, which it otherwise resembles, it relies on empirical methods with quantifiable data, as is standard in arts and health.

Empirical studies using functional magnetic resonance imaging (fMRI) at New York University and the Max Planck Institute in

Frankfurt indicate that aesthetic experiences activate the default mode network (DMN) in the brain (Vessel et al. 2013; Vessel et al. 2019). The DMN is a widespread but distinct neuronal network activated during resting wakefulness and in the spontaneous introspective states of mind that follow on it, such as mind-wandering, past and future simulations, thinking of others' mental states, and autobiographical recollections (Andrews-Hanna 2012). It is usually deactivated, though, when attention is directed to external objects and targets, at which point other neuronal systems take over. However, Vessel and colleagues found that for particularly intense aesthetic experiences—of artworks which their research subjects said affected them strongly—the deactivation of the DMN ceased, even when the subjects' attention was directed to external stimuli (the artworks). In particular, high levels of activity were noted in the medial prefrontal cortex (mPFC), the subsystem associated with mental self-representation and self-esteem. Vessel and colleagues conclude:

We propose that certain artworks can 'resonate' with an individual's sense of self ... This access [to the DMN], which other external stimuli normally do not obtain, allows the representation of the artwork to interact with the neural processes related to the self, affect them, and possibly even be incorporated into them (i.e., into the future, evolving representation of self). (Vessel et al. 2013, 6)

The results of fMRI studies thus appear to support the posited link between aesthetic experience and self-reflexivity, as theorized in philosophical aesthetics. This link, which empirical and philosophical aesthetics postulates on the basis of differing theoretical frameworks and methods—that is, different knowledge criteria—is, in turn, in line with the characterization of existential health as being conditional on autonomy and participation.

This reasoning, with its voices from different disciplines, is intended as an example of an intermediary discourse that could explore the overlaps between different fields of knowledge. Here the

overlap means that the polar opposite approaches of the aesthetic disciplines and arts and health to the instrumentalization of art are brought into contact with each other and thus prompt fresh dialogue and knowledge exchange. It also demonstrates that aesthetic experiences really are epistemological boundary objects, studied in many academic fields using radically different knowledge criteria. If any intermediary discourse is to succeed, it is wise to set aside the question of the validity of each field's fundamental knowledge criteria, if only temporarily, as such discussions tend to increase their polarization (see, for example, Rampley 2017). That said, one should not expect (nor do I see it as desirable) that the tensions between views on specific issues—such as here, the instrumentalization of art—are reduced to nothing. As Seel emphasizes, good can come of an aesthetic experience—insights, changes in attitude, broader perspectives—but above all it is worthwhile in itself: 'The playgrounds of aesthetic openness are not a mere training camp in which special skills are learned' (2014, 276).

Co-production of phenomenological knowledge

Thus far I have used 'intermediary discourse' to describe a possible dialogue between the various academic fields concerned with the aesthetic experience, much as Rabearisoa and Callon (2004 *passim*) use the term to describe communication between biomedical researchers and patients and relatives, organized in a progressive patients' association, or as Markus Idvall uses it in the present volume in studying communication between medical scientists and patients. I will now show that conversations during a visit by people with Parkinson's disease to an art museum can be regarded as intermediary discourses, leading to the co-production of knowledge in a phenomenological perspective, privileging the subjective understanding of the individual who has the experience over objectively verifiable descriptions. It should be noted that 'intermediary discourse' risks losing its analytical edge if applied in too many differing empirical circumstances. However, I would

