



# **‘From The Cradle to the Grave’: Reciprocity and Exchange in the Making of Medicine and the Modern Arts**

University of Exeter  
Thornlea, New North Road

14 April 2011



Arts & Humanities  
Research Council



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## Schedule

Thursday 14 April 2011

Time	Session
09:00–09:30	<b>Registration and Coffee/Tea</b>
09:30–09:40	Welcome and Opening Remarks
09:40–10:40	<b>Keynote Speaker:</b> <ul style="list-style-type: none"><li>• Dr Deborah Kirklín (UCL / editor of <i>Medical Humanities</i>)</li><li>• ‘Medical Humanities: from Conception to Birth’</li></ul>
10:40–11:00	<b>Coffee/Tea</b>
11:00–12:30	<b>Parallel Sessions 1:</b> <ul style="list-style-type: none"><li>• Visualising Medicine</li><li>• Medicine in a Modernist Age</li></ul>
12:30–13:30	<b>Lunch</b>
13:30–15:00	<b>Parallel Sessions 2:</b> <ul style="list-style-type: none"><li>• Reception of Arts and Environment</li><li>• Arts Therapies</li></ul>
15:00–16:00	<b>Parallel Sessions 3:</b> <ul style="list-style-type: none"><li>• Health and Performance Arts</li><li>• Medicine in Historical Fiction</li><li>• Bodies and Medical Discourses in Literature</li></ul>
16:00–16:30	<b>Coffee/Tea</b>
16:30–17:30	<b>Keynote Speaker:</b> <ul style="list-style-type: none"><li>• Professor Brian Hurwitz (King’s College London)</li><li>• ‘Watching and Walking the Streets of London – Influences of Literary, Visual and Collecting Cultures on the Clinical Cases in James Parkinson’s Essay on the Shaking Palsy’</li></ul>
17:30–	<b>Reception: Wine and Cheese</b>

***The following will be available for viewing during all breaks and the wine reception:***

- Private preview of an exhibition on the relationship between ‘Arts, Health and Wellbeing in Devon’ in conjunction with the following local organisations and projects:
  - Art on Prescription
  - Arts Therapies Service
  - Devon Partnership NHS Trust
  - Double Elephant Print Workshop
  - Exeter HealthCare Arts
  - Flying Fish Artists
  - Insider Art
  - Magic Carpet
  - Paintings in Hospitals
  - Upstream

## Sessions and Papers

REGISTRATION FOR ALL DELEGATES: 09:00-09:30

WELCOME AND OPENING REMARKS: 09:30-09:40

KEYNOTE SPEAKER: Dr Deborah Kirklin. 09:40–10:40.

‘Medical Humanities: from Conception to Birth’

*COFFEE/TEA (10:40-11:00)*

PARALLEL SESSIONS 1: 11:00–12:30.

### 1. VISUALISING MEDICINE

**Room: 1**

**Chair: TBA**

- Dr Ian Williams, Independent Scholar and Medical Practitioner: Graphic Medicine.
- Helen Mason, Animation Therapy: Animation in Therapy; Bringing Therapy to Life.
- Rishad R. Motlani, University of Exeter: End-of-Life Reflections: A Lesson and Practice Related to Religious Thought.

### 2. MEDICINE IN A MODERNIST AGE

**Room: 2**

**Chair: TBA**

- Will Abberley, University of Exeter: Nature and Culture in Dialogue: Instinctive Signs and the Primal Unconscious in Thomas Hardy’s Fiction.
- Susie Christensen, King’s College London: ‘A Web of Connections’: Cerebral and Bodily Localisation in H.D.’s Notes on Thought and Vision, Havelock Ellis’s ‘Analysis of the Sexual Impulse’ and Late Nineteenth Century Neurology.
- Dr Jens Lohfert Jørgensen, University of Copenhagen: Bacteriological Modernism.

*LUNCH (12:30-13:30)*

## PARALLEL SESSIONS 2: 13:30–15:00.

### 1. RECEPTION OF ARTS AND ENVIRONMENT

**Room: 1**

**Chair: TBA**

- Jennifer Binnie, University of Leicester: The Impact of Viewing Art within a Museum upon Wellbeing and Anxiety.
- Malcolm Learmonth, Insider Art and Devon Partnership NHS Trust: The Arts, Health and Suffering.
- Peter Scher and Dr Langley Brown, Manchester Metropolitan University: From Art to *Arts for Health*.

