

Art in Dialogue: Visibility and voice communicating 'hard to articulate' illness experiences

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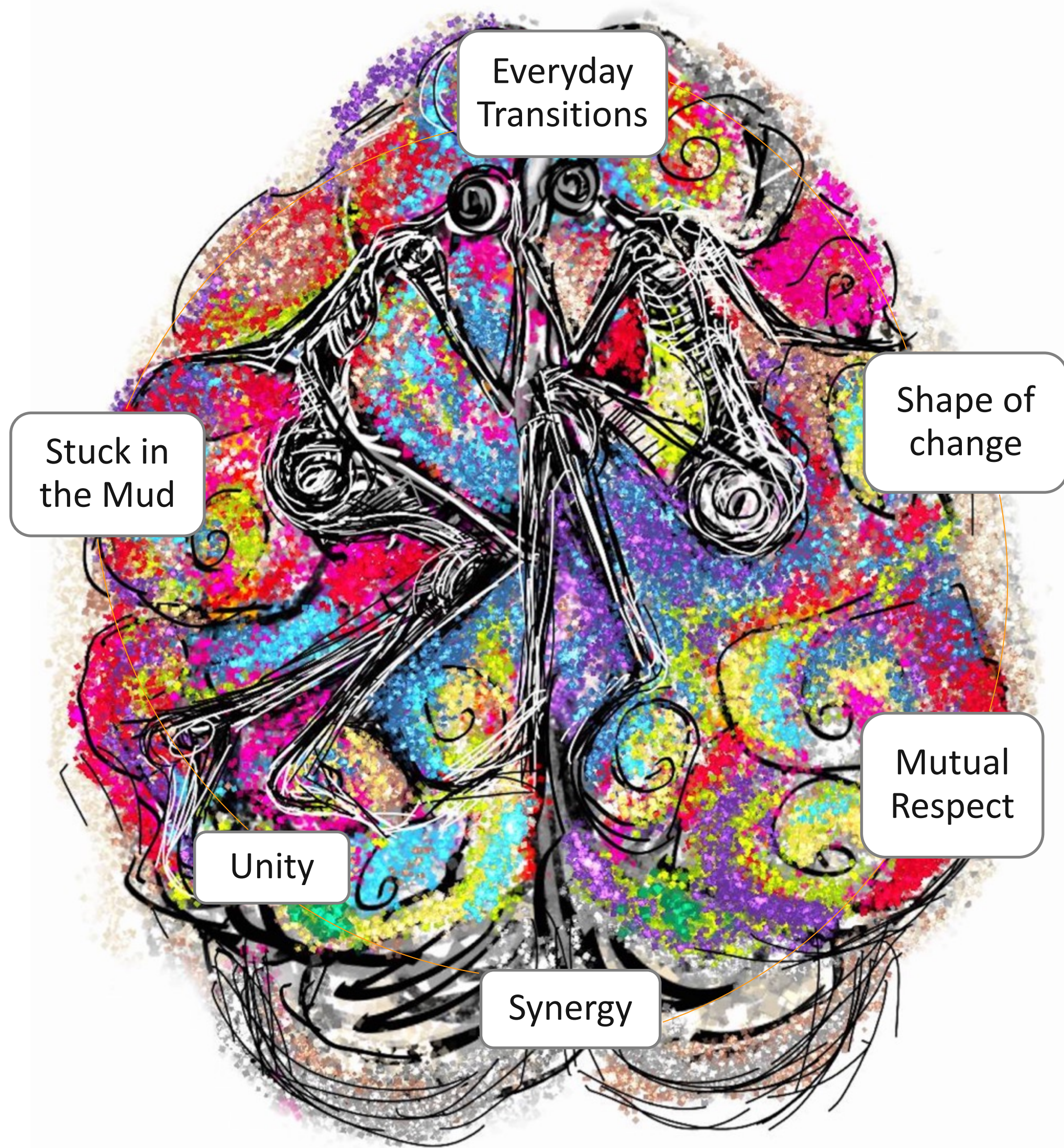


FIGURE 1: My Everyday - Micro and Macro Communications within my brain

Introduction:

Through an account of personal experience connecting art to illness and everyday life, this narrative touches on, how using an app on my mobile phone to create **Digital art**, transformed my illness experience into a more meaningful way of living, moving from clinician to patient.