argue that the fact that it can be operationalized in different contexts is testimony to the concept's usefulness. My example is taken from a research collaboration, Presence-Oriented Art Pedagogy, with the art historian Peter Bengtsen and the ethnologist Åsa Alftberg, with the aim to develop a mediation methodology for encounters with art, which focuses on the sensation of presence rather than on interpretation of the artworks' meanings, which otherwise is a common focus of art pedagogy.⁵ In the project, informed by Hans Ulrich Gumbrecht's distinction (2003) between meaning and presence as two fundamental elements in the aesthetic experience, we used a three-step method of our own making to mediate art (Appendix, Figure 8.2). In the first step, participants concentrate on the artwork, alert to their perception of it. In the second step, they describe their perceptions to the group, each making a conscious effort to listen to the others' perceptions. The third step is a deepening of their awareness of their perceptions, which comes of verbalizing their own experiences and hearing others' descriptions. A more detailed description of the method is found in the Appendix to this chapter. The method makes the most of group dynamics and the alternation between quiet contemplation and social interaction. By switching between attention to one's own perceptions and engaging in the other participants' verbal communications, the participants engaged in a playful examination of what Seel describes as 'an abundance of forms and relationships that we usually fail to recognize' (2014, 271). We saw a notable increase in the participants' involvement and initiative, both when interacting with the artworks and with one another, compared to when the same group had been to an art exhibition under more conventional conditions. The group now spent significantly longer time taking in the artworks.

The experiment addressed many aspects of perception and its verbalization, but here I limit myself to one: how statements made within the group served to co-produce knowledge, with which the participants helped one another deepen their experience of the artworks. At the Museum of Artistic Process and Public Art, Lund University's art museum, where the experiment was conducted, there

is a plaster model by the British artist Henry Moore (1898–1986) for his sculpture *Hill Arches* (1973), which is now found realized in bronze in several places around the world. One photo (Appendix, Figure 8.1) shows a reconstruction of the situation with participants seated in front of Moore's model. Very little seems to be happening, but in fact they are engrossed in the first step, making themselves aware of their perception of the work.

When it was time for the second step of the method, verbalization, one participant began by saying, 'The sculpture has its dark side towards us.' It would be easy to think it a simple statement of fact, but in the context in which it was said it was above all a description of an experience. In all its simplicity, it is a blueprint for what can be called the anatomy of presence—including all its constitutive elements. There are three such elements: the artwork, the beholder, and the space that encompasses them both. The statement shows that the participant sensed their specific relationship in that situation: because of the way the light fell in the room, they were sitting in the sculpture's shadow. The participants were together on the same side of the artwork in this case—they had looked at other works from different positions—and the other participants' statements about the sculpture were to broadly the same effect: 'The sculpture is between us and the window.' 'It's blocking the light.' All of them include the work, the room, and the beholder, whether explicitly or implicitly. They thus express the fundamental phenomenological condition for the experience of presence: our body constitutes a volume in a space we share with other bodies. It brings with it a myriad of aspects and nuances for perception to explore—our project revolved around their identification and systematization for use in our mediation method.

In the present context, however, the key point was that participants built their knowledge, their awareness of perception, in dialogue with one another. In an evaluation after they had gone round the exhibition, participants stressed how valuable the group conversation had been in giving them a more profound experience. The process amounted to the participants being engaged in the

co-production of phenomenological knowledge—phenomenological in the sense that their statements only had meaning under the specific conditions in which they were said. Far from being a statement of objective fact—for example, ‘The sculpture is white and made from plaster’, which is true, regardless of who says it and where—the statements made by the participants are valid only if said right there, in the shadow of *Hill Arches*. By articulating what is in this sense phenomenological knowledge, the project’s method serves to intensify the aesthetic experience.

Can art historians join in this kind of co-production of phenomenological knowledge? If so, under what circumstances? The instinctive answer is that of course they can participate, for the simple reason that art historians, like anyone else, are able (and presumably willing) to be open to aesthetic experiences. The primary condition for their participation in a phenomenological exchange of knowledge is thus that they accept their role as *participants*, and that they ascribe their subjective aesthetic experiences the status of knowledge in the framework of the intermediary discourse.⁶ However, there is also a more specialized level on which the art historian’s scholarship has a part to play in intermediary discourses. The aesthetic disciplines are guardians of a long legacy of knowledge about things aesthetic. The fact that this knowledge is largely separate from the field of arts and health is perhaps the most detrimental effect of the gap between the two spheres of knowledge. If the gap could be bridged it would be very useful, especially for the reflexive element in arts and health activities. For example, the art historian Alois Riegl (1858–1905), one of the significant figures of the discipline, used his book on group portraits in Dutch art in the seventeenth century (1999 [1902/1931]) to develop the formalist approach for which he is known into a theory that relies on the beholder’s relation to the artwork and the artwork’s appeal to the beholder. He saw the beholder and artwork as joined in a mutual recognition, because the beholder has a sense, as an element embedded in his aesthetic consideration, that the artwork is looking back at him. As Margaret Olin (1989, 295) notes, Riegl’s views were not far removed from