### 2. ARTS THERAPIES

**Room: 2**

**Chair: TBA**

- Dr Andrew N. Williams, University of Birmingham and Medical Practitioner: Constructing Arches for a Bridge Presently Still Too Far.
- Henry Dunn, Devon Partnership NHS Trust: The Health Benefits of Music Therapy for People Diagnosed as on the Autistic Spectrum.
- Karen Huckvale, Insider Art: The Art of Violence: Unmaking as a Creative Process.

## PARALLEL SESSIONS 3: 15:00–16:00.

### 1. HEALTH AND PERFORMANCE ARTS

**Room: 1**

**Chair: TBA**

- Keneth Bamaturaki, University of Exeter: Exploring the Theatre Arts in Uganda in the Context of Medical Humanities: Historical, Cultural and Modern Practices.
- Martin O'Brien, University of Reading: Medical Masochism: Illness, Medicine and Endurance Art.

## 2. MEDICINE IN HISTORICAL FICTION

**Room: 2**

**Chair: TBA**

- Dr Stephen Wallace, University of Plymouth: Medical Dramas: What Can We Learn From Historical Fictions?
- Sam Goodman, University of Exeter: 'The Most Alarming Direct Methods Known to Civilised Medicine': Reappraising Medical Orthodoxy in J. G. Farrell's *Empire* Trilogy.

## 3. MODERN MEDICAL NARRATIVES

**Room: 3**

**Chair: TBA**

- Dr Graham Matthews, University of Exeter: Money, Medicine and Myth: The Experience of the Clinic in Will Self's *Liver*.
- Lucy Perry, Lancaster University: Subjectivity and Linguistic Dysfunction in Contemporary Alzheimer's Narratives.

**COFFEE/TEA (16:00-16:30)**

**KEYNOTE SPEAKER: Professor Brian Hurwitz. 16:30–17:30.**

'Watching and Walking the Streets of London – Influences of Literary, Visual and Collecting Cultures on the Clinical Cases in James Parkinson's Essay on the Shaking Palsy'

**WINE RECEPTION and Private Viewing of 'Arts, Health and Wellbeing in Devon' exhibition (17:30–)**

## Abstracts

### Will Abberley

*Title:* Nature and Culture in Dialogue: Instinctive Signs and the Primal Unconscious in Thomas Hardy's Fiction.

*Abstract:* The paper will consider how cultural and biological communication complement and conflict with each other in Hardy's fictions. Darwin and the anthropologist E. B. Tylor proposed an instinctive language of gestures, expressions and tones, which speakers used and understood without realising, alongside conventional language. Inherited from pre-social and possibly even pre-human ancestors, instinctive signs were imagined mediating primitive emotions and drives. The philosopher Eduard von Hartman, whom Hardy read closely, built on this idea, explaining perverse behaviour and desires through a primal 'unconscious'. Language could thus be viewed as a battleground between society's abstract values and the instinctive bodies that they are built upon. Hardy's fiction often depicts characters threatened by the uncontrollability of their emotional urges, struggling to restrain and displace them. Self-control is presented as problematic, I will argue, because the bodily media of the civilised, restraining self are also the transmitters and receivers of animal desires. The more characters attempt to talk themselves out of the urges which society denies them, the more sharply these urges are felt. This can be discerned in conversations between lovers (requited and unrequited) in *Tess of the d'Urbervilles*, *Return of the Native*, *The Woodlanders*, *The Mayor of Casterbridge* and *Jude the Obscure*. Hardy's representation of the evolutionary dimensions of communication supports his criticism of Victorian marriage laws and morality. Such values were not necessarily eternal or natural and could wreak great harm upon people by suppressing their instinctive being. Similarly, instinctive signification forms the basis of human sympathy for the suffering of animals in Hardy's fiction. Jude's revulsion at killing a pig is not logically articulated but an emotional reaction to the sound of its death-cries. However, Hardy avoids naïve Rousseau-like oppositions between false society and true nature. As examples like Tess's bloodline and family name demonstrate, biology and language are both palimpsests which change shape over generations. Humans' biological inheritance could thus be as jumbled and changeable as language, comprising parts which endured and mutated seemingly at random. Hence, characters in Hardy's fiction might seem to speak a common societal language while their differing instincts fail to sympathise with each other. Equally, the line between instinct and culture often blurs, both functioning unconsciously. For example, in *The Trumpet-Major* John Loveday struggles between his desire for Anne Garland and self-sacrifice to his brother and rival-suitor Bob with no clear sense of which is 'natural' or 'cultural'. As Hardy suggests by depicting sympathy as instinctive rather than learned, language and society are not necessarily opposed to instinct but can sometimes be outgrowths of it.

