

Heather Robinson ([00:00](#)):

Well, good morning everybody. It's lovely to see you all here this morning. My name is Heather Robinson and I'm a board member of Adelaide Festival of Ideas, Inc. And I'm very happy to see so many of you here this morning, welcome to the art of redemption. And I'd like to open our conversation today by with a quote by Andrew Hill, who says that at the borders identities collide, certainties turned to uncertainties and permissions become transgressions at the borders. Life may become deaf tolerance may become intolerance and physical attributes may be used as a rationale to deny and to exclude yet at the borders. There can also be transformation and remaking. Now our speakers here this morning will be sharing their experiences with people who have engaged with art as a means of navigating these borders. We will first introduce Les Alavi, who is an art facilitator.

Heather Robinson ([01:07](#)):

Earliest was born in Afghanistan and is an emerging artist and poet. Now based in Adelaide, he has a master's of visual arts from UNIA se and has exhibited nationally and internationally. Our second speaker will be Sally Francis, who is the manager of arts in health at Flinders medical center. She's also an ambassador for the Institute of creative health. Sally works towards having arts in health programs recognized as an integral part of health services. Jeremy rider. Our third speaker is like me, a PhD at Flinders university, and he is doing his candidature in criminology. Jeremy has been producing exhibitions of prison art since 2012, and is exploring the impact and meaning these experiences generate for both artists and their audiences. Now each of our speakers here this morning have some images to share with you. They will be presenting for five minutes and then we will have a conversation across the panel because there are a lot of crossovers and themes that we'd like to explore together. And then we want to hear what you would think of them. So we've left some time at the end of the session for conversation and Q and a. So if you do have any questions or thoughts, please leave them for the final section of this session. Now we will first like to hear from Elyas

Elyas Alavi ([02:35](#)):

Good morning, everyone. First of all, I would like to acknowledge that the land we meet we meet on to today is the traditional lands for the corner people. And that we respect their, a spiritual connection and relationship with their, with their country. So as a thank you, Ethan for the introduction. So my background is, is very it's just an just in visual arts and and about one year ago I started working as art facilitator and working with, with people with mental challenges. So, so my understanding is it is quite minimum. And I would like to share some of the, some of the things that are really learnt in, in this year. It was very interesting that you started with with the court by Andrew Hill about border. I feel for me as someone who's coming from another country and, and how the quarter troubled past when I came to Australia, I found I found that an outsider, I found like quite different than an isolated and, and confused, and also lost as well in a way when I'm working with with, with artists that need my national, I feel they also sharing sharing this, this feeling as well.

Elyas Alavi ([04:09](#)):

So mental health is it's, I feel it, it still is a, it's a very largely taboo subject in, among, among many communities. And and there are lots of artists who, who are dealing with mental, mental health issues. And there are lots of famous artists who who worked about mental health issues, for example, as you, as you would know artists like Francis bacon Silvia plot and just, just, just to, to, to, to name some of them [inaudible] and, and the original Wolf, Tracey Emin, all them, they all worked about their mental health challenges and, and struggle and journeys. I'm going to show you some images by this is a work

by by an artist called Helen. And she lives at, at Elizabeth, one of the artists who comes to to, to the NEMA national art groups.

Elyas Alavi ([05:16](#)):

And she started about four, four months ago and she just came for a visit and she wasn't sure that she was going to come back again. And she told me how she feels quite scared of of a whitepaper or, or, or canvas and, and she never, never painted or draw a true conversation. I told her like how once we were all artists when we were younger and we were, when we were a child and, and basically we just need to search and, and, and try to find that that child and that child artists, that, that, that, that it is within us. And and this is her first painting ever. So we, we th this has happened in, in, in, in second weekend and I just assembled them if you have objects and she started painting.

Elyas Alavi ([06:12](#)):

And, and I just found that, like how she she got that self confidence and self awareness by, by being able to, to paint. This is another of her work, which is which I found it very, very, very strong. So there, there art and mental health and that the many, many connections in, in, in between art and, and mental health. And and one of the, one of the important thing is how art liberating. I'm going to show you this work by by an artist called Steven. And he often during the conversation, he told me how he felt so alienated and, and, and, and lost that connection with, with, with, with, with broader community. And and art is something that that he can really regain that connection, especially by exhibiting other, it, it is quite challenging in terms of diversity and especially for the artists with mental challenges and, and not many galleries really welcoming to show and exhibiting artworks from, from artists with, with, with mental health background. And and just recently we have this exhibition as part of the festival idea at the Cary packet gallery, which this work is also showing the us.