his contemporary Edmund Husserl (1859–1938) and his phenomenological philosophy, or indeed Martin Buber (1878–1965) and his theological theories of intersubjectivity in what he termed the I–Thou relationship. This mutual attentiveness (*Aufmerksamkeit*, a term Riegl operationalizes) is notably free from what Margaret Iversen calls ‘egotistic isolation’ (1993, 94), and rather is suffused by fundamental respect for the other (Riegl 1999, 313) as well as self-respect—here Olin (1989, 291) reminds us that the term respect comes from the Latin *respicere*, to look back.

This notion—that in aesthetic receptivity there is an element of being addressed or ‘seen’ by the artwork—articulates something we noticed in conversation as the participants went round the exhibition, albeit only as hints rather than fully formulated reflections. That is where art history could help with the co-production of phenomenological knowledge, linking what the participants are hinting at to the corresponding elements in the history of aesthetic thought. It could offer the cognitive and conceptual tools with which to express experience in words. This sort of articulation could strengthen people’s reflexive awareness of this component of the aesthetic experience, which as far as the project is concerned amounts to the method’s third step, to deepen the experience.

Shared or different goals when co-producing knowledge

Another example from the history of aesthetic thought that could enrich the field of arts and health is what is sometimes referred to as the West’s first aesthetic theory, which is also a theory of love. In Plato’s *Symposium* (c.385–370 BC), he has Socrates summarize the teachings of the priestess Diotima of Mantinea in what is known as the Ladder of Love (Plato 2001, 210a–212d). Diotima had explained that one who loves will learn the nature of beauty step by step, first by discovering the beauty of a single body, then in another body that is different from the first, and so on in an ever-increasing circle from the specific to the abstract, until finally seeing beauty itself:

beginning from these beautiful things here, always to proceed on up for the sake of that beauty, using these beautiful things here as steps: from one to two, and from two to all beautiful bodies; and from beautiful bodies to beautiful pursuits; and from pursuits to beautiful lessons; and from lessons to end at that lesson, which is the lesson of nothing else than the beautiful itself; and at last to know what is beauty itself. (211b–c)

How can an account written two and a half thousand years ago, and which ranges from physical homosexual desire to the divine, shed light on modern experiences of art in healthcare contexts? To answer that question we must first look at the related issue of what art history has to forego in order to join in an intermediary discourse of this kind. For Rabeharisoa and Callon, an intermediary discourse is an organized communication in which no party's perspective is allowed to dominate (in their example, neither the researchers' 'technical' nor the patient organization's 'strategic' perspectives). Each party thus has to sacrifice something from their own sphere of knowledge. The aesthetic disciplines are in the habit of thinking about aesthetic theories, such as Riegl's or Plato's, framed by the broad metaphysical frameworks or world views of the historical contexts where the theories took shape: Riegl devised his reception theory, *avant la lettre*, from his historicist view of artistic idiom as an expression of national temperament; Diotima's Ladder of Love was based in Plato's Theory of Forms. Understanding the thinking about aesthetics in the light of its historical context is central to the history of art. But this is precisely what I would argue art history has to abstain from to a certain extent, if only provisionally and tactically, if it is to have a part in the intermediary discourse sketched here. Instead, art history should hold up a phenomenological lens to aesthetic theories, seeing them as descriptions of experiences. Seen thus, Diotima's Ladder was not just Plato's way of expressing his Theory of Forms; it was a conceptualization of a certain aspect of aesthetic experience, an aspect which manifested in the art activity for people with Parkinson's referred to above. It is found in the

tendency for the focus of aesthetic attentiveness to be transferred from a single object to several, and extending to take in the full scope of artwork–beholder–space, accompanied by an intensification or consolidation of the aesthetic experience. Like Riegl’s theory, Diotima’s Ladder of Love can be a cognitive tool with which to articulate a particular facet of experience that might be difficult to put into words otherwise—in this case, in the image of upward movement, towards a high vantage point with a wider horizon, from where one can see more. Such articulations can strengthen the reflexive element and help the mediation method develop.