Exploring art and the human factor my narrative aims to:

- Open dialogue, raise awareness and create agency about facilitating 'expression of illness'
- Show how such expressions can be a visual language communicating the clinical process and complexities of the 'lived experience' to a wider audience
- Open ways of knowing and learning to help healthcare professionals get a deeper understanding of what people go through

New understanding about issues faced by patients opens up communication channels, playing an integral part in patient-clinician interview.

Seeing more of the face behind the illness, not just the person with an illness.

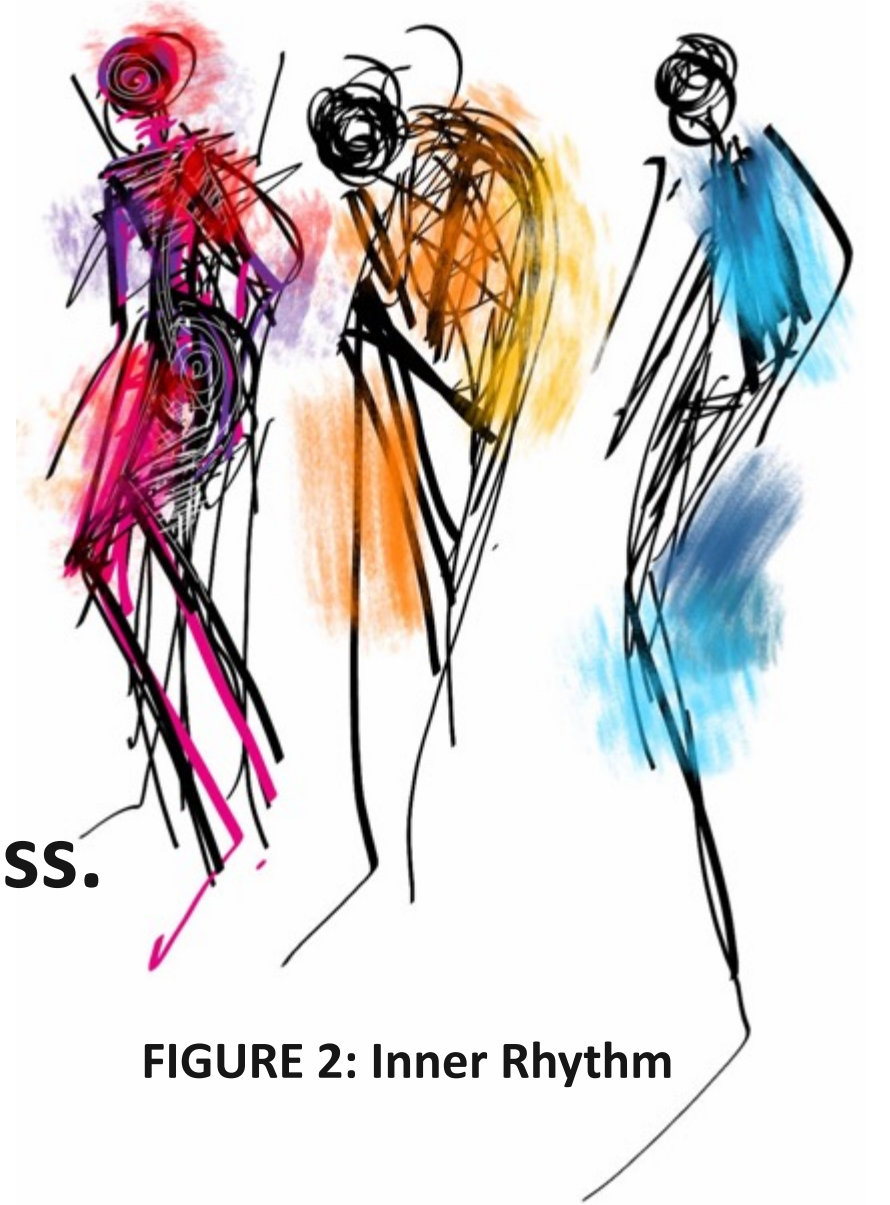


FIGURE 2: Inner Rhythm

Methods:

Given that so much of the human experience around illness is steeped in emotion and complexity, the focus is on our understandings of identity, art and illness.