Heather Robinson ([07:46](#)):

That's lovely. Thank you for sharing those those images from people who are suffering well, not so much suffering, but regaining a lot of their position back within a community, in which case it is a new community, and then they're coming at it with another layer of challenge. So it's, it's really important work. I think Sally, we might need to move on. So, yeah,

Sally Francis ([08:09](#)):

So I'm just going to do a bit of a whistle-stop tour of arts and health at FMC. So you get an understanding as to the breadth of the work that we do, and I'll pick out a few examples that demonstrate some of the benefits. So arts and health, that offensive has been running for 21 years. Now, we're the largest arts and health program in Australia, given the sort of diversity of what we do and, and the the number of staff and the longevity of the program. So it's about making the hospital more warm and welcoming. It's about promoting health and wellbeing and staff, patients, and visitors and supporting patient recovery and rehabilitation. So we sit within the department of allied health or the division of allied health, and we were a department delivering a service in the hospital, the same as physio or OT or speech pathology.

Sally Francis ([08:53](#)):

There are 10 of us who work the program, we all work part-time. We are quite to about four full-time staff. We have a patient referral system, so patients can self-refer, but mostly clinical and medical staff will refer patients to arts and health for support. So we have three galleries and an art collection about

250 accessioned artworks, and the galleries provide a place for sort of rest spiked for reflection and also for inspiration. And they completely changed the hospital environment just in terms of making it more sort of hospitable in, we have an art trolley that rolls out two days a week. And I've just given this example here of a patient. I called her Iris. She had never touched a paintbrush before, and she painted an image of the view from her bedroom window in middle-term.

Sally Francis ([09:44](#)):

And it was a wonderful work. And all of a sudden this patient became not just her illness in a hospital bed, but all the staff wanted to come and see what come and see what Iris has done. The visitors were all talking about it, and you could see her grow in confidence, and self-esteem her sort of stature doubled in size. As she got this pride in her work at the same time another patient actually, who had had trouble that had trouble sort of, you know relocating or finding a place in a residential care with painting Madeline and actually this assisted her her position in a nursing home because it proved that she was able to organize herself. She was able to repeat a task and she was able to talk quite lucidly about what she was doing.

Sally Francis ([10:30](#)):

So if we can't get the art trolley or one of the arts services out, we have a number of art packs or nurture packs, also that nurture practices for end of life care, they have a crocheted Nana blanket sort of organic natural objects shells from the beach, a pebble to hold a journal for your thoughts, coloring in and things to decorate the room. So they provide a tool for the carers and for the patient to be taking some control over their environment at a time when obviously nobody wants to die in hospital. So it softens the environment and humanizes the environment. And the feedback is that it completely changes the experience of death for that, that for the family members, especially. And I think this goes beyond just that experience in hospital, but helps with actually resolving and coming to terms with grief and with loss.

Sally Francis ([11:18](#)):

We have a large music program over Harper. She starts working, operating theaters in the holding bay in the morning. There's research that shows if patients go into theater in a relaxed, less anxious state, they respond better to anesthetics. They go through surgery better, and they actually recover faster. The music for relaxation uses Tibetan singing bowls and voice to take people into deep states of relaxation. And I've got the photo of a landfill Lodz there, he's a guitarist Ricky in the hospital. About six months ago, we got a a message from a consultant in the hospital who two years ago, who becomes suddenly ill and was admitted to hospital in his six week stay at the hospital. He heard a piece of music, a guitar music, and he used to play the guitar. And it triggered something in him. When he went to rehab, they bought his guitar into rehab and he learned to play completely from scratch.

Sally Francis ([12:08](#)):

Again, he then went on to do a certificate in music performance at the elder Conservatorium, and he's back working in the hospital. And he emailed us to say that when he heard that piece of music, it changed, unlock something in him. It was about unlocking potential and possibility and providing hope and direction. So I think these things happen all the time. You know, w we're a public institution, people pass through the hospital and we'd never know at the other end, what's affected them, but it can be long-term. We have music therapists, art therapists they sit within the clinical teams and work towards specific clinical outcomes. We have artists and residents are writers residents does weekly workshops in

with poetry with creative writing poetry with the eating disorder patients. And this is an anthology. I will shout all the things I have to be grateful for, which you've just published.