### Keneth Bamuturaki

*Title:* Exploring the Theatre Arts in Uganda in the Context of Medical Humanities: Historical, Cultural and Modern Practices.

*Abstract:* Medical humanities, to me, presupposes that there are other sources of cure to individual and social ailments than modern medicine. The theatre arts (music dance and drama) constitute these sources of therapy. Since time immemorial, when human beings were confronted

with seemingly unpredictable conditions such as disease, natural calamities, death and war, the arts became a source of solace and comfort for them. This explains the roots and origins of the performing arts in ritual and storytelling. In modern times, the arts have been used as a tool for social therapy in a number of settings such as war affected communities, providing relief for persons living with HIV/AIDS, the elderly and people with physical disabilities among others. This paper seeks to place the arts in Uganda in the paradigm of medical humanities drawing from historical, cultural and modern practices. This paper is set on the premise that healing is part and parcel of the process of growing up and living and not a process that should be sought only when we are physically sick. Rather it is something we need all the time we are in a constant search for comfort and a balance in life. It is also important to note that not all the ailments and imbalances in our lives can be settled by chemical/pharmacological curative remedies. This makes the discipline of medical humanities and the arts as a source of therapy important in particular areas of interest. The paper shall be guided by psychotherapeutic and physiotherapeutic contexts.

### **Jennifer Binnie**

*Title:* The Impact of Viewing Art within a Museum upon Wellbeing and Anxiety.

*Abstract:* The influence of culture and the arts upon health has been gaining more attention over recent years and indeed research conducted in Britain, Sweden, Japan, and the US indicates that this type of activity and interest can positively impact health and wellbeing (Cohen, 2006, Kimura, 2000). Last November the British Prime Minister announced the Government's intention to measure the nation's wellbeing, including exploring how 'cultural activities' might influence this (Cameron, 2010). The breadth of activities which could be covered by this rubric is immense. When addressed more specifically, within museums and art galleries there is a common belief among staff and visitors that art has the power to impact the viewers' emotional and cognitive states simply through viewing. If this is the case, what aspect of the experience impacts them so – is it solely the displayed artwork or are there other factors involved? And can viewing art within museums and art galleries affect visitors' wellbeing in any way? This paper will present some of the research from a PhD project looking at the perception and experience of art within the museum environment and exploring how this may influence wellbeing and affective responses. More specifically this paper will discuss the results from a study conducted within Leicester's New Walk Museum and Art Gallery where participants were asked to fill in both a mental wellbeing survey and anxiety inventory before and after viewing artwork while wearing an eye tracker to record their eye movements. Participants also took part in a semi-structured interview to gather information about their previous experiences with art and museums, and their opinions and reactions to this experience. Previous studies within this project have suggested that visitors who frequently view art within museums and members of museum staff experience a reduction in anxiety as a result of the experience of viewing art in the gallery. In addition their reported wellbeing appears to stay the same or be improved; however, any significant enhancement in wellbeing is only experienced by frequent museum visitors. This paper implies then that cultural activities, such as visiting a museum to view artwork, can have a positive impact upon wellbeing, and will hopefully help to encourage the promotion of health through the arts.

## **Susie Christensen**

**Title:** 'A Web of Connections': Cerebral and bodily localisation in H.D.'s Notes on Thought and Vision, Havelock Ellis's 'Analysis of the Sexual Impulse' and Late Nineteenth Century Neurology.

**Abstract:** In my paper I will document the connections and interactions between localisation in the writings of poet and writer H.D. and her friend and doctor, the sexologist Havelock Ellis, alongside developments in neurology in the papers of Broca, Fritsch and Hitzig during the decades immediately preceding their writings. I will discuss H.D.'s 1919 text Notes on Thought and Vision in relation to Ellis's account of sexual nervous centres in his paper 'Analysis of the Sexual Impulse' (1908) from his *Studies in the Psychology of Sex*. These will be looked at alongside neurological accounts of localisation in Broca's 1861 paper, 'Notes on the site of faculty of articulated language, followed by an observation of aphemia' and Fritsch and Hitzig's 1870 paper 'On the Electrical Excitability of the Cerebrum'. I will argue that the self is brought into the body in these scientific papers in a way which directly corresponds to the particularly modernist sense of embodiment found in H.D.'s work. I will take into consideration the recent critical arguments that the modernist period is one which is especially fruitful in terms of interdisciplinary interaction. In *The Mind of Modernism* Mark S. Micale notes that this period is one that is particularly helpful in allowing us to demonstrate the reductive nature of the approach famously adopted by C P Snow in his 1959 lecture 'The Two Cultures'. It is Micale who uses the phrase 'A Web of Connections', and I will adopt Micale's perspective that we still need to do further work to move beyond the limitations imposed on our thought by Snow's cultural paradigm, despite the fact that many would now consider it obviously outdated. My paper will provide one particular example of this, and will begin to explore 'the web of connections' between the modernist sense of self and preceding and contemporary scientific developments.