I used art as a self-inquiry,

- To capture and represent my journey
- Looking into 'the essence of being a patient' and 'making sense of illness'
- Documenting my observations using colour to portray different energies surrounding adaptations, transitions and impact on image and lifestyle

The creative and reflective outcomes are the result of my research inquiry deliberating on my encounter integrating art with narrative as a technique to depict the subjective experience of illness.



FIGURE 3: Stuck in the Mud



FIGURE 4: Collective Strength



FIGURE 5: Mutual Respect

Result:

I present my own dialogue and agency of being an artist, patient and retired clinician, exploring creative expression through the digital medium.

Creating something tangible generated a sense of purpose, helping me to regain some control from over-powering emotions and challenges that stemmed from living with a rare 'unexpected' illness.

My personal journey invites a collective understanding of "how people make sense of key life experiences and what it means to them".

The profound psychosocial impact from illness makes it a challenging experience and art can act as a tool to cope with combating everyday struggles.

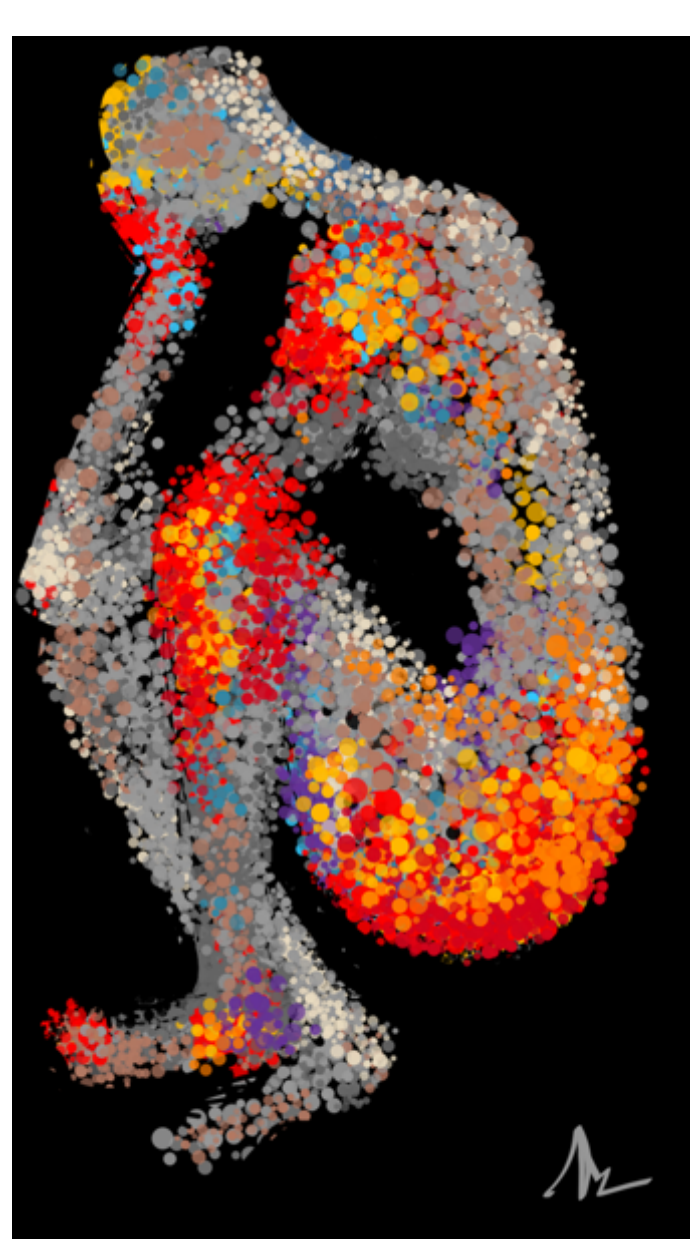


FIGURE 6: Stolen Moments



FIGURE 7: Synergy

Discussion:

A great deal of diagnostic power can be drawn from the visual world, opening tangential pathways of learning, helping to explore our understanding of 'Human aspect of Medical Practice'. Presentation and Representation of illness expressed through art forms can help bridge the gap between 'Biomedical and Human focus' as well as 'Complexities of Communication' encountered in multi-disciplinary health environments.