Sally Francis ([12:58](#)):

And this work is incredibly powerful and moving. And by actually that process of writing the poetry and choosing those specific words, the participants, the patients have actually been able to communicate what it's like, not only to have an eating disorder, but to be hospitalized often for long periods of time. We also have many student placements and work with medical education. So we work with the doctors, the medical students to develop good communication skills, listening skills, and a holistic approach to health and using things like reflective writing. You know, the words you choose are important, the way you say things, the way you write things in patient notes makes a difference. So the, the program is really board. It's really flexible and adaptable to each patient's needs.

Heather Robinson ([13:45](#)):

That's great, Sally, thank you. And I think that theme of regaining some sense of identity and agency within such an environment is really important. And probably something we can pick up with at the conversation after this, but please, Jeremy, would you like to share your perspectives?

Jeremy Ryder ([14:04](#)):

Oh, thanks. Heather and Elyas and Sally and and everyone. Yeah, that was, it was really interesting to hear your, your, your presentations then, because prison is a major institution, just like the, the hospital is prison is also an institution where people are increasingly presenting with mental health issues. It's also I'm sure it'll be come as no surprise. It's a, it's a good place to exacerbate existing mental conditions. Prisons is a great place to develop one if you don't have one particularly around depression and issues of self-esteem. But I'm Jeremy and in in 2011, I went over to the UK and did a volunteer placement at an organization called the the cursor trust. And they've been producing annual exhibitions of art in the UK for for 50 years now.

Jeremy Ryder ([15:00](#)):

And I went over and sort of learned what they did and then I'd come back to came back to south Australia and I sort of apply that model here. And just a quick plug at least his exhibition is currently, I know in the Kerry packer, civic gallery at uni. So across the road the next exhibition, there will be the art by prisoners exhibition this year. And that'll be for Salah, so coming to come and check it out. But as I said, the coastal trust takes they have, but what the cursor do really is use art to create the sorts of interactions that really you are just talking about. Then only, it's very hard to get those interactions from, within within prison, but just like the the patient who, who painted the view from the window.

Jeremy Ryder ([15:52](#)):

All of a sudden that painting was able to sort of fracture her, her patient identity and people were coming and interacting with her not just as patient, but as, you know, as, as artists as you know and and that's in a way what the curse of trust and what what I call the up my prisoners program has done as well. And so just to give you a a, an example of the interactions that these exhibitions, which is the intention of these exhibitions really I've brought in within that wall. There's a poem in the top right-hand corner, which you can't read, but I'll give you a few moments. No, if you can read this poem, but I'll give you a few moments just to take in the words.

Jeremy Ryder ([16:46](#)):

So very similar issues again, people dealing with trauma, grief loss and the exhibition has, has a sort of feedback mechanisms in it that really I I asked the audience to leave comments for the artists and then I send those comments back as a way of creating those positive feedback loops. So for example, these are some public responses to that artwork. And then I sent them back to the young woman who who wrote that, and then she wrote this nice paragraph back. So in a sense again, doing very much what Ellison and Sally are doing, but obviously from within the prison context, it's really hard to get that feedback loop between the prison and the community going, and when you do that in the context of an exhibition it sort of creates I think an important cultural space to I guess have alternative conversations around prisons around how many people are in them about what it does to people and what we expect from them as well.

Jeremy Ryder ([18:01](#)):

And I guess really it's a visual art exhibition, so that's not a great example cause it was it was a poem, but I've just brought that young woman entered this work this year. And I think she's actually quite a talented illustrator. And I think you also have to remember that people work really basic materials. So really very, very cheap basic materials that are available and have a couple of more images, but that was the last one. So yeah, I'll I'll leave it there, but that's really in a nutshell what the exhibition tries to do

Heather Robinson ([18:43](#)):

Well, that's, that's a brilliant point, I think, which we can open it up as a conversation because that sense of belonging and that sense of identity, all of these things seem to be elements that are very key to our existence as humans. That even from an evolutionary perspective, you know, we're hardwired to want to belong and to be part of a community. And in each of the instances that, that you guys are speaking to that is fractured, that's taken away. And I'm just wondering about the process of each of the people who find themselves on the other side of this border, how do they come to the art, or how do they find that creative expression? Does it take much convincing?