## **Henry Dunn**

**Title:** The Health Benefits of Music Therapy for People Diagnosed as on the Autistic Spectrum.

**Abstract:** This paper will demonstrate, through reference to clinical practice and theory, how music therapy can have significant mental and physical health benefits for those on the autistic spectrum. Taking the triad of impairments (DSM IV) as a starting point, it will look at the way music can develop social engagement, communication and creative play, showing the health benefits of these. It will show how, through the development of the client-therapist relationship, the autistic client can move from social isolation into meaningful and health-giving relationship: research has shown that social isolation is as bad for your health as heavy smoking. It will also show how emotional intelligence – the ability to understand and regulate your emotional state can be improved through this relationship and the musical interaction at the heart of it. It will also demonstrate how joint musical improvisation can lead to more creativity, moving away from rigid patterns of thought to a new flexibility. As well as the triad of impairments, I will look at some of the other difficulties faced by those on the autistic spectrum, such as sensory processing and coordination difficulties. The movements of people on the autistic spectrum are often "out of synch". Through sensitive musical reflection of their movement, it is often the case that they can develop this synchronicity, both physically and on a deeper psychological level, as the client and therapist become more attuned.



## **Sam Goodman**

**Title:** 'The Most Alarming Direct Methods Known to Civilised Medicine': Reappraising Medical Orthodoxy in J. G. Farrell's *Empire* Trilogy.

**Abstract:** J.G Farrell's *Empire* Trilogy, comprising the novels *Troubles* (1970), *The Siege of Krishnapur* (1973) and *The Singapore Grip* (1978), exhibited the author's fascination with the decline of the British Empire in both political and physical terms. Farrell portrayed the Empire at points of historical crisis and catastrophe: Anglo-Protestant society in Ireland on the cusp of the Irish Civil War, an East India Company station caught up in the Mutiny of 1857 and the last days of British rule in Singapore before Japanese occupation. This paper will examine Farrell's depictions of colonial medicine as a means of analysing the historical reception of the further past. It will argue that the end-of-Empire context of the 1970s, in which Farrell was writing, informed his reappraisal of Imperial authority with particular regard to the limits of medical knowledge and treatment. As a means of dissenting with the historiographical record of British Imperialism, Farrell privileged hitherto unheard voices in the narrative history of Empire and sought to challenge medical orthodoxy. Within each text, Farrell posited a relationship between the assault on established medical knowledge and the concurrent attack on the British establishment. To support these conclusions the paper will examine how Farrell employed primary sources and period medical practices, such as the nineteenth-century debate between miasma and waterborne Cholera transmission, within his novels in order to cast doubt over and interrogate the British right to rule. It will also analyse Farrell's use of differing discourses between medical practitioners to symbolise the clash of ethnocentric, as well as professional, identities. Overall the paper will argue that Farrell's critique of accepted colonial medical practices, apparently based on science and reason, was shaped by the political context of the 1970s and used to question the wider moral position of the Empire throughout his fiction.

## **Karen Huckvale**

**Title:** The Art of Violence: Unmaking as a Creative Process.

**Abstract:** In examining the processes by which medicine and the arts influence one another it is necessary to think about the human relationships implied. From 'bedside manner' to therapeutic alliance, health transactions are saturated by inter-personal factors. In psychotherapy the relationship itself is a major part of the treatment. The most robust findings in psychotherapy research indicate it is critical. Artists working in health contexts also rapidly appreciate that relationship is central to efficacy. Making and unmaking are familiar aspects of arts processes and Bakunin's political observation that 'the urge to destroy is also a creative urge' is frequently accurate of creative processes. The place of destruction is less often considered in the relationship side of the equation. By definition, working with distress and disturbance has demanded psychotherapists work with 'un-making' emotional aspects of relationships like envy, hatred and violence. These processes can be seen with particular clarity in art psychotherapy. This paper will shed light on this rather neglected and avoided area of arts and health thinking through a case example. The therapist's capacity to survive, contain, and still be able to think while under intense symbolic attack by a distressed child was critical to being able to help that child. The paper focuses on the making then violent unmaking of art work and the therapeutic relationship. Imagery of murdering the therapist, through car crashes, drowning, zombie attacks, tsunamis and 'sand sharks' were a necessary method