If art history makes a concession—putting the historical meta-physical frameworks to one side—to participate in an intermediary discourse, it can only be on a temporary, provisional basis in order to achieve a strategic goal in the field of arts and health. Historical contextualization is fundamental to the aesthetic disciplines’ sphere of knowledge, and cannot be abandoned. That is why I hold that Bommenel’s hypothesis, that any interdisciplinary research requires all its researchers to agree on a shared vision of their research goals, has to be nuanced. Research can have several goals, and not all of them need to apply in all circumstances. An example of a shared goal could be co-producing knowledge about the potential of the aesthetic experience in healthcare, but alongside that, the field of arts and health and the aesthetic disciplines could have different goals and research questions, rooted in their respective spheres of knowledge. For arts and health, it might be ‘How can we use the arts to improve the lives of the elderly and the sick?’ For the aesthetic disciplines, meanwhile, ‘What do such art activities teach us about the aesthetic experience?’

Notes

1 For overviews see, for example, Sigurdson 2014; Sjölander & Sigurdson 2016; Crossick & Kaszynska 2016; and APPGAHW 2017.

2 See also WHO 2019.

3 Other things than art, such as nature or sport, can also offer an aesthetic experience of course, and far from all art has an aesthetic experience as its goal. My purpose

here is not to cover all the meanings of the concept, but rather to address a specific problem on which the concept has some bearing.

- 4 *Constitution of the World Health Organization*, p. 1. The Constitution was adopted at the International Health Conference in New York, 17 June to 22 July 1946, and came into force on 7 April 1948.
- 5 The project's original name was 'Systematic implementation of aesthetic experiences and artistic activities in the care of persons with Parkinson's disease', and was part of BAGADILICO, the Basal Ganglia Disorders Linnaeus Consortium, funded by the Swedish Research Council (2008–2018). See also Alftberg & Rosenqvist 2017; Rosenqvist & Suneson 2016; Mittelman & Epstein 2009; and Rosenberg et al. 2009.
- 6 This might prompt in some practitioners a worry of the kind that has stalked the discipline since its inception concerning its legitimacy as *Wissenschaft* and the risk of being considered too subjective (see Rampley 2011).

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Appendix

Presence-oriented art pedagogy

The purpose of the project Presence-oriented art pedagogy is to develop a method for the mediation of art, which privileges experiences of presence over interpretation of the artwork's symbolic meanings.

Summary

The project develops a novel method of art pedagogy that combines results from our own experiments in mediation with insights from aesthetic philosophy. The project applies a phenomenological perspective to aesthetic philosophy, which means that the focus is not metaphysical frameworks, but expressions of experience. The starting point is the distinction made by the literary scholar Hans Ulrich Gumbrecht between meaning and presence as two basic elements in encounters with art. To interpret an artwork's meaning is basically to explain it intellectually, in reference to, for example, the artist's intentions, the work's historical context, or the beholder's associations. Most art pedagogy revolves around this kind of interpretation. To explore an artwork's presence is instead to become aware of one's perceptual sensations of the work here-and-now. The project's method does not preclude interpretation, but is nevertheless primarily concerned with the experience of presence. The project members have observed greater initiative and commitment from participants in the experiments with a presence-oriented method.



Figure 8.1. Participants are looking at Henry Moore's Hill Arches (1973) at the Museum of Artistic Process and Public Art in Lund. They are paying attention to their perceptions of the sculpture, in Step 1 of the pedagogical model. (The photo shows a reconstruction.) Photographer: Peter Bengtsen.

Method

The method is a three-step model (Figure 8.2).

In the first step, participants alert themselves to their own perceptions of an artwork. In the second step, they verbalize their sensations by describing them to the other participants, and listen to the others' verbalizations. The third step is the intensified experience that results from the verbalizations, which in turn can be the subject of keen awareness, and so the cycle begins again. The method uses the rhythm struck up between the individual participant's silent attentiveness to the artwork and the social exchange between participants.