Sally Francis ([19:32](#)):

I think we're in the hospital environment, we work all through the hospital from neonatal intensive care through to hematology all departments and, and it, and it really varies. There will be people who would already have you know, [inaudible] other experience or skill in art or people who have never, ever you know, had any experience at all. So I think often it's so unexpected in the hospital environment to have someone come up to ask you if you want to engage. And when you do take that step, either as an individual on a referral or in a group it is hugely empowering. and I think it also has the element of being able to take control over an environment. So I think one of the things we all have in common and certainly the hospital in the prison is that you're in an unfamiliar environment, you're dislocated from everything that is normal or normal and familiar to you. and that, and that can be really disempowering. So what the activities do is actually enable people to take some control over their environment. I mean, it sounds really silly. I think one of the things in the hospital also is that the art trolley can go up to someone and say, would you like to do something? And they might say no. And you think that's great, you know, they've been able to actually exert. So you can't say, I don't want to have an x-ray today. I'm not going to have a blood test so much

Heather Robinson ([20:50](#)):

Forced on you at this time for your blood pressure. It's this time for your medication, you'd have no options with so

Sally Francis ([20:57](#)):

Many choices, choices and it's control.

Heather Robinson ([21:01](#)):

Yeah. Would you agree Alice

Elyas Alavi ([21:04](#)):

More than two to provide a very safe setting as well? And that's, and for example, in our grip especially when, when, when a new member joined others really trying to trying to help her or him and, and, and just, just to just be very open, open about it as well. And I think the, the role of the arts facilitator is very important to be just a facilitator, not a, not a teacher and not not really saying, trying to correct it. It just just try to guide it at the same time, same time, leave the artist to to really work about him or herself.

Heather Robinson ([21:46](#)):

Yeah. It's like a multi-stage process, isn't it? That the process is the point, but then it has these other flow on effects. So I'm also interested in, in what you would think regarding the importance of exhibiting the work. What does that mean to the people that we're with speaking about here today?

Elyas Alavi ([22:08](#)):

Well first of all, I really would like it, I'm inviting you all to to to, to take a look at the current exhibition at the Kerry packer gallery by item eight artists. But which, which I work with this morning we had the artist talk and, and I do really feel like how they felt them. They felt that like they, they achieved something and, and they they're feeling very proud, especially being able to exhibit in a gallery setting, not, not just in a library or a community center, which is good, but, but they, it's not often suitable for some of the artworks. So here we have we have installation artworks and, and books are, are in, in the larger sites as well. And and I do feel like how have we really for them especially feeling that we can we can contribute, we can we can basically create artwork, which which even Assata sorta start conversation and, and, and even the debate as well. Sure.

Heather Robinson ([23:22](#)):

And Jeremy, so many of the people that, that whose works you're dealing with have been, you know, deliberately shut out from the community. So I can imagine there are a whole other layer of issues when it comes to trying to reach them through their, through their art.

Jeremy Ryder ([23:38](#)):

Yeah, certainly. And and that's something you gotta be aware of when you're exhibiting is as well. You gotta to do that sensitively so that so that you're not causing further harm to people in the community and also, but also to those in prison as well, but certainly prisoners really value that that sense of inclusion and visibility, but I think it's from the, from the prison as well, it's important to generate stories of hope and of pride and similar to your the people you work with earliest, but I guess from the, from the prison, they're really coming from a place of shame and that's and that's, I think a key distinction and, and yeah, I suppose the other thing I would say about, sorry, I've lost my train that's okay.

Heather Robinson ([24:37](#)):

Well, I was just thinking that it's it's as someone who, you know, I've studied a lot of art history, I'm doing a PhD on what the, these practices mean to our communities, but I've very rarely actually created a piece of work because it's like, oh, it's not good enough. People might laugh at me. I don't know what I'm doing, and that's coming from a pretty privileged position. Whereas so many of the people that are in prisoners sort of had this lifetime of, of knocks and ended up in a situation whereby it's even harder to share bare your soul or offer something that is a little part of you.