for this child to process his rage about felt betrayals, abandonment and sibling rivalry. The 'isomorphic' quality of art work and relationship are considered. Isomorphism is a mathematical term where 'insights from one phenomenon are extended to others'. The problems in living which necessitated therapy are resolved by isomorphic representation in the image and relationship. 'Health' and 'Art' are easily seen as 'nice' but avoidance of the rawness and intensity of human feelings evoked in many health contexts may be actually damaging. Tolerating isomorphic attacks would be personally devastating without the 'psychic protection' of training, the psychological and emotional resilience of the practitioner, supervision and clear boundaries; with them, the work was still exhausting.

### **Jens Lohfert Jørgensen**

*Title:* Bacteriological Modernism.

*Abstract:* Based on the assumption, firstly, that it is possible to establish epistemological connections between specific literary forms of expression and specific medical conceptions and technologies, and secondly, that the exchange of knowledge between the two fields is mutual, this paper aims to explore the correspondences between the emergence of literary Modernism and the rise of the germ theory of disease within medicine. Although bacteriology has, in retrospect, been described as a paradigmatic departure within medicine, which settled age-long discussions concerning the aetiology of long number of life-threatening diseases, its immediate effect in the 1880s and 1890s was anything but settling. It generated an awareness of the omnipresence of pathogenic microorganisms that that threw the public into a state of alert. The paper focuses on fundamental qualities concerning the subject's perception of itself and its surroundings, which were challenged by bacteriology. From a cultural phenomenological approach – that aims to unite the focus of cultural studies on collective social and psychological patterns with the interest of phenomenology in the embodied nature of the individual's experience of the world – the paper will discuss how these qualities are expressed in the works of writers such as Edgar Allan Poe, Joris-Karl Huysmans, Theodor Fontane and August Strindberg: for instance, in the shape of a new attention to teeming totalities, of notions of invisible forces that threaten to colonize and invade the subject, of a preoccupation with hygiene and filthiness, and of conceptions of infection, resistance and immunity. The works of these important authors share are characterised by an implication of both esoteric and materialistic world views that make them susceptible to the frame of mind dominating the last decades of the nineteenth century. They do not deal with the subject of bacteria explicitly, but rather present the reader with what Gilles Deleuze refers to as 'symptomatological constellations' of bacteriological qualities via their specific motivic, stylistic and compositional features. Indeed, as the paper will argue, it is with reference to the epistemological characteristics they share with bacteriology that the works are usually presented as forerunners of Modernism.

### **Malcolm Learmonth**

*Title:* The Arts, Health and Suffering.

*Abstract:* This paper addresses three conference themes: ethical implications, politics processes and limitations, and practise based applications of reciprocity between medicine and the arts. An evolutionary function of the arts may be to 'help to shape human perplexity and suffering', (Ellen Dissanyake), improving resilience and cohesion individually and socially. Similarly, a workable notion of health' must "include anguish and the resources to deal with it'. (Ivan Illich). Medical

models, contrastingly, often see the inevitables of pain, loss and bereavement as 'enemies' to be 'defeated', to the point of attempting to 'relieve the human condition of the human condition'. (Paul Ramsey). Psychotherapy's relationship with suffering has often been more pragmatic, witness Freud's ambition to 'reduce hysterical misery to common unhappiness'. These dynamics will be explored by comparing two very different interplays. The first is an instance of an arts effect on a particular health audience. A 2009 exhibition of work by American photographer/artist David Maisels, 'The Library of Dust', was organised in an old mental hospital in Exeter, (mainly now administrative but retaining several wards). The 'Library' consists of extraordinarily beautiful and haunting 'portraits' of corroded copper urns containing unclaimed cremated remains of inmates of an American mental hospital. The exhibition, as intended, provoked debate. We will explore the work and the comments book, in which the work was attacked by some of the professionals, yet endorsed by their patients, raising questions about provocative art in mental health settings: who feels they have to protect whom, from what, and why? A counterpoint is some art psychotherapy work produced with no audience outside of the therapeutic alliance in mind. Yet the painter has chosen to show and write about some of her paintings, including expressions of profound distress and disturbance. Why do this? What factors have to be considered ethically, and what does each of these projects have to teach us about the complexities of an arts strategy for a mental health and learning disabilities NHS trust? Does 'arts-in-health' risk denying pain with blandness while trivialising art, and suffering's, capacity for meaning-making?