Art encourages self-reflection, looking inwards, the way we see and think to deepen our perspectives. Indeed, we can all use art to further develop 'thinking out of the box' approaches to clinical practice and everyday experience of healthcare. Given the opportunity, art can influence, inspire and enable individual and collective change.

References and External links:
 All Party Parliamentary Group on Arts, Health and Wellbeing Inquiry, July 2017 <http://www.artshandwellbeing.org.uk/appg-inquiry/>
 Radley A, Lupton D and Ritzer C (1997) Editorial: Health: An invitation and introduction. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine* 1(1) 5-21.
 Staron P, Lippert S. Integrating the arts into healthcare: Can we affect clinical outcomes? In: *Witold D, Richardson R, editors. The Healing Environment Without and Within London, England: Royal College of Physicians; 2003*: 63-80.
 Camo PMA. Playing in the mud: health psychology, the arts and creative approaches to health care. *J Health Psychol* 2006;31(2):287-298.
 Stucke HL, Nohel J. The Connection Between Art, Healing, and Public Health: A Review of Current Literature. *Am J Public Health* 2010 February; 100(2): 224-263.
 Guillemin M. Embodying heart disease through drawings. *Health (London)* 2004;8(2):223-239.
 Reynolds F, Prior S. A lifestyle co-ordinator: a phenomenological study of the meanings of artwork for women coping with chronic illness and disability. *Social Rehabil* 2003;25(4):785-794. 5.
 Reliving symptoms in cancer: innovative use of art therapy. *Nurses R, Patel A, Palmer M, Smith L, Shaw S, Pines S, editors. 2006 Feb; 31(2):162-9.*
 Bolwerk A, Mack-Arndt L, Lang F, Do Filer A, Malhotra S. Your Art Changes Your Brain: Differential Effects of Visual Art Production and Cognitive Art Evaluation on Functional Brain Connectivity. *PLoS ONE* 9(7): e103095. doi:10.1371/journal.pone.0103095
 Morita M, Aoyama M. Visual artistic creativity and the brain. *Prog Brain Res* 2012;206:29-43. doi: 10.1016/B978-0-08-090002-6.
 Wroble G, Newman A, Burholt V, et al. Dementia and imagination: a mixed methods protocol for arts and science research. *BMC Geriatr* 2016;16:163-4. doi: 10.1186/s12916-016-0163-4
 Geller, Jennifer E, John Henderson, Neha Anderson, Craig L Gordon, Anne M, Michel, Galen D, Hedeker. Discrete Positive Effects and Markers of Inflammation: Discrete Positive Emotions Predict Lower Levels of Inflammatory Cytokines. *Emotion*, Vol 15(2), Apr 2015, 129-133.
 Colantonio, A., Kontos, P. C., Gilbert, J., Kozlowski, K., Gray, J., & Keightley, M. (2008). After the crash: Research-based theater for knowledge transfer. *Journal of Continuing Education in the Health Professions*, 28(1), 180-185.
 Gray, K.E., Rich, M., Lamerique, M., & Greenberg, M. (2005). Reactions of health professionals to a research-based theater production. *Journal of Cancer Education*, 18(4), 223-229.
 Kontos, P., & Nagueh, G. (2007). Expressions of personhood in Alzheimer's disease: An evaluation of research-based theater as a pedagogical tool. *Qualitative Health Research*, 17(6), 799-811.
 Edwards, A. (2007). *How to Visualize: How to Visualize and How to Design Medical Images*. In: *Art Design Education* 2002, 31(1), 78-89.
 Shapiro, J., Buckler, L., Beck, J. Training the clinical eye and mind: using the arts to develop medical students' observational and pattern-recognition skills. *Medical Education* 2006, 40, 263-268.
 Kaitera, A. (2008). The Use of Visual Arts as a Vehicle for Designing Medical Pathologies. *MAA Journal of Ethics*, Volume 28, Number 8, 843-854. doi: 10.1002/journalofethics.2008.28.08.08.11.1608.
 Macnaughton RJ. Even HMMWY pay attention to the arts? *Medical Humanities* 2009;3(1):2-3.
 Kelly, Stone, Davies, Lantieri, Harris, Deborah, McCullum, Alex, Pappalardo, David and PCLMARS, Nicholas (2015). Reviewing art therapy research: a constructive critique. Project Report. Sheffield Hallam University. <http://www.sheffieldhallam.ac.uk/~pappalardo/>

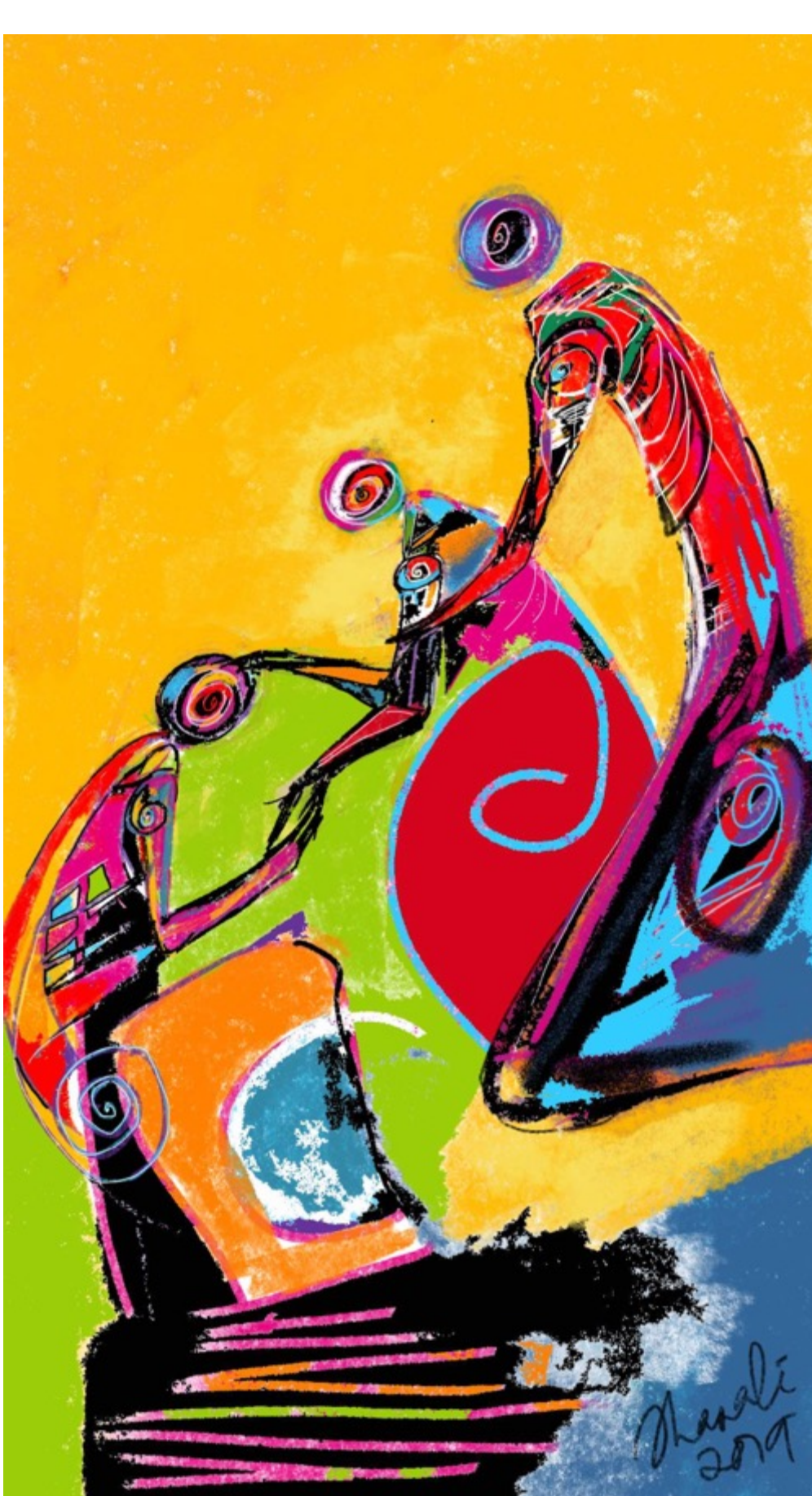


FIGURE 8: Shape of Change