Jeremy Ryder ([25:17](#)):

Yeah. I agree. I think you know, art is not easy and putting something out there in the world of yourself is not necessarily an easy thing to do. You know, when you do that, you you know, you sharing something often, it's something quite personal. Oh, that

Heather Robinson ([25:34](#)):

Poem just, you know, did anyone else feel a little T yeah. Prick or I break, I should say you know, it's, it's, heart-wrenching stuff that I think a lot of these people are dealing with.

Jeremy Ryder ([25:46](#)):

Yeah, yeah, absolutely. Yeah, it is. And but I think I think one of the, sort of what are the interesting things about art is that when you, when you do it from a place of sort of wrongdoing, if you do it from your, your status as a, as a criminal you there's a sort of a moral important sort of moral symbols that, that that are represent. So, I mean we, as a society place, a lot of value on art. We value the people who do art, and I guess the art gallery of south Australia is a great example of an institution that, that that props up that idea as a if you, when you are convicted of a crime, you are, your identity, I guess, is, is transformed. And it's transformed in a powerful way, more powerful than, than the transformation to patient sort of enter a hospitalist patient. Or you enter a hospital, you become a patient, but then you leave a hospital and everything's, you know, ideally fine. But when you enter a prison you go through all sorts of powerful ceremonies of ritual degradation, and there's very little on the way out to elevate someone's status. And and so

Heather Robinson ([27:08](#)):

Does the art continue as that facilitator or kind of maintain a part in this process of reintegration? Yeah. Yeah. Well, I think from, from

Jeremy Ryder ([27:17](#)):

A, from a position where you're compromised morally art can be a way back from that point basically by, by demonstrating what really is sort of right. Doing, you know, it's something that's valued rather than devalued by that by society.

Heather Robinson ([27:35](#)):

And, and speaking of which I think working in the arts, it's hard enough to get resources, you know, to get any sort of program or practice off the ground to do so within an environment whose main business, whether it's a hospital prisons is not or mental health facilities, it's not like their core business. So do you find yourself on the bottom of the rung when it comes to any sort of funding or resources, or have you gained the evidence and recognition that this is worth supporting sadly? Yeah,

Sally Francis ([28:09](#)):

I think certainly the FMC, because we have been running for 21 years and we are embedded in the hospital. We're fully funded by the hospital has meant that we've made ourselves indispensable. So we are part now of that patient journey and that's really respected and it's in demand. So I think it is it's getting in there and just working. So like any community development process of just gradually working slowly, gaining the insight, the respect, the trust of the environment you're working in. And it's a very rigid, hard environment, the health environment, and you anyways. And a lot of my work is, is actually softening those edges and integrating what is a very fluid art process into a rigid public service environment. But I think once you've done that, and over the time, we've certainly been able to embed the program to the extent we are funded and to the extent that we're actually now looking at expanding through the whole of the Southern Adelaide local health network. So I think it's, it's just keeping at it to actually get that you know yeah, the trust and respect.

Heather Robinson ([29:15](#)):

Yeah. Yeah. And do you find that also the patients maintain their practice as part of their, I suppose their recovery process is that

Sally Francis ([29:23](#)):

Yes. Yeah, absolutely. I mean, it can be a really transformational life-changing experience because people in the hospital, the average length of stay is four or five days. You've gotta be pretty sick to be a patient at FMC. And all of a sudden you have this experience or gain this skill or knowledge, which can completely change your future life, your direction. It's very powerful.

Heather Robinson ([29:43](#)):

And it's, do you find that

Elyas Alavi ([29:46](#)):

About the funding? I do also feel, especially for the, for the group I work with which most of them they're living in the community and there's always they're always like very challenging. That's why we, not sure if you can get the fund for the next year. And, and normally that's the, that's the first thing. If, if, if there is a short in budget day, that's the first time program to, to, to carton. And I know we had we had programs in Melbourne and Sydney and, and due to due to funding, it's all it's all closed down. So, so, yeah, just, I think maybe, maybe in hospital, if it is a bit different, but, but I do feel like more promotion and more attention needed to, for the people who are living with mental health issues in the community. Yeah. Yes.

Heather Robinson ([30:40](#)):

Now I think we can all agree with that. But we do have some question time allocated it's part of our mandate.