Artwork–beholder–space

'The sculpture has its dark side towards us.'

This statement by one of the participants, sitting looking at Henry Moore's Hill Arches (Figure 8.1), articulates their sensation of the artwork in the here and now, representing a phenomenological knowledge that is only valid in the place and at the time it is uttered—in the shadow of the sculpture as sunlight shone through the window. It also contains all three key components of the experience of presence: the artwork, the beholder, and the space they share.

What does phenomenological knowledge 'feel' like compared to objective knowledge? The reader can find out by looking at the image of Hill Arches (Figure 8.3) while thinking 'The sculpture is white and made from plaster'—an objective statement which is correct

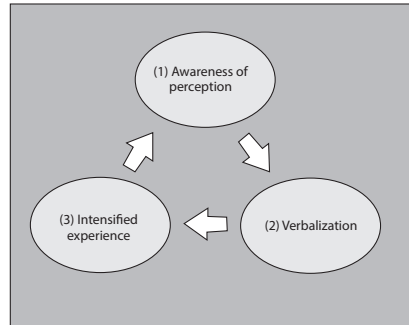


Figure 8.2. Three-step pedagogical method for the mediation of art.

regardless of where and when it is said. Then look at it again and think 'The sculpture's sunlit side is towards me.' For some, this statement (which expresses phenomenological knowledge) gives them a sense that the artwork addresses them, even though their perception of it is mediated through a photograph.

Aesthetic experience

People have created art for tens of thousands of years. And for thousands of years they have formulated philosophical theories about the aesthetic experience. One eternal theme is that an aesthetic experience can be deeply satisfying and empowering. It can also be associated with feelings of love and gratitude. In recent years, academic studies have shown that aesthetic experiences can have many types of measurable, positive effects on health and well-being. The WHO recommends that art's healing, strengthening, and rehabilitative potential should be systematically integrated into the WHO's European Health Policy.

Active passivity, or, the free play of perception and cognition

An important thought in the philosophy of aesthetics is that in any aesthetic experience the individual's perception and cognition can play freely. Aesthetic attentiveness is not limited by expectations of how things should be perceived or what that should lead to. Therefore, the aesthetic experience is characterized by a greater sense of the here-and-now, leaving it open for the individual to notice forms and relationships overlooked in a normal frame of mind. It creates an inner freedom unique to the aesthetic experience. This, in turn, can give the viewer a renewed sense of self, as someone who can have these perceptions, who appreciates these nuances, who sees these relationships in which he himself has a part. In this way, an aesthetic experience can reinforce the viewer's inner autonomy. The philosopher Martin Seel calls

the aesthetic approach 'active passivity', for as attention goes it is deliberately elicited, matched by a readiness to fully accept what the work of art can give.

Universal parameters

Within the triad of artwork–beholder–space are a number of variables that factor into perception. They have been taken as the universal parameters for the project, because they are a feature of almost every aesthetic situation. Examples include colour, form, the play of light and shadow, and variations in distance, size, and spatial direction. Perception as such also has its variables, such as broad or narrow attentiveness, or a focus on specific characteristics and qualities. All such parameters can be used to vary and increase the individual's awareness of perception, and are therefore useful tools in any presence-oriented pedagogy.



Figure 8.3. When the participants take in the artwork from different positions, their perceptions of the artwork–beholder–space relation will differ. As they verbalize their experiences for one another, a dynamic shift in perceptions can take place. (The photo shows a reconstruction.)
Photographer: Peter Bengtsen.

The play of light and shadow

Looking at Carl Eldh's models for a sculpture of August Strindberg (Figure 8.4), one participant burst out 'How beautifully the light falls on the sculptures!' When the researchers asked the group to describe what they could see, the participants found it difficult to put it into words at first, perhaps because the scene is complex, with several free-standing figures. When asked to focus on what was lightest, however, they began by pointing out the parts of the sculptures which were in full sunlight. Then they went on to identify the darkest parts, which lay in the deepest shadow. From there, they went on to explore the nuances in between, the parts that are not so easily defined as 'light' or 'dark'. The group were engaged in this exercise for over 30 enthusiastic minutes. It is an example of how the method uses specific parameters—in this case, light and shadow—to open up and consolidate the individual's awareness of sensation.