### **Helen Mason**

*Title:* Animation in Therapy; Bringing Therapy to Life.

*Abstract:* Helen Mason is a consultant occupational therapist with ten years experience of working in the NHS. Her clinical work adapting and designing creative activities which are clinically relevant, effective and meaningful for service users, has led to collaborations and consultancy work with internationally renowned organisations including the Royal College of Art and Imperial College London. Her company Animation Therapy Ltd won a prestigious award for innovation in mental health from the National Endowment for Science Technology and the Arts (NESTA) in 2008 to develop Mason's early work using stop motion animation in intra-disciplinary practice. The award enabled cross-pollination of skills between world class animators, academics and clinicians specialising in a range of therapies and saw the creation of a website exploring the use of animation in therapy. The approach to using animation in practice has now been refined into what is known as the 'Re-Animation Approach'. Animation Therapy Ltd recently launched their resource based Level One Re-Animation Approach courses from the world famous Aardman animation studios. Mason will present a selection of animated films to provide an introduction to some of Animation Therapy's work, using their unique Approach.

### **Graham Matthews**

*Title:* Money, Medicine and Myth: The Experience of the Clinic in Will Self's *Liver*.

*Abstract:* This paper examines the representation of medicine in Will Self's collection of short stories, *Liver* (2008). These stories challenge medicinal discourse's supposedly neutral body of knowledge by highlighting the links to global financial capital. In *Birth of the Clinic*, Michel Foucault argues against the commonly held belief that medicine has developed from the language of mythology to become a rational discourse of precision and intervention. Instead, he suggests that

today's medical language employs a more meticulous gaze and a more measured verbal tread in order to extend 'whole regions of description around the greyness of things and their shapes' (xii). In short, there continues to exist a fundamental disjuncture between subjective symptoms and the objective, rational body of knowledge employed by medical practitioners. This gap between the figure in pain and the objective practitioner is graphically realised in the centre-piece of Self's collection, '*Leberknödel*' in which Joyce Beddoes is diagnosed with cancer of the liver and decides to travel to Zurich to commit euthanasia. However, once there she refuses the poison and inexplicably begins to make a full recovery. Self's fable is highly critical of medical practice. Joyce's doctor is supportive of her decision, not for philosophic or compassionate reasons, 'but only because her removal would lighten his own caseload, enabling him – a plump arrow with white coat fletching – to stay within the concentric rings of his allocated budget and hit his targets' (68). This story makes frequent references to the 'occult' derived from the Latin word *occultus* meaning 'knowledge of the hidden' and insists on the limitations of rational methods. Foucault characterises medicinal discourse in terms of an increasingly penetrative gaze which redistributes and orders under the assumption that 'things' and 'words' can be directly equated. Medicine and diagnosis is formed of a combination of gaze and language which renders the sufferer an object for study and treatment. Self's text offers insight into the processes of medicinal treatment and offer a critique of the ways in which the clinic enables a scientifically structured discourse about an individual which also paves the way for abstract and reductive systems of capitalist exchange and inhuman responses to suffering.

#### **Rishad R. Motlani**

*Title:* 'Wit': Theological Links to Reflections on Suffering and the End-of-Life.

*Abstract:* Based on Margaret Edson's play, the movie 'Wit' (2001) presents the case of Dr. Vivian Bearing, a professor of 17<sup>th</sup> century English poetry who is diagnosed with terminal metastatic ovarian cancer. During treatment, Bearing reflects on her experiences, disease, end-of-life related suffering and interactions with her health-care team. This paper will explore whether theologically informed assumptions or notions of suffering, death and dying can be drawn in relation to Bearing's reflections. Or do her reflections seem purely secular? We will examine these assumptions based on the Christian perspective of the late Pope John Paul II and the Islamic perspective of Abdulaziz Sachedina. The purpose of this paper is to underscore similarities and differences to Christian and Muslim thought on end-of-life suffering, bearing in mind the possibility for greater interfaith exchange. Although Christians and Muslims inhabit distinct theological traditions, there are many concerns they share based on similar viewpoints relating to respect and dignity of human life. A second objective attempts to determine if secular perspectives can be presented exclusively as philosophical. Or can they be implicitly tied to religious thought? Conclusions based on this case may help to add another voice to the monotheistic-secular dialogue on not just medical ethical issues, but perhaps on other broader issues.

