

Socially engaged art practice – a responsibility towards care

What responsibilities to the audience do artists have when presenting complex socially engaged work in a public space?

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[Vic McEwan](#)



Visual Arts. Facial Nerve Harp. Photo: Jack of Hearts studio.

There is a well-documented social turn happening within the arts. This can be seen in festival programming, creative recovery, arts/health and funding models that increasingly require artistic and community outcomes to align. As we see terms such as “socially engaged practice” and “social change” being used more frequently within global art contexts, let’s take a moment to consider the rigour with which we interrogate these claims of social engagement and social change.

As a regionally-based organisation, the [Cad Factory](#) has spent many years delivering work in local, national and global contexts with the aim of developing ways for diverse voices to be part of our national story. We’re not a regional arts organisation trying to generate alternative pathways for inclusion in mainstream

(capital city) art establishments. Instead, we are attempting to rethink the role of the arts within our contemporary world.

One such example of how we approach contemporary arts practice is the project *Face to Face: The New Normal*. Currently, I am enrolled in an art practice-led PhD at the University of Sydney. I am the first artist to be accepted into a PhD in the Faculty of Medicine and Health, where I am locating my arts practice within the [Sydney Facial Nerve Clinic](#).

I have placed my PhD in the Faculty of Medicine and Health because I want my claims of socially engaged practice to be critiqued not only by the arts sector, but by the sector that I am engaging with, in this case health. I want this critique to come from the clinicians and patients I work with, as well as curators, reviewers and artistic peers. How can I engage with this multiplicity of languages and perspectives?

What is Facial Nerve Paralysis?

Patients acquire facial nerve paralysis as a result of pathologies such as Bell's Palsy, tumours, head or neck cancer and physical injury. This can result in major damage to the nerves that enable people to smile, frown, blink their eyes, eat, drink or to express emotion on their face. This also means that patients present to the public with (sometimes severe) facial difference, which causes stigma, ostracism and self-consciousness.

Research indicates that people experiencing facial paralysis have depressive symptoms three to five times greater than the general population, creating broader issues around mental health and societal perceptions of facial difference.



Bio Medical Composing Machine. Photo: Jack of Hearts studio.

The Managed Heart

In 2012, Professor of Sociology Arlie Hochschild published *The Managed Heart*, a project for which she embedded herself within Delta Airlines to research a theory of 'emotional labour'. During that time, she observed that the airline advised flight attendants-in-training that they had the authority to deny boarding for any passengers with facial deformity as it was possible that the 'effect on the emotional memory of other money-paying passengers might be all wrong'.

This financially-led concern to "protect" passengers from the unease of viewing someone with a non-typical face, speaks not only to the role that the face plays in our perception of identity, but to the way we are judged and evaluated by others.

Researchers have shown that within 1/100th of a second of seeing someone's face, we are already making judgements about attractiveness, likeability, trustworthiness, competence and aggressiveness. The various forms of "other-ing" and discrimination that occur because of facial difference, range from small and unintended gestures, such as a stare that lingers longer than it should, to more extreme examples of prejudice, systemic biases and exclusion.



Wall of Faces. Photo: Jack of Hearts studio.

We can also see these forms of bias within traditional modes of artmaking through formalised concepts such as symmetry and beauty. Charles Darwin identified this when he looked to art to further his study of facial expression, concluding:

‘I had hoped to derive much aid from the great masters of painting and sculpture, who are such close observers, but with a few exceptions, have not thus profited. The reason, no doubt, is that in works of art, beauty is the chief object; and strongly contracted facial muscles destroy beauty.’ (Darwin, 1872)

Process

The Sydney Facial Nerve Clinic was established in 2015 by a group of surgeons, physiotherapists and speech pathologists as a place for treatment and research. When patients visit the interdisciplinary clinic and are examined by a team of doctors, I am also in the room as a contemporary artist; and, just like the other clinicians, I then work with specific patients, undertaking a variety of artistic explorations that emerge from the relationships that I build with patients, i.e. they aren’t pre-defined.

What makes this different from art therapy is that we are being led by considerations of contemporary arts, focusing on artistic outcomes alongside process and ethics. By working in this way, we aim to impact the art world just as much as the social world, attempting to break down any prejudices that still linger about the “value” of artmaking that involves “community”.



‘Face to Face: The New Normal’. Photo: Jack of Hearts studio.

Exhibition

One of the artistic outcomes of this work has been an exhibition at the Wagga Wagga Art Gallery called [*Face to Face: The New Normal*](#).

The 2022 exhibition highlighted the potential for medical science and the arts to come together to nurture the human dimensions of illness and trauma, while exploring issues of identity and the self through the human face.

This exhibition consisted of 15 artworks made via this process of patient and doctor engagement. Penny Grist, Curator of Exhibitions at the National Portrait Gallery, [reviewed the exhibition](#) for their online journal *About Face*. This review gives a good description and critique of the exhibition, and there is an [online copy](#) of the catalogue, detailing all the work.

Care

The concept of “care” is central to this work. This includes ideas of self-care, care for patients and clinicians, but also examining what responsibility we have for the audience when we are presenting complex and “tough” socially engaged work in a public space. To examine this further, the exhibition employed two Cultural Mediators, Natalie Power and Kalia Forde, whose role was to judge when it may “feel right” to engage with gallery visitors. This involved observing and then talking to visitors, potentially sharing in conversation about some of the subject matter raised in the exhibition.

The process of extending care beyond the artmaking process to include care for audience, has proven to be an important consideration. Within this ecology of socially engaged practice, it is not only the patient who is potentially in a position of vulnerability, but the audience and the artist as well. Therefore, this process acknowledges that the gallery space and the lives of the audience aren’t blank canvases waiting for meaning to be placed onto them; instead, they are full of (often contested) histories, difficult realities and complex bureaucracies.



Lachrymal Vase. Photo: Jack of Hearts studio.

Power and Forde, who come from backgrounds as artists and teachers, worked on a rotating schedule in the gallery space, talking to people about the work and the responses that arose for them.

Power says of the experience:

‘My role as a cultural mediator was to provide the audience and the artwork with a level of tenderness and care, to hold space for people to experience, be supported, acknowledged and engaged. It was an honour to be a part of this process and to share the space with strangers, connecting with them on a deeper level through the artworks. I was truly humbled by the depth of engagement that people had with the artworks and the space, and it was heartening to see people stay longer in the exhibition when a cultural mediator was present.

‘Institutions and communities can benefit immensely from more exhibitions and experiences that showcase the power of socially engaged art and the importance of care in art practice. By creating a space for this care and engagement, we can foster meaningful connections between art and people, enriching our lives and our communities.

‘My experience as a cultural mediator for *Face to Face: The New Normal* was a gift, and I am grateful for the opportunity to be a part of such a profound and important experience.’

Forde says:

‘*Face to Face: The New Normal* highlighted a multidisciplinary approach to how we engage with the arts. Despite this, and despite the interactive aspects of many of the artworks, I initially was unsure how I would be received when approaching gallery visitors as a Cultural Mediator. For me, gallery visits can often feel sacred. Even when visiting galleries with others, I prefer to take in the space on my own. I embrace silence, leaning into the artworks, the lighting, the atmosphere of the building.

‘The very idea of cultural mediation, however, compelled me to break out of my own gallery ‘comfort zone’ and this quite easily and unexpectedly felt natural. I found myself having conversations about art with people from a range of different perspectives: doctors, counsellors, art therapists, curators, dancers, teachers, students and children. People who had sought out the exhibition and people who had stumbled upon the exhibition. We told stories, asked questions, answered questions, debated, listened, agreed, disagreed, we laughed loudly, whispered quietly, all surrounded by the faces and stories of the people Vic had engaged with when creating the artwork.

‘I believe that these conversations guided visitors beyond comprehension of the exhibition into a space that facilitated deeper and more meaningful engagement. And

this was not one-sided, I felt it too. Over the course of the experience, I realised that my reverent approach to art galleries may be misplaced. Art galleries are social spaces. They are spaces where we are free to offer our ideas and embrace vulnerability. They are spaces that encourage connection. And they provide spaces which can care for us, if we let them.'



Cultural Mediators Kalia Forde and Nat Power. Photo: Joel Markham Photography.

Conclusion

The aim of this artistic work has been to highlight the potential for artists to have broad impacts across society. By presenting social and art outcomes together, we acknowledge that we don't have to remove art from the art world in order to care for people.

This work has been created by engaging with contemporary artistic practice as a process of care. Caring for the vulnerability of people at the Sydney Facial Nerve Clinic, caring for gallery visitors as they immerse themselves in the 15 artworks that comprised the show, and caring for the development of contemporary arts practice. It also acknowledges that as artists more frequently work in socially engaged practices, we must make fundamental commitments to care for them as well.



[Vic McEwan](#)

Vic McEwan is an Artist and Artistic Director of The Cad Factory, a regionally-based arts organisation currently running a multi-year program called The CASE Incubator, which nurtures a community of practice for socially engaged artists. He is also a PhD candidate at the University of Sydney under the supervision of Dr Susan Coulson PhD (Health Sciences), Dr Claire Hooker PhD (Sydney Health Ethics) and Dr Paul Dwyer PhD (Performance Studies). He currently has a solo show 'Haunting' on exhibition at the National Museum of Australia.