Imaginative power

In aesthetic philosophy, there is always a sense in which the human imagination—or, as it is also called, imaginative power (Kant's *Einbildungskraft*)—has a key role in many mental processes. It revolves around the ability to create and maintain an image or idea as an inner vision, ostensibly assembling the beholder's impressions into a coherent representation in the beholder's mind. Looking at an Andy Goldsworthy installation (Figure 8.5), the participants' perceptions alternated between a number of such coherent 'imaginings'. For example, the installation's bulrushes were seen as forming a porous membrane, which divided the space into two different 'light rooms'; or as a wall with an opening in the middle; or as dashes, the traces of movement through the air, criss-crossing in all directions; or frozen in the moment of tumbling down. These imaginings centre on different parameters, whether light-shadow or direction, and so on. The transitions between them are spontaneous, since the

Figure 8.4. Models for Carl Eldh's monument of August Strindberg, erected in Tegnér-lunden park in Stockholm in 1942. The Museum of Artistic Process and Public Art, Lund. Photographer: Max Liljefors.



imaginative power of the aesthetic is free, and not dictated by logic or utility. None of these images are right or wrong, true or false. The imagination can also include the beholder, because the individual's aesthetic attentiveness turns outwards, towards the work of art, and inwards, towards one's own perceptions and cognition. The beholder feels that new perceptual and cognitive ideas take shape in the encounter with the artwork. Carl Eldh's figures gave one participant the impression that the smallest sculpture was

in fact huge. She saw herself standing in front of it, looking up at it (though in reality she was standing where the photo had been taken), and this gave her the feeling of looking at the scene from a long way off. This made participants aware of the difference between physical and perceived distance, another parameter in the project's method. Participants could even imagine their own gaze as an invisible hand, with which they could reach out and touch the artworks.

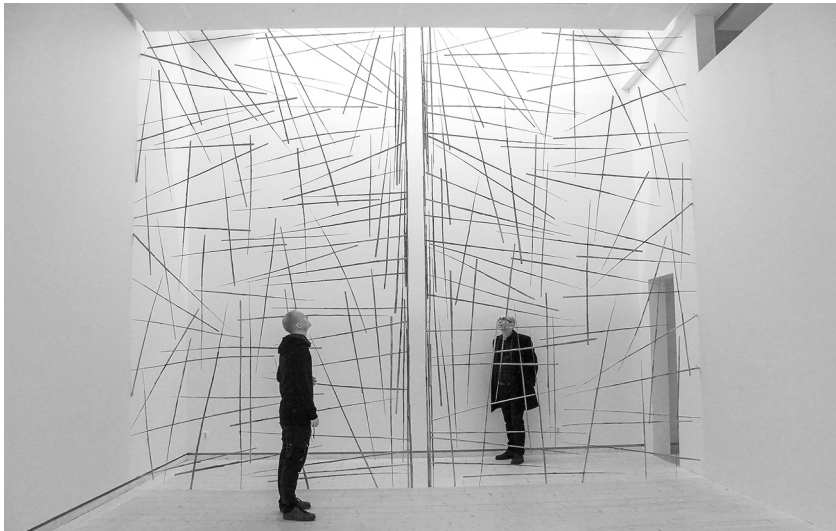


Figure 8.5. Installation by Andy Goldsworthy, 2017–2018, at the Museum of Artistic Process and Public Art, Lund. Photographer: Peter Bengtsen.

The project Presence-Oriented Art Pedagogy started as part of the Linnaeus research programme BAGADILICO, Basal Ganglia Disorders Linnaeus Consortium, at Lund University, funded by the Swedish Research Council 2008–2018. BAGADILICO was a multi-disciplinary research programme uniting researchers from the medical, technological and humanistic faculties at Lund University, in research about Huntington's and Parkinson's diseases. Today, Presence-Oriented Art Pedagogy continues as a collaboration between the Research node for Medical Humanities and the Research node for Aesthetic Studies at the Department of Arts and Cultural Sciences, Lund University.