#### **Martin O'Brien**

*Title:* Medical Masochism: Illness, Medicine and Endurance Art.

*Abstract:* This paper is concerned with artists that suffer from severe illness working with forms of endurance based performance practices. Using several case studies, including my own practice which is endurance based in relation to the fact I suffer from Cystic Fibrosis (CF), a chronic disease in which the body produces excess mucus that works to block the air ways and lungs, I will

disseminate my current research into the suture of severe illness and forms of endurance in performance. Ranging from the excessive bloodletting practices of HIV positive artist Ron Athey to the sadomasochistic acts of the late Bob Flanagan (who also suffered from CF) and partner Sheree Rose, artists with illness have forced their bodies to endure as a mode of performance. Modes of endurance associated with performance practices can become a critical optic through which to consider illness, taking this into account I will consider the convergence between the individual condition of an artist's body and their body based performance practice. My current performance project, which will be documented in two forthcoming publications, 'Mucus Factory' and an older project 'Bodily Remains' re-embodied a medically derived body knowledge in order to place myself as subject in a place of extremis. Endurance is used as a way of revealing illness but celebrating health at the same time, a mixture of self-destructive activities in which illness is made visible and an emphatic statement of 'I'm still here'. This will be a practice as research paper in which I will utilise elements of live performance in order to illustrate my points and to give a visceral appreciation of the practices under discussion. Discourse and practice will combine as I reference the practices of Flanagan/Rose, Athey, Mehmet Sander and my own work in order to consider the following points: how endurance practices have been used to reveal and question representations of illness, the individual condition of a body in endurance practices, the testing of corporeal capability in bodies with illness and the pain and suffering of the sick subject in performance.

### **Lucy Perry**

*Title:* Subjectivity and Linguistic Dysfunction in Contemporary Alzheimer's Narratives.

*Abstract:* Much of my doctoral research concerns how the 'signs' of ageing (both aesthetic and semiotic) are continually redefined in the context of medically/technologically progressive societies, and through the commodification of immortality in western consumer culture. What I seek to address today is how age-related pathologies, specifically Alzheimer's, engender an upheaval and great instability in language and narrative in writers seeking a *subjective* portrayal. This focus on the *pathos* of old age may seem in contrast to other areas of my research concerning the attempt in the west to disinvent or aestheticize our way out of old age toward a more (recapitulative) youth. But this is not so. What I will argue is that subjective Alzheimer's narratives are pushing for a stylistic innovation, energy, and flair that has (and quite paradoxically so) more in common with the modernist credo 'make it *new*' than it does the nature of its subject matter. Whilst these narratives offer an unequivocal engagement with old age, then, *stylistically* they offer very significant allusions to the transcendent and the curative – a literary aesthetic of old age that is, in postmodern spin on Pound's dictum, 'new' (dare we say 'youthful?').

I shall include B.S Johnson's *House Mother Normal* (1971), Paul Auster's *Travels in the Scriptorium* (2006), Stefan Merrill Block's novel *The Story of Forgetting* (2008), Lisa Genova's *Still Alice* (2009), and Samantha Harvey's *The Wilderness* (2010). Whilst these narratives dramatize the subjective experience of Alzheimer's disease, they also offer commentary on the linguistic/narrative challenges inherent in sustaining the illusion of an unmediated portrayal. I will explore the interrelationship of symptom and linguistic/narrative condition, and ask how far the mimetic rather than mediating use of language in these novels redefines reader-response from the 'interpretative' in the literary sense to the 'diagnostic' in the medical sense. I shall ask whether, in the attempt to 'see into the minds' (B.S. Johnson) of the afflicted, these narratives are not simply juxtaposing symptom and fiction, and

neurological and fictional vocabularies, but more significantly implying their equivalence. What these narratives offer is not simply a fiction of illness but an illness of fiction, and in this present old age as a great force for change –and novelty –in the English canon.

### **Peter Scher and Langley Brown**

*Title:* From Art to *Arts for Health*.