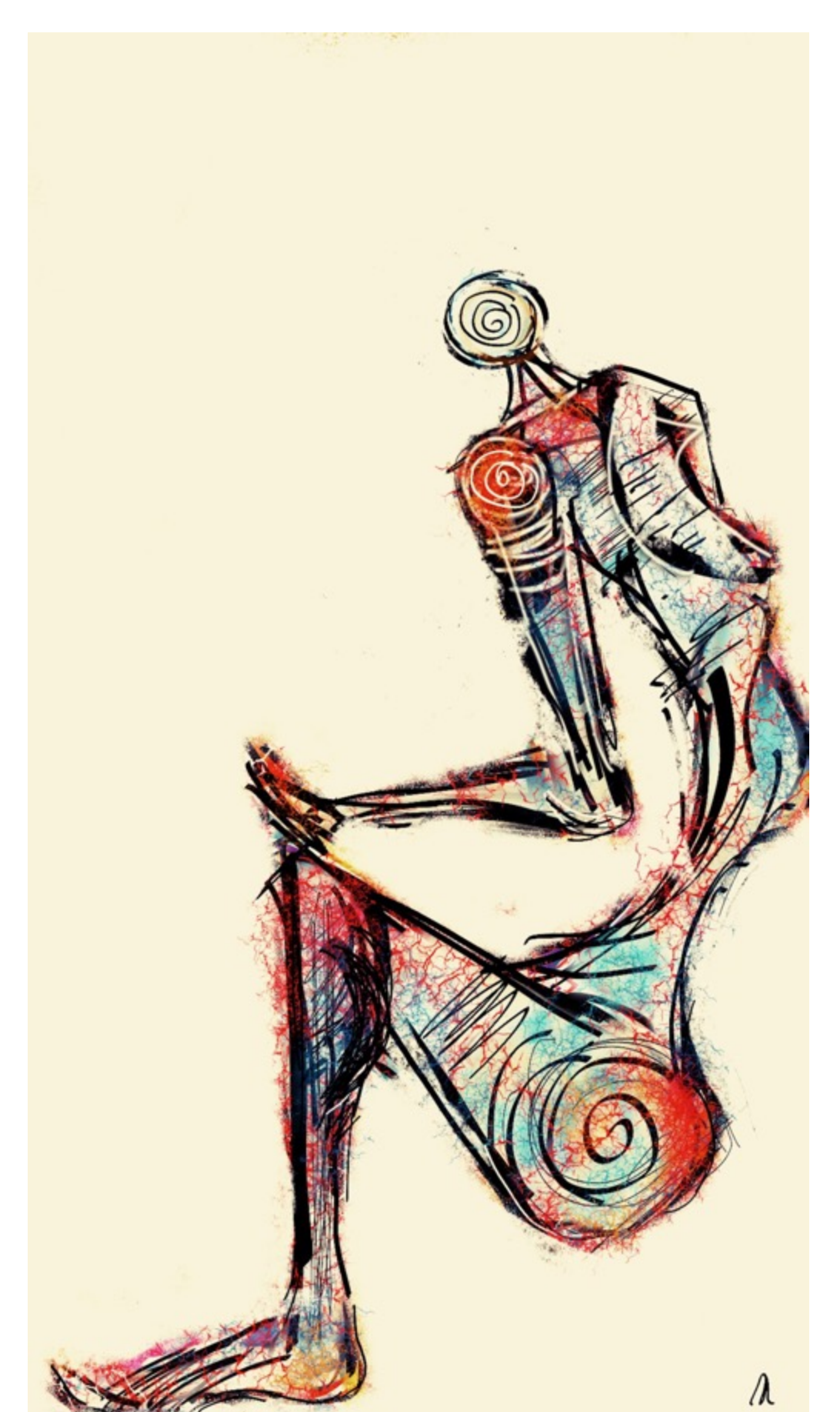


FIGURE 9: My inner Reality