*Abstract:* Every society since mankind first evolved has created art. Art is a necessary element of our humanity. Its historically recent absence and reappearance in the environment for health care is described in this presentation. Before specific buildings for health care appeared, the sick were treated in existing buildings, notably religious buildings where the arts and decoration flourished. As scientific medicine developed hospitals were purpose-built and, as the focus on medical procedure increasingly dominated development, the universal and timeless need for art was neglected. Florence Nightingale, in noting the connection between recovery from illness and the physical conditions of hospitals, used the term *Variety* to stress the importance of non-clinical elements. Improving the design of hospitals became important but the clinical focus continued to exclude the arts. The foundation of the NHS at a time of extreme austerity led to a new nationwide hospital system within the tightest economic constraints. Art for these settings was outside the 'system' as well as appearing 'irrelevant' to the medical and organisational processes. However a seminal moment arrived in 1975 when Peter Senior, a lecturer in art, began an art project in the Manchester hospitals. Dissatisfaction with the physical environments of hospitals was growing and during the next decade further arts initiatives appeared. Peter Senior's success led to the opening in 1988 of *Arts for Health* at Manchester Polytechnic (now Manchester Metropolitan University). *Arts for Health* pioneered numerous projects, publications, research, evaluation and conferences. The pioneering days culminated in 1999 with the International Conference on Culture Health and the Arts (CHARTS) in Manchester. Community and participatory work from all over the world involving every art form was powerfully demonstrated. Arts initiatives now extended beyond acute hospitals to all settings including mental health, long-term care and public health. In the early years of the NHS arts projects were rare in hospitals and this absence of art may be seen as an uncivilised aberration. By 2000 almost every health care facility was claiming to have an arts project. This history shows how art began its return to medical settings.

### **Stephen Wallace**

*Title:* Medical Dramas: What Can We Learn From Historical Fictions?

*Abstract:* Of all the modern projects, scientific medicine has perhaps been the most successful hegemonic enterprise. Developing from a series of barely respectable crafts prior to the Renaissance, medicine has gained unprecedented leverage and footholds across the widest range of social domains including the arts. While the received fictions see medicine celebrating the hagiographies of its modern heroes (engraved by card-carrying acolytes devoted to its worship), there remain few artistic traces of its spectacular historical passage, and even fewer problematic treatments. Attempts to document the agonistic struggles for the ascendance of medicine have been largely ignored or marginalised (See Geison, Leigh-Star), and even the most clearly problematic episodes of medical progress (eg Tuskgegee, Pernkopf, Alderhey, Bristol, Shipman) have received little creative attention. While the modern narrative template prefers its heroes glorious in victory, few dramatists have succeeded in problematising the place of a modern medicine as cogently as

Henrik Ibsen. His dramas (eg *Ghosts* and *Enemy of the People*) were marked by, and drew from, a deep and derivative understanding of the foundations of modern medicine. In this paper I aimed to show how, at the very infancy of modern medicine, Ibsen was able (through a precocious exposition of the emerging germ theory), to describe the therapeutic complex in ways that few have achieved since that time. His *Enemy of the People* provides an exemplary exposition of the assemblages of public health (problems), the agonisms between the social and technical, the ethical dimensions of intervention, and the fallacy of science's putative 'self correction'. But as well, this 'historical' drama reveals a dramatic quality which powerfully enriches the educational experience of current higher-degree students and teachers of health studies (See Wallace 2008).

### **Andrew Williams**

*Title:* Constructing Arches for a Bridge Presently Still Too Far.

*Abstract:* I am a full time NHS consultant community paediatrician, specialising in paediatric neurodisability and undertaking also some palliative care. I am also a post-PhD 17<sup>th</sup> century medical historian and performed playwright. My paper will bring these themes together concerning the case history of two brothers, Thomas and Harry, who were under my care for many years. Using the then innovative principles of the 17th century neuroanatomist Thomas Willis, (who defined clinical neuroscience and paediatric neurology using precise clinical history and post mortem studies) within a 21st century context, I will relate how both boys had an undefined neurodegenerative disease and the ongoing quest through international collaboration to determine the underlying cause of it. There is presently no antenatal or diagnostic test. On a background of ever-changing understanding, it is present view felt that both boys suffered from a hitherto unrecognised form of pontocerebellar hypoplasia. Both boys are now dead (Harry, the younger died in December 2010.). The older brother Thomas, (who died in 2004) has a music therapy charity Thomas's Fund named in his memory, which provides a great deal of good to severely disabled children and their families within Northamptonshire – the therapy delivered at home by a fully qualified music therapist is for any child too sick to attend school for prolonged periods. I have full parental permission to use this material from Thomas and Harry's parents.

### **Ian Williams**

Title: Graphic Medicine.

Abstract:

