Document II

Portfolio of Practice[1]

Helena Fox

October 2022

[1] Contents are listed with page numbers in document I

Portfolio of Practice[2] for Chapter One - Research Background and Context

Sample slides from Kassel presentation 2021

Presentations of my work are a method of sharing verbal thought, findings from practice and reflection, and sometimes short pieces for audience experiential participation. The images contained in these slides have been incorporated from the research work as a whole and some also appear in relation to other chapters and the respective sections of the portfolio. This presentation is an example of how I have combined created images with a talk to articulate aspects of the research for dissemination.

Here, a sample of slides is shown from the above presentation. In the text on the slides, these state eight connective practices from Sacks work, each followed by a slide showing corresponding practices in my work as interpretated and adapted in this research.

For the purposes of the presentation some of the slides condense several of the points elaborated on in chapter one.

[2] References throughout this portfolio relate to the text for each chapter and are given in the bibliography in Document I

Invisible Materials

Connective Practices-1 Contemporary Social Sculpture: (Sacks)

Invisible materials - inner lived experience

Substance, **form – shaped** & **sculpted**.

Practice-based strategies involve awareness by deepening attention & connection

Connective Aesthetics in Medicine (Fox)

Invisible material: recurrent inner experience in everyday clinical work.

Substance: expansive full of multisensorial & imaginative detail – 'aesthetic experience'

I develop practices to connect with & explore by paying close, mindful attention.

Research questions unfurl through immersion in practice.

The territory, inner and outer work & poetic continent

Connective Practices-2 Contemporary Social Sculpture: (Sacks)

Connection with ones own inner experience through dialogue - **internally active,** reflexive **I-sense** & reflective.

Starting points from **inner workplace, atelier**: **the territory, poetic continent**

Then expanding **inner work to outer** form, **poetic, artistic mode**,'

Connective Aesthetics in Medicine (Fox)

First person approach. Connection with my own inner experience - reflexive & reflective inquiry in dialogue

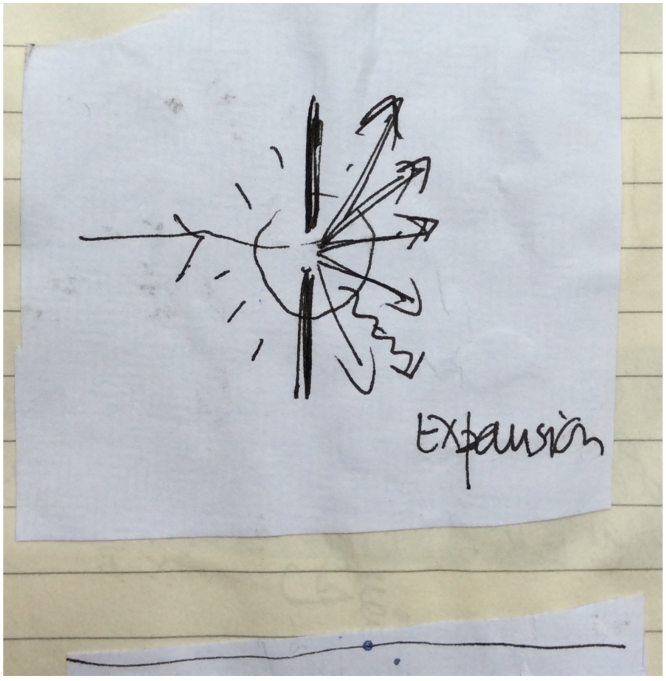
Starting points: deeply introspective work

Expand outwards: 'Experiments in Close noticing' – eg. free writing, drawing, small acts

Experiments in Close Noticing

Each of these early experiments explores aspects of aesthetic experience: sense perception and imagination. Poetic actions aim to raise curiosity and heighten attention to this.

The dynamic form of aesthetic experience - sketched out into a tangible form



Continued as a blackboard sketch showing where developing research questions lie

Role of the imagination

Connective Practices-3
Contemporary Social Sculpture: (Sacks)

Role of the imagination – key, at the heart.

Aware of capacity for '**imagination, inspiration, intuition**'

Practices **mobilise imagination** – 'making strange', open up 'fixed' forms.

Transformative - **New insights & understandings**, reveal the **hidden, denied, ignored**

Short video clip showing a tiny action projected large, of turning chairs inwards

Connective Aesthetics in Medicine (Fox)

CN experiments revealed the imaginative dimension arising from sensing. Aesthetic experience- beyond words.

Imagination, intuition & inspiration needed to explore in clinical work

Poetic 'twist' defamiliarizes & stirs imagination.

Transformative new insights & understandings – suppressed, subjective or emotional aspects

Further questions emerged through practice

(CN: Close noticing)

Enlivened, aesthetic, 'response-ability'

Connective Practices-4 Contemporary Social Sculpture: (Sacks)

Enlivened - internally active

Aesthetic as opposed to **anaesthetic**

Practices raise awareness of ability to respond – **response-ability**

What needs to be addressed?

Connective Aesthetics in Medicine (Fox)

'From Anaesthetic to Aesthetic in the Clinic' - Medicine is replete with emotive images, moving; empathic connection. Validating aesthetic experience is enlivening, revitalizing.

Practices designed to activate aesthetic experience & awareness of this response.

What needs to be noticed? Human connection

'Perpetual oscillation' between inner and outer work

Connective Practices-5 Contemporary Social Sculpture: (Sacks)

Perpetual oscillation – lemniscate movement between **inner & outer** worlds in dialogue.

Practices connect this 'I-sense' with others - empathic move.

Through this connection, outer work enhances humane, democratic, sustainable living

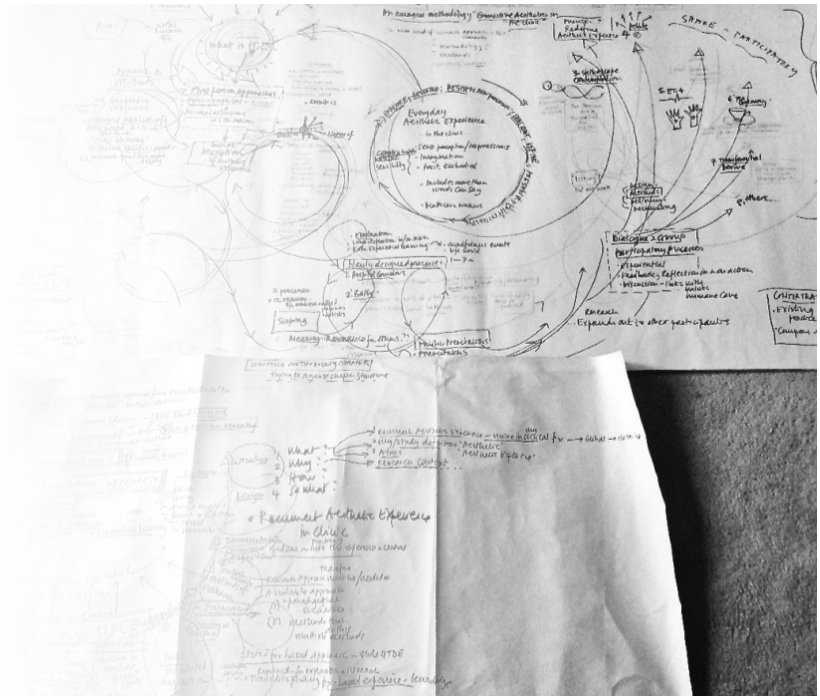
Spiral iterative path (also shown in PoP 5)

Connective Aesthetics in Medicine (Fox)

Spiral iterative path of continual connection & re-connection, weaving between inner & outer work - practice, sharing & contextualization.

Finding the self leads to connection with others - empathic imagination & sharing experience. Enhance compassion, personal sustainability. Human being at centre of medical encounter

Extends qualitative & values-based work. 'Intelligent kindness'



Expanded field of art, no field outside

Connective Practices-6 Contemporary Social Sculpture: (Sacks)

'Expanded form of art' – 'agents of change'

'No field outside'

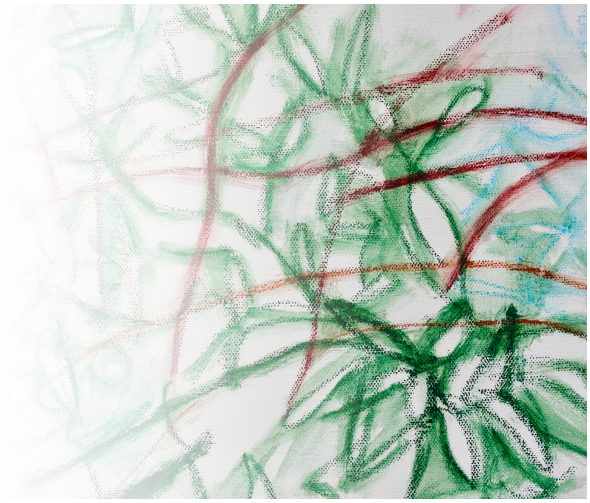
Connective Aesthetics in Medicine (Fox)

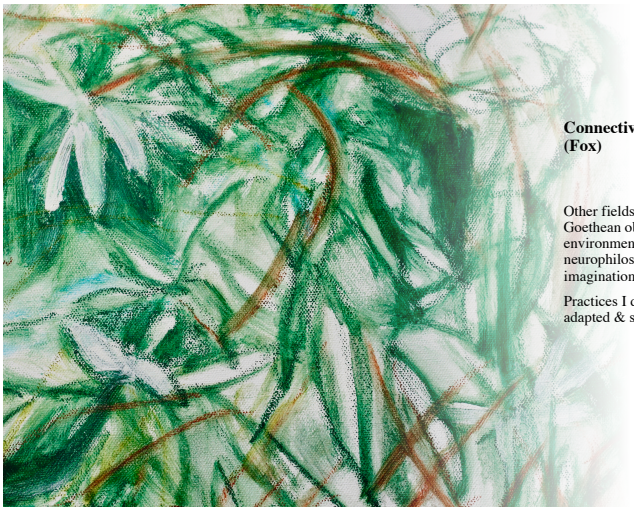
Expanding art/aesthetics into the field of medicine. Stir the imaginative dimension in daily clinical practice. May bring creative agency, new insights & ways of working…

Other fields embraced

Connective Practices-7 Contemporary Social Sculpture: (Sacks)

Embraces and may include & draw on other fields eg. Goethe's delicate empiricism: Brook; Hillman: imaginal work.





Connective Aesthetics in Medicine (Fox)

Other fields eg. Hillman, Brook on Goethean observation, contemporary & environmental aesthetics, mindfulness, neurophilosophical framework for imagination.

Practices I design may incorporate aspects adapted & synthesized in new ways

Consider the dynamic mutability of a heart and whole life from the instances on the ECG trace...

Exchange, collective 'substance'

Connective Practices-8 Contemporary Social Sculpture: (Sacks)

'**Exchange**' with others - **collective substance**, new works

This practice takes **time for shaping**

Connective Aesthetics in Medicine (Fox)

Sharing reflection, feedback,, discussion

A challenge in healthcare – time is scare.

Learn others' perspectives & disciplines. Possibilities start to emerge

Future work? Next steps…

Portfolio of Practice for Chapter Two - Experiments in Close Noticing

'100 Daily Connective Practices' - Fifty examples of notes from this list are given below from early reflective journals. These early small connective aesthetic practices reveal the extent of initial explorations and the connections each brought. 'Feeling' my way into things more deeply through closely noticing sensing and imagining, I explored what could connect me more closely with aspects of self, others, the world. For some, I included notes of references. Theses initial practices are examples that served as starting points for developing further practice. Many can be seen embedded in the later works that develop throughout this PhD. The font represents handwritten notes collated from reflective journals and other notebooks.
[Square brackets indicate practices that were developed into group participatory pieces later in this research.]

50 examples of small practices
1. Making elderflower cordial – taste and smell connect with the season – May/spring. 6 weeks later tasting elderflower champagne
2. Walking – inquiry by foot – R Macfarlane p29 Wittgenstein 'following lines of enquiry on foot as well as mind', lemniscate walking, barefoot walking (photo…); recalling walking in asylum corridors - [Asylum Transferential Derive piece]. The motion of walking (Solnit) – connects inner world with the physicality of outer world. Bodily movement aids this.
3. Looking very closely at things, by eye or with camera.
4. Making skin sensors out of sycamore keys and cotton. Dragging this lightly over the surface of my skin to become of where my boundary meets the world. (photo…) – connects me directly with air.
5. Touch – skin to skin contact and really attending - [Bathe] – connects me with others
6. Heartbeat – listening with stethoscope (photo…) – [Stethoscope meditation] – connects with life force and sense of life journey of others. Mindful breathing.
7. Poetry, a poetic image - 'I fall in' (Dillard….) – connects me with an expanding imagination
8. Attentive listening, carefully tuning in to another - thus connects
9. Daydreaming – in both staying with the image. "Stick with the Image' (Hillman), Free association (Freud….) – connects with my own feelings, both conscious and pre-reflective
10. Imagining, entering an imaginal space. Going back and forth through corridors of the mind [Hospital Corridor piece], past recalled, present and future imagined.
11. Doing an action mindfully – [Meditative entry process]
12. Making tea…(photo…) – [Tea Ceremony for Ward Rounds]
13. Polishing a wooden table with beeswax, my mother's table. 'Caring for furniture…T Moore
14. Hanging laundry outside. Multisensorial and complex – smell of clean linen, touch of sons' clothes, breeze, dimming light, is my washing ecological – memories and feelings of boys, missing them, time passing, season, tilt of the earth
15. Gardening – hands in soil, smell, texture – connects with earth and wish to care for it
16. Compost making – as above. Care for nutrients of plants, recycling, no poisons
17. Digging soil – feel of soil, its texture, content of organic matter, small, moisture – connects with concern for this and a wish to care
18. Watching seeds germinate – the chronological and longitudinal life of things (Goethe metamorphosis of plants) – connects with a wish to care for each one
19. Really listen to the bird song
20. Finding a non-manicured patch of lawn – a meadow patch, no matter how small
21. Lying in trees and looking up (micro script…).['Cathedral of trees'…]
22. Describing something - very carefully, in great detail as it is, fully then letting your imagination wander (and wonder)
23. Walk in and around old buildings warehouses, streets – feel the history (hospital corridors, old asylums - [Transferential Derive piece])

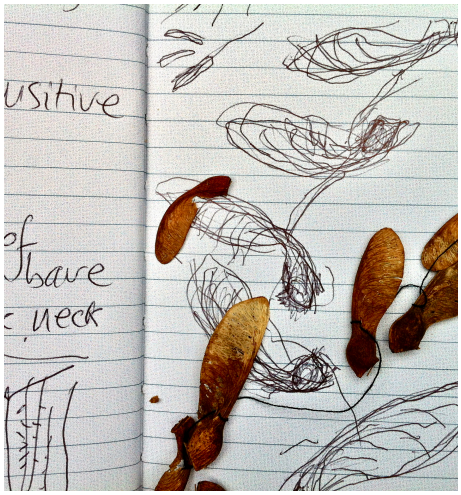
24. Attending to the essence of things – what do they tell us about the state of the world and out care for it? Anima Mundi presence. Connects with a sense of care
25. Beachcombing – connects with ancient time held pebbles, imagination in items washed up on beach, desire to care about ecology. Placing one of these objects on work desk every morning – connects with the place and the walk in imagination [Pebble]
26. What can be tasted from the garden or hedgerow – lavender sorbet, hawthorn (chilled sorbet glasses… elderflower, lavender, honeysuckle, clover). Sharing this with friends. Connects with images and season.
27. Looking at a hand-painted abstract line [Eye and Mind paintings…] – connects with a feeling of energy in the line, as if one can feel the drawn gesture. Mirror neurons fired.
28. Reading and writing handwritten letters – connects with the person, thinking about them; writing connects heart with pen and ink flowing directly onto paper.
29. Slowing down over a key sentence in a medical report, really entering and connecting with the felt essence of one's client.
30. Shifting into 'being' mode rather than 'doing' mode. Experiencing rather than telling (Bortoft). Connects with awareness of what one is feeling at the time
31. Painting a tree or plant this –connects with feeling the gesture
32. Painting in situ eg. in a storm connects with the gesture
33. Walking very slowly and noticing everything – connects with minute details that may be missed
34. Paying attention to tacit knowing – connects with a bodily felt sense, "I feel it in my body" "what is my body doing'
35. Sharing – the action of careful offering and receiving a taste of something being freshly cooked, by hand, connects with care, warmth, love, attention, offering and receiving
36. Being with a dog – a cosmic biosensor, perceiving the world in a different way - connects with 'wavelengths' we may be unaware of.
37. Watching the imagery on the back of my eyelids – things I'd never actually seen - a nut hatch, an ox-eyed daisy – a 'theatre of imagination' (Hillman's term)
38. Experimental writings – 'Microscripts' – threads and fractions of images and thoughts, connects with detail and stream of consciousness
39. Unframed artworks – can pick up, touch and feel the artist's hand
40. The hand made and the home made – for instance, hand thrown pottery mug, knitting – connects with the feel of the maker's gesture
41. Invisible strands round items in the home such as possessions - connects with memories and emotions
42. Free writing – connecting the stream of consciousness in direct flow from heart to hand
43. Walking along paths (RMacFarclane 'The Old Ways'). The pull of a path – connects us with previous footsteps.
44. The topography of maps – connects with imagination of place
45. A piano string at its moment of accurate tuning - the resonance reached connects with feeling of transcendence and harmony
46. Leafing through an old album of photos and drawings – the history of a church. Wearing white gloves intensifies this, paradoxically. White gloves next to album. Connects with a sense of care and local history (iphoto Sept 2012) [ECG piece]
47. Haiku – including visual - connects with expanding imagination, the poetic
48. Allowing oneself to feel the gloominess, go in and explore it, not discount it – connects with 'what is' and not trying to change or suppress it.
49. Lie on the floor, place one's cheek on the damp earth
50. When a train outside runs into my images, through the trees through my cupboards, into my hair, wakes me in the night – connects with my collective past

Experiments in Close Noticing

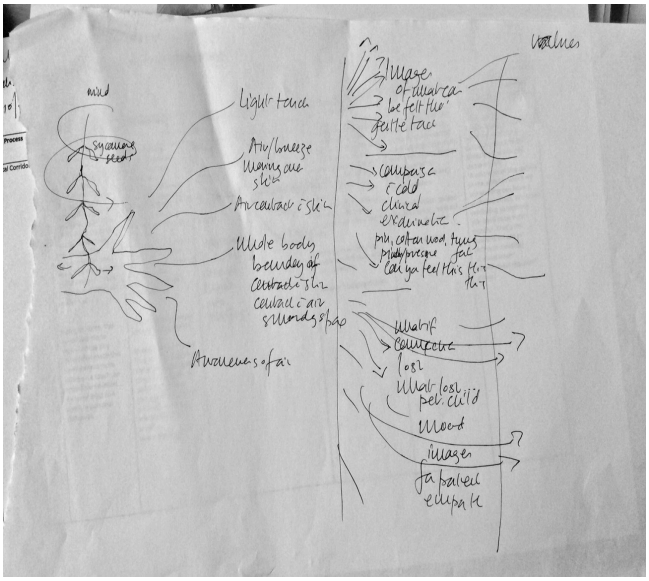
1.Skin Sensing - Images from practice

Sycamore Keys - skin sensing

Blown lightly in the breeze, these draw attention to sense perception and stir imagination. Touch can trigger aesthetic experience. This small poetic act raises curiosity and heightens attention to this.



Sycamore seeds threaded on cotton



Rough sketch showing the expansion of the aesthetic dimension

Practice-based methods, arising results and a record of documentation: for this first example are given in the text of chapter two.

2.Experimental Writing.

(i)A brief workshop writing Haiku

Practice-based method: In a small group and short workshop format, participants were briefed in haiku format.[3] After reading a few examples together, participants were invited to try this for themselves. They were asked to: walk in an adjacent garden; attend to what they noticed; freely write a few words linked to images arising from this experience, then construct them as haiku. These were then shared and read out, 'cut-up' as wished, rearranged and juxtaposed in different ways to explore generating maximum imagery.

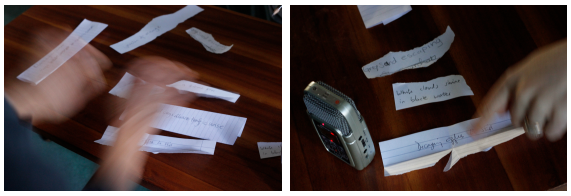
The two slides below refer to:

(i)Haiku workshop

(ii) Microscripts

[3] Haiku format: 5-7-5 syllables. In outline from, 'The Haiku Handbook'(Higginson and Harter 2009).

Experimental writing: Haiku workshop – minimal words, big aesthetic impact



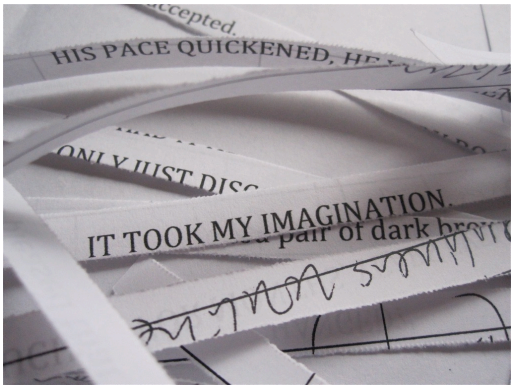
Results from practice: Several haiku were written that conveyed and activated aesthetic experience and connection with it for others. This occurred with immediacy and was possible using an economy of words. Juxtaposing words in a surprising way gave a poetic twist and a more expansive result. This small group workshop format proved to be enjoyable and engaging for participants.

Record of documentation: The haiku experiments were recorded as personal notes with further photographs of the process.

(ii) Microscripts

Practice-based methods: By free writing[4], or speaking directly as experience happens, I aimed to capture threads, fragments, glimpses, layers of images, a running commentary of thought and internal dialogue as these arose. Methods that allowed immediacy of expression included the use of a freely flowing pen on paper, live audio recording then transcribed, typing white font onto a white screen to avoid the distraction of correcting grammar or written prose 'cut up' and rearranged and juxtapose words and phrases. I shared some of these with others.

Microscripts – very short moments of free-writing



[4] Without the constrains of having to construct formal writing structures such as grammar or format.

Results: Whilst this did connect directly with my own inner experience, images, thoughts, and narrative, this did not always successfully convey experience for others compared with 'Skin Sensing' or the 'Haiku workshop.' The 'cut up' method did not expand imagery for others here. Whilst some curiosity was raised, and some phrases gave pause for thought, overall, the words in 'microscript form' could be confusing. Sharing these with postgraduate artists colleagues raised more questions rather than activating aesthetic experience for them.

Documentation: Reflective journals, notebooks, word documents (not given here).

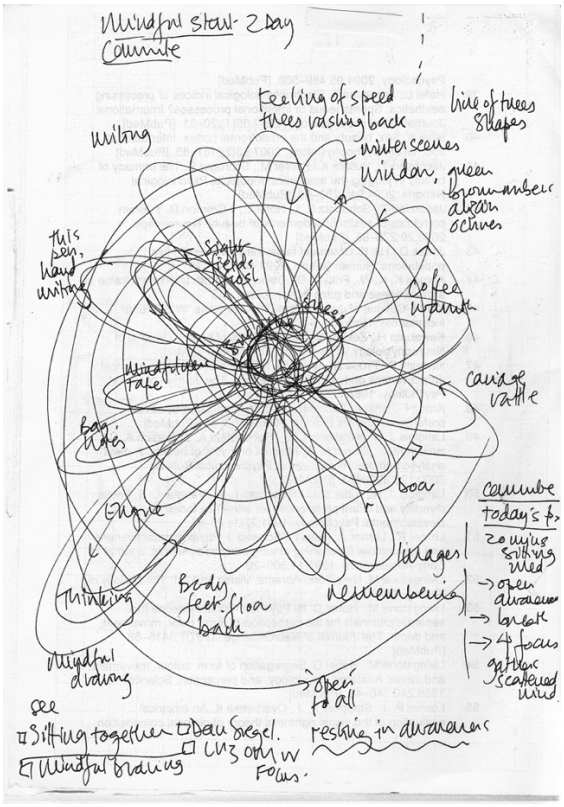
(iii) 'I'm Noticing' I'm Noticing' - Mindful exploration and recording experiencing

Practice-based methods: I experimented by recording what occurred in several of the mindfulness meditations during Mindfulness Based training described in chapter one and during subsequent practice. I recorded words or short phrases describing experience during practice. These resembled a form of poetic transcript.

Results: A series of poetic transcripts emerged that enabled me to reflect on the quality of experience that I had noted and re-experience the meditation. In addition, a further way of recording the path my attention took during the meditation was by drawing this out as an 'attention map'. In this way, I could visualise an invisible inner space and path of attention. An example of a drawn 'attention map' is shown below. Both the transcribed words and phrases and the drawn attention maps recorded and demonstrated my own aesthetic experience i.e., sensory perception and the arising imaginative dimension at the time.

Documentation: An example from a collection of writings called 'I'm noticing, I'm noticing' is given in the box below preceded by a drawn attention map that represents the path of attention during such a meditation.

'Drawing attention' map.



A Moment's Retreat (on the daily commute to the clinic)

Barely noticing the day and
The first sun in weeks of rain...
Lost in 'to do' lists,
Planning
Sorting
Mind running ahead -
to this scenario and that.
With piles of paper stuffed in my bag
On the commute
I start work
Never ending
Administration
Bills
Reports
Appraisal
More red tape -
Than the thing itself.

Irritation pulses in,
Drags me down at the edges
Sinks into the pit of my stomach,
Groaning 'shoulds and oughts'
Pull at my attention
An urge to sleep
Still a couple of days before I can
Breathe in, be inspired.

I'm noticing I'm noticing
Stop, look, breathe - a moment's retreat.
A glance in a new direction -
Above papers, dictaphone, computer
Desks, windows, roof tops, solar panels -
An aeroplane soars in blue,
Clouds sheer on different levels
A tension in my back and leg
Stiff neck and shoulders
A breath-less-ness becomes breath.
Sun,
Spring pushing through bare branches
Bright dogwoods

A mobile ringtone like me son's transports him to me
Hawthorn reds
Crimson briars
Veridian grass
Burnt sienna - new willow's growth,
Pine needles - my mind's eye detects their scent[5]
and I see
A whole year's cycle in dry ash keys.
In just one moment - a spherical large space
Place full of dimension.

Moving into the city
Traffic crawling
Ugly cladding, concrete flood
False surface -
Earth is lost.

Breathing in I face the day,
Considering each of the paths[6] I'm destined to cross
Are special encounters
Anew and fresh each moment
Open

HF 2014
(Notes recorded during mindfulness meditation week 4 MBCT course)

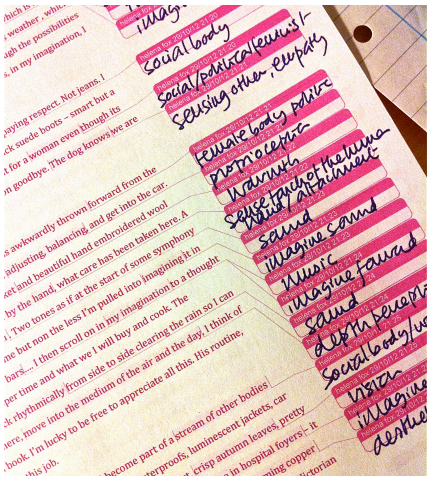
[5] Synaesthetic quality
[6] Of my patients

3.'A Life World in a Day'

Practice-based method: I noticed closely moments of my day from waking to journeying to work. I made a live audio recording of all I experienced at the time. Later, on re-entering, recalling and noting experiences, in Proustian-like style (Proust, Davis and Prendergast 2004). I noted this in 'track changes' as I typed out the word document.

Lifeworld in a day

How much can be sensed and imagined in any one moment, in Proustian fashion? The richness and detail of aesthetic experience.



Results: This revealed the large amount of detail that one could be aware of through paying attention to aesthetic experience, that would not otherwise be noticed.

4.Interpersonal connection

Practice-base methods and results: I paid attention to what I sensed and imagined were feelings of warmth and closeness with another person whilst sharing tea. I drew out what I felt with chalk on blackboard as imaginary connecting 'forces.' Drawing this out made imagined sensed interconnections visible and the action deepened my attention. It also stirred curiosity, imagination and deepened the attention of the other person. This stimulated dialogue.

A further action of literally stepping into the shoes of another was explored to see what could be subjectively sensed and imagined about the other person's essence. When I stepped into their shoes, I felt the tilt of their soles and imagined that I felt a sense of their body stance and movement into the world.

Documentation. Photographs of drawings and actions:

Interconnectedness

Noticing felt sense - drawing it out

Interconnection

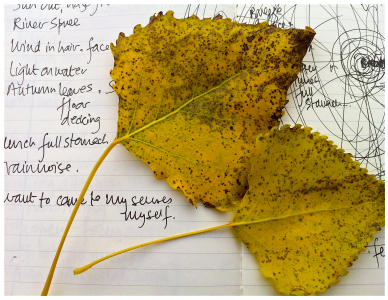
Walking in the shoes of someone else.

5.Mindful attention and drawing attention maps

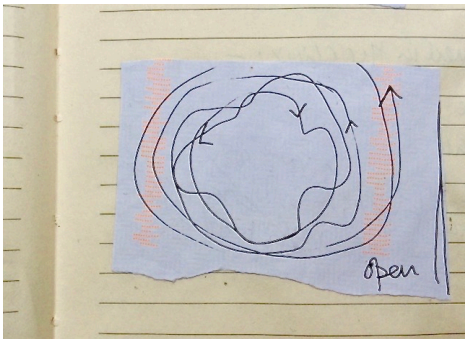
Practice-base methods: I mapped out the path my attention took through the inner space of mind, body and then towards the outer world. I experimented both during or directly after meditation using pencil, pen, chalk, ipad, sometimes on the backs of envelopes) or blackboard.

Mindfulness informed practice

For closer focussing and sustaining attention, 'turning towards' and exploring more deeply.

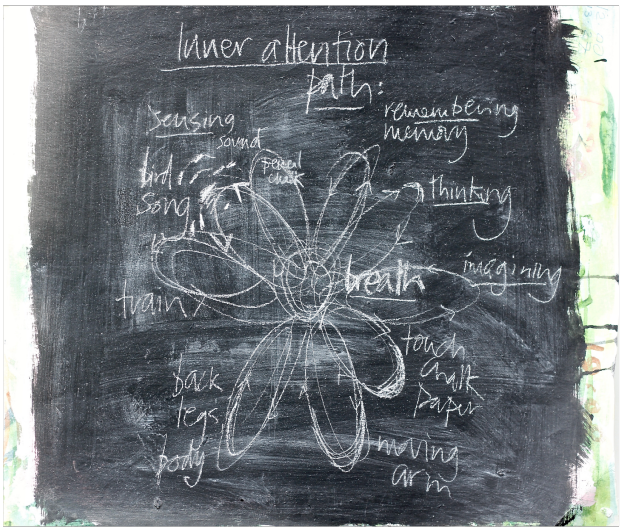


Examples drawn out on backs of envelope e.g. whilst on the daily commute. Pen on paper



Drawing this out helped me follow the direction the path of my attention took and to stay focussed by noticing this closely.

Chalk on blackboard paint on recycled paper. Meditation centred on returning to the breath. 'Petals' drawn out show the path of attention turning to other events, then returning to the breath at the centre



Scattered attention during mediation whilst drawing outside in the wind, on a similar support

6.Work in nature

(i) Cathedral of Trees - a small group participatory experience

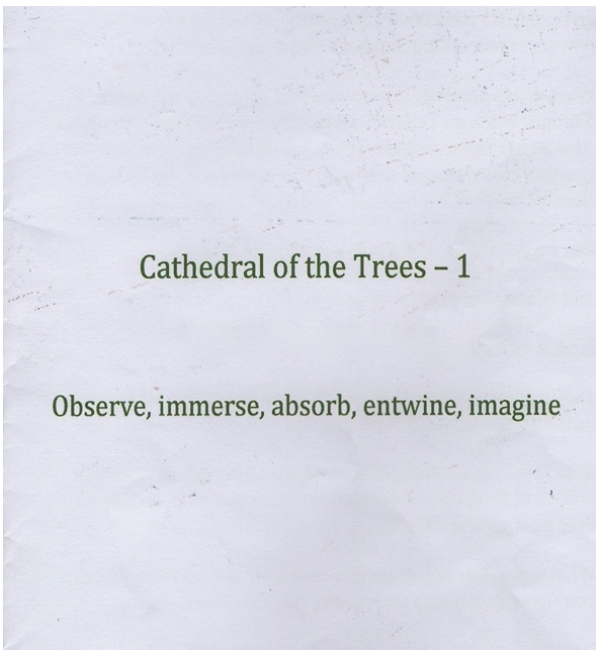
Practice-based method: Six people in my local community were invited to join me and take part in a short walk in a local nature reserve. The tall arching willow trees gave me a sense of a light on looking up and an airy vaulted cathedral ceiling. This process, including time for reflection, took two hours. At the start, participants were welcomed and verbal guidance was given explaining the stages of the process along with a written guidance leaflet (below) so they could engage in silent contemplation. They were invited to note their observations in the following five stages adapted from Brook's paper on how to read a landscape with Goethean Observation as outlined in the last Chapter. The guidance invited participants to:

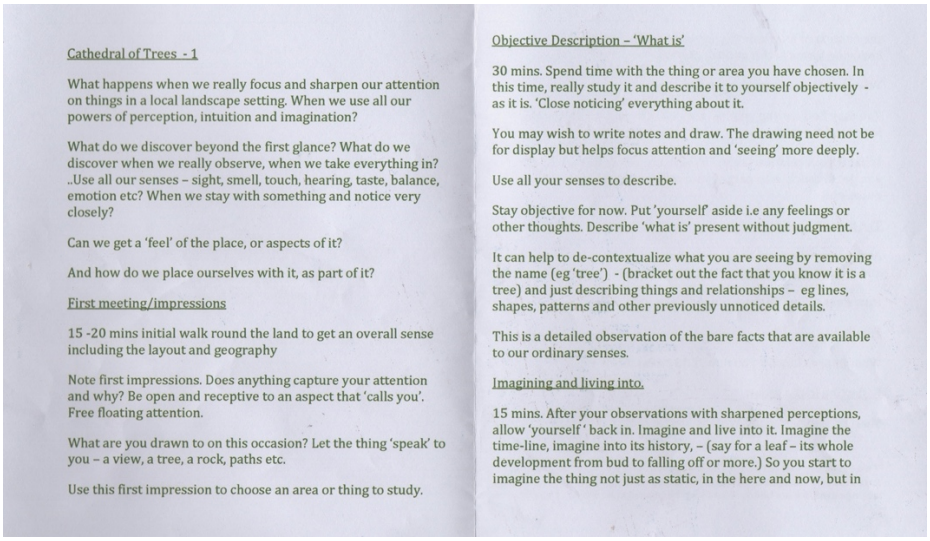
Brief version of Brook's stages given as guidance - spoken and also as a leaflet (below):

1. Walk around for 15-20 minutes, noticing what captured attention. ('First impressions') Choose this thing (object, view, path etc) to observe more closely.
2. Take 30 minutes to describe its appearance with all the senses, noticing it closely, describing the object's properties as they appear, e.g. shape, angle, colour, feel etc. Try to avoid naming or adding personal judgments at this stage. ('Exact sensorial perception').
3. Allow the imagination to wander over the next 15 minutes. Where does imagination take one? Is there a story that comes to mind? Imagine this thing in a state of flux or time span. ('Exact sensorial imagination')
4. Notice if it is possible to get a sense of an overall feel for it. What comes to mind? ('Gesture')
5. Finally, consider if any broader thoughts come to mind in relation to a bigger picture?

After an hour we gathered to share experiences. I wrote notes on feedback and reflections made at the time. I reviewed these later.

A short participatory experience based on Goethean Observation.
Participants' guidance leaflet





Cathedral of Trees - 1

What happens when we really focus and sharpen our attention on things in a local landscape setting. When we use all our powers of perception, intuition and imagination?

What do we discover beyond the first glance? What do we discover when we really observe, when we take everything in? ..Use all our senses – sight, smell, touch, hearing, taste, balance, emotion etc? When we stay with something and notice very closely?

Can we get a 'feel' of the place, or aspects of it?

And how do we place ourselves with it, as part of it?

First meeting/impressions

15 -20 mins initial walk round the land to get an overall sense including the layout and geography

Note first impressions. Does anything capture your attention and why? Be open and receptive to an aspect that 'calls you'. Free floating attention.

What are you drawn to on this occasion? Let the thing 'speak' to you – a view, a tree, a rock, paths etc.

Use this first impression to choose an area or thing to study.

Objective Description – 'What is'

30 mins. Spend time with the thing or area you have chosen. In this time, really study it and describe it to yourself objectively - as it is. 'Close noticing' everything about it.

You may wish to write notes and draw. The drawing need not be for display but helps focus attention and 'seeing' more deeply.

Use all your senses to describe.

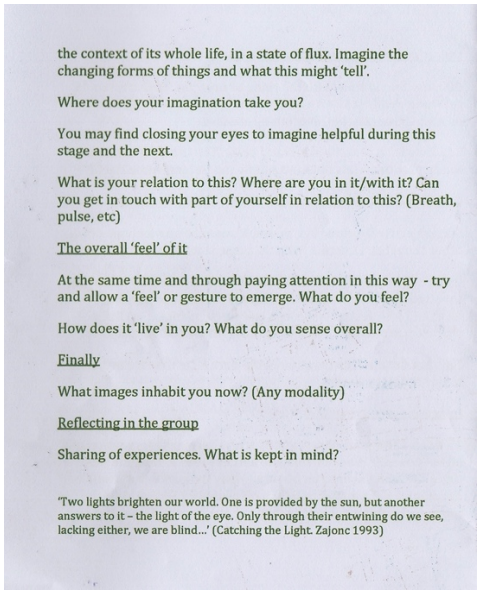
Stay objective for now. Put 'yourself' aside i.e any feelings or other thoughts. Describe 'what is' present without judgment.

It can help to de-contextualize what you are seeing by removing the name (eg 'tree') - (bracket out the fact that you know it is a tree) and just describing things and relationships – eg lines, shapes, patterns and other previously unnoticed details.

This is a detailed observation of the bare facts that are available to our ordinary senses.

Imagining and living into.

15 mins. After your observations with sharpened perceptions, allow 'yourself ' back in. Imagine and live into it. Imagine the time-line, imagine into its history, – (say for a leaf – its whole development from bud to falling off or more.) So you start to imagine the thing not just as static, in the here and now, but in



the context of its whole life, in a state of flux. Imagine the changing forms of things and what this might 'tell'.

Where does your imagination take you?

You may find closing your eyes to imagine helpful during this stage and the next.

What is your relation to this? Where are you in it/with it? Can you get in touch with part of yourself in relation to this? (Breath, pulse, etc)

The overall 'feel' of it

At the same time and through paying attention in this way - try and allow a 'feel' or gesture to emerge. What do you feel?

How does it 'live' in you? What do you sense overall?

Finally

What images inhabit you now? (Any modality)

Reflecting in the group

Sharing of experiences. What is kept in mind?

'Two lights brighten our world. One is provided by the sun, but another answers to it – the light of the eye. Only through their entwining do we see, lacking either, we are blind...' (Catching the Light. Zajonc 1993)

Results: Examples of sensory details participants noticed included: 'an opening up to sensing', seeing new things 'with filters of everyday life agendas removed', touch of the moist earth, feel of a reclining back fitting into a hollow, feeling the wind. They felt calmed and peaceful - 'a dissipation of agitation.' An altered sense of time was noticed including feelings of slowing down, of time 'creeping over,' stopping, fixed in a moment of time, of transience and the passage of human life and the life cycle, of timelessness, of rhythm - daily, seasonal, of recalling past times and imagining the future, of a sense of life going on, forever. Atmosphere and spaciousness were felt, of unlimited nature, of a clearing that despite feeling framed by trees, leaves and sky that led to an imagined sense of the globe and universe, a sense of things circling – airplanes around the globe, birds in the sky, sun and moon, and the recycling of leaves falling to earth, rotting in hummus and being re-absorbed, a sense of frailty of things – leaves and humans. A sense of things abandoned and a history and to the place. One person imagined themselves rooted as a tree. All entered the process with interest and they were engaged throughout. The transcript is recorded in the researcher's personal notes.

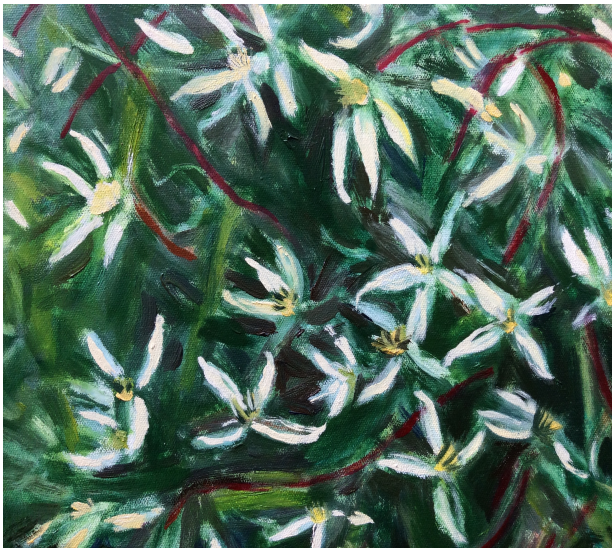
(ii) Painting Clematis Armandii

Practice-based methods involved closely watching, drawing, and painting the daily growth of a Clematis Armandii in my garden.

Results: This allowed me to closely observe the plant's growth with 'exact sensorial perception.' I gained a felt sense of its upwards movement and gesture of turning leaves and opening blossom towards and to embrace the light. In the falling petals I could imagine its later withering and dropping back to earth to be reabsorbed by the soil enabling me to sense the dynamism of its whole life cycle as in modern time-lapse photography. Not only did I see this in imagination, I became aware that I could feel something of this.

Slide image showing stages of painting Clematis Armandii

Goethean observation – 'delicate empiricism'



Stages of closely noticing and painting Clematis Armandii

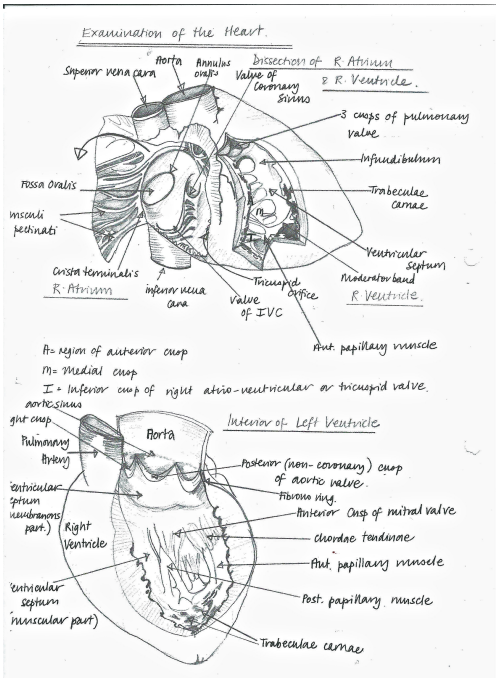
Portfolio of Practice for Chapter Three - Relevance of Aesthetic Experience: Examples from the Clinic

1.Human Heart

Practice-based methods: Using a first-person approach, the following two examples are from recall, re-entering inner experience, closely noticing images that emerged and free writing in reflective journals. I reviewed the drawings I had made at medical school from my anatomy journal.

Human heart.

"Our first lessons about life are from death. Figure 3.1 is a page from my anatomy journal in the first week of being a medical student. Diligent observation through dissection, labelling and drawing of the heart cannot lead us to the essence of the person. But close observation may lead to a closer connection through arising imagination. My inner voice to myself at the time was, 'this is a real heart that was born, lived a life and loved'. Holding the human heart in one's hands and feeling its weight triggers a deeply aesthetic response of sensing and imagination."



'a real heart that lived a life and loved'……

(inner voice, to self, as a medical student)

Figure 3.1 Human Heart, diligently drawn and inner reflective thought of medical student. (Fox H 1977)

2.Anatomy 'Long' Room

Practice-based methods: Here is a first-person account from free writing in my reflective journal. I brought the memory into the present to explore what occurred then. The detail vividly re-emerged in the present. Closely noticing, I wrote the following and also drew an attention map to represent the path my attention took to the various contents of my inner experience.

"My medical training leaves me feeling 'divided'. There is something missing – even from day one. At around 18 years old, on our first day, we all file down the long room in pristine white

coats. I see a slowly moving line of us, weaving through a 'ward' of trolleys of bodies covered in sheets becoming more wavery as we go, the walls waving in, casting our eyes around, a strange group of vertical white coated youngsters walking, walking through this long room of horizontal silence covered in white sheets – a graveyard, the smell of formaldehyde toxic in the air, choking, clawing at the back of one's throat. None of us dare saying what we feel, the silence, yet the steadying of a hand on a chair, the hesitation, a feeling that we must rise above our emotions, stiff upper lipped from the beginning. With little help, it is only by this detachment that we can go ahead, start our 'clinical gaze', learn the facts about the body… In groups of 8, we are assigned 2 bodies in the anatomy room. Our instructions are not to let them mummify, to remove organs from one cadaver only for separate inspection, leaving one cadaver 'empty' compared to the other in which we leave the organs in situ to see their relation to each other in the body. 'Label the heart immediately and place it in a bucket.' Is this label lest we forget? But where is the person – who was this person? What if this was my relative, someone I loved, someone anyone loved? Can we understand the human being here? No matter how much we dissect, we cannot find that person, their essence. If one had just held that heart in the palm of one's hands for a few moments longer and been allowed to voice the connection and awareness of inner thoughts and feelings, for instance one may imagine the weight of a life and the weight of the 'response-ability' to care. I also felt respect, gratitude, reverence for the person who willingly donated their body to medical science. A gift to young doctors learning and their future ability to help other people...many of my colleagues have gone on to do just that in their careers."

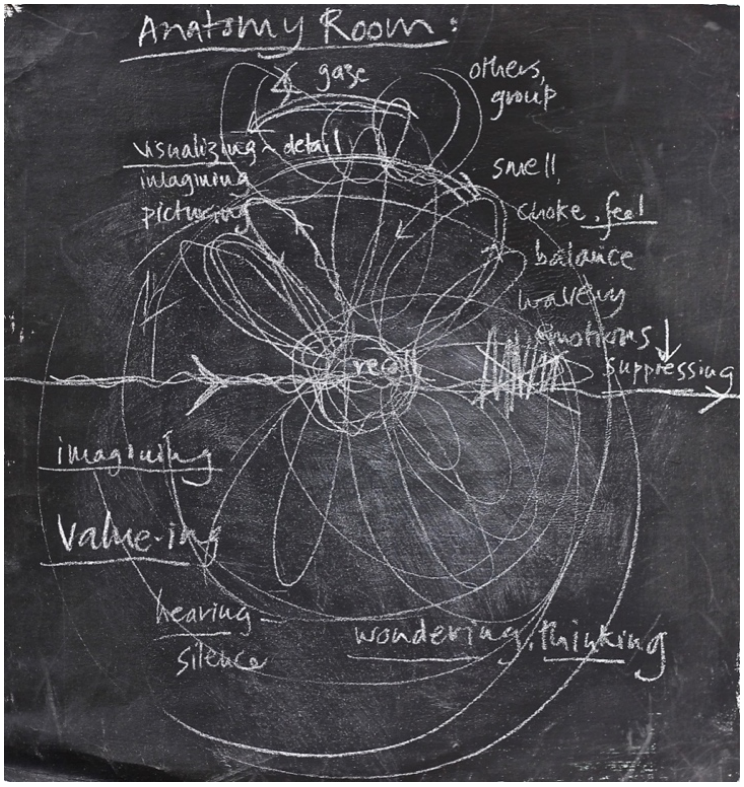


Figure 3.2 Anatomy Room. 'Drawing attention' map. Chalk on blackboard

Reflective practice explored the nature of this experience revealing multisensorial and imaginative detail of aesthetic experience as defined in this PhD. I noted:

> **"I am still there, looking from my own eyes and moving through it unsteadily amongst peers. I hear synaesthetically a "horizontal silence" I smell formaldehyde. I feel choked and still place my hand on my throat perceiving a clawing feeling. I feel movement and proprioception – I feel unsteadiness, "wavery," the walls moving; feel "divided," note the verticality of youth and life juxtaposed with the horizontality of death, a ward atmosphere is mixed up with a graveyard.... In the objectified 'clinical gaze', I feel "something is missing", a stiff upper lip, of suppression stifling emotional feelings and aspects of awareness. In addition, I feel the weight of a heart in my hands and arms and make connections with others in my own life and question what being human is. I begin to sense the weight of the ability to respond".**

3.Pulse

Practice-based methods: A further first-person account from recall and free writing also reveals similar qualities of aesthetic experience. This is also demonstrated in the experimental piece of writing below:

> **"As a young medical student, I approach my patient to take their pulse for the first time. I touch hesitantly in what I feel is a polite and 'clinical' way.**
>
> **In these moments of sensing, I am blown away with wonder at the life force that I am to experience throughout my career. For this small act of connection goes far deeper than the skin and artery palpated beneath my fingers. It has far more dimensionality than a counted number. Now, having been a doctor for many years, I continue to reflect on how the immanence[7] of this encounter never ceases to amaze – calling me to be present with resonance and compassion for the humanity of the other:**

The Attending Physician – Four Meditations on the Pulse

With my fingertips, I feel the expansion of your pulse. Its shape, its wave of pressure. In fifteen seconds, its immanence insists. A quiet persistent force. A whole life paced out through the chambers of your heart.

We avoid each other's gaze, but you beat into my imagination.

In this mortifying place, where souls are stripped, this beat resonates and catches up threads in my own life and loves and entwines me for a moment with you. Strange souls may touch tangentially in this way. Both hearts a driving force and a consequence.

****

I conjure up all the pulses I have felt. Ten a day, three hundred and forty days a year. For thirty-five years, nearly two million beats[8]. Still, now, I'm blown away by the beating of each heart.

What if I hear them all at once, in the space of my imagination, all collected and beating? How would I be moved? The earth could move. What if all else were silent but for the beating of all hearts? Just for

[7] Immanence - pervading, permeating, inherent, intrinsic, essential, fundamental, built-in

[8] It is usual to feel the pulse for 15 seconds and an average rate could be 15 heartbeats in this time

fifteen seconds. Our life-force. Would we feel our bodies as flesh of the earth and whispering souls of ether?

***

I think of my sons' bodies, how every single beat counts. Tender. Thus, can I attend to others.

***

I was left alone in the room with her, to take blood. I was twenty-one. Suddenly, I knew she was about to die. Almost imperceptibly something was slipping away from her face. Her breathing changed, her pulse, a thin thread. I ran into the corridor to find her husband. "I think you should come, now. And hold her hand.' He did. She breathed a last sound. Blood welled up from her mouth and over her chest. Her pulse, gone."

4. Electrocardiogram

Practice-based notes: The following entry from my reflective journal describes an instance where a small action, whilst in my clinic, drew me into sudden awareness. Drinking a coffee in a brief gap when a patient had cancelled, I had allowed my finger to trail over an electrocardiogram (ECG) trace in the notes. My attention was suddenly drawn to 'feeling' the low slow beat, and my train of thoughts arising that led to a small act of connection and contact:

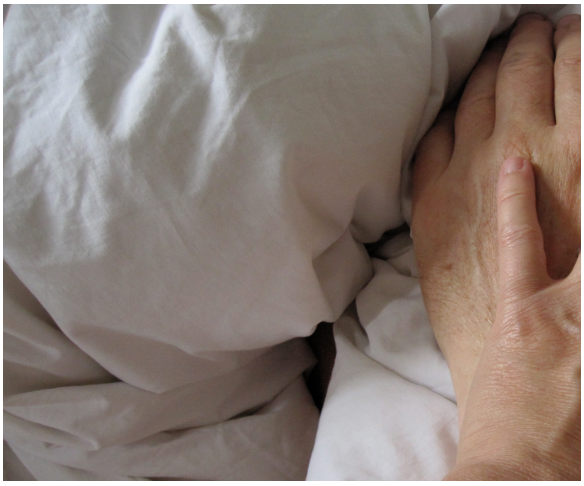
> **"…the ECG of a patient with depression and anorexia who doesn't turn up catches my eye as I flick through the notes. Without thinking, I find myself running a finger along the trace. My attention is suddenly drawn to this small action more closely when I notice I can <u>'feel'</u> the slow beating of their heart, its low amplitude. I wonder how my patient is managing out there every day, with this struggling heart, I <u>feel</u> its strain into the world, and wonder what could help. I send a brief email asking if they are OK and that I hope to see them soon. I offer a further appointment. A small connection… but my patient replies."**

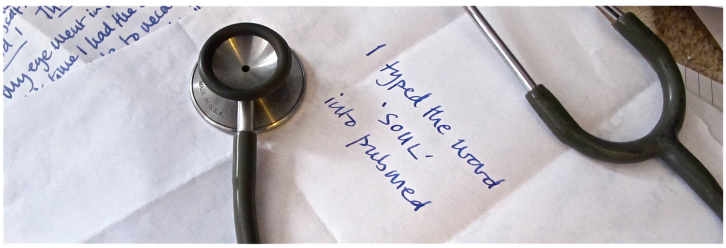
5. Laundry before work.

Practice-based methods - free writing from closely noticing:

> **'At 7.30am…."yet another chore, trudging up and downstairs, hanging out wet washing and bringing in the dry, in a rush before I leave for work…..Yet, I recall that in those few moments I had noted the autumn wind on my cheek, the colour of the fallen leaves in the garden, the fresh smell of the clean linen as I folded it. And, piling it into the airing cupboard, an Andre Breton phrase sprang to mind - about linen in a cupboard with moonbeams folded in…**
>
> **...even in the rush of the morning to put the washing away, I had felt the seasons change, felt my body turning away from the sun with the cooling earth and wondered if my laundry process was eco-friendly or would add to winter floods. I had seen moonbeams in the cupboard. I had sensed the forms of my sons' bodies whilst holding the shirts in my hands and smelt their scent in their rooms. I had breathed in life and held them close. Thus, are connective forces.'**

Figure 3.3 Photographs as visual notes. Taking a pulse, walking down a hospital corridor, touch, a gesture, literature search




I typed the word
'soul'
into pubmed

Portfolio of Practice for Chapter Four - Scoping Studies

'Hospital Corridor' Piece: Presentations

Date	Presented to:	Number	Format	Context
1.Nov 2011, London	Hospital psychotherapists	10	Small Group	General psychiatric hospital
2. July 2012, Liverpool	Psychiatrists	30	Workshop	International Congress - Psychiatry
3. Sept 2012, Falmouth University	Undergraduate, postgraduate artists & lecturers	20	Lecture theatre	Conference.
4.Mar 2013. Lisbon	Healthcare workers & users	30	Workshop	Interdisciplinary Conference
5. July 2013, Oxford University	Psychiatrists and Philosophers	40	Lecture theatre	Colloquium
6.Aug 2013, Aalborg University	Phenomenologists, psychologists, nurses	20	Workshop	International conference in Creative Methodologies
7. Oct 2013, Berlin	Various therapists & other disciplines	50 +	Poster session	'Mind & Life' symposium
8. Dec 2013, London	Mindfulness Practitioners	15	Small group	Therapists' meeting
9. Dec 2013, Hertfordshire University	Undergraduate & Masters Artists also art therapists	20	Lecture theatre	Lecture on impact of arts research.
10. July 2014 Southampton University & Medical School	Multidisciplinary Healthcare workers	10	Workshop	Medical Humanities, conference on Compassion
11. Nov 2014. Oxford University	Healthcare disciplines & allied disciplines philosophers - practitioners & academics	20	Advanced Study Day	Aesthetics in Mental Health Network (within) Values Based practice)
12. Nov 2014 London General Practitioner teaching series	Doctors	18	Seminar	GP Seminar series

Note: Numbers were approximate for audiences of over 20

Hospital Corridor Piece: Practice-Based Methods

Making the Piece

Previous work involved the making and initial presentation of a participatory piece in which viewers were immersed in a sequence of photographic images. The first half of the images were photographs of bleak hospital corridors. These were juxtaposed with a second set of images in which small personal details had been added. The images were derived from aspects of my own professional and personal experiences of being in such settings, yet the content was felt to be something that most other people may have experienced at one time or another. This was to see whether the 'made' images resonated with others, engaged them in an aesthetic experience and led to reflection on aspects of healthcare in relation re-humanising values. The making and initial showing of this piece to the general public has been previously reported[10] (Helena Fox 2011).

In making the piece I applied arts, practice-based methods of 'close noticing'. I used my own immediate performance of moving slowly through hospital corridors in a meditative way, following where my mind's eye was drawn and using photography and free writing to record the experience. I imagined what it may be like for a patient to enter such a bleak environment in an altered state of consciousness, or in different positions (such as horizontal, on a trolley). I also constructed and photographed images concurrent in my mind's eye from home where even only small personal touches made a huge difference. Later, I edited and juxtaposed the images staying closely with what had drawn my attention to notice closely. James Hillman's words, 'stick with the image, it tells all,' guided my method of sustaining and deepening attention in close noticing (Hillman 2000). This excerpt of free writing made shortly after walking through a series of hospital corridors demonstrates the use performance as a method of making the piece.

> ***'My eye went in as the sensor. This time I kept the camera as close to it as possible - to try and record what I was seeing with my mind's eye, the way I was seeing it, as I was experiencing it. I walked through and up, watching intensely and recording thoughts as they arose. Thoughts and feelings whilst in the act of seeing. Inner images…***

In this scoping study, I shared with these images with healthcare audiences for feedback and discussion.

Presentation

These images were presented to 12 groups of colleagues from relevant disciplines, in academic settings as in the above table. Accepted abstracts outlining the session were available in advance so people could choose to attend if they wished. Each group consisted of 10-40 people ranging from a small group setting to lecture theatre presentation where the images were projected life-size. All sessions invited participation by viewing the images, engaging in a brief breath meditation at the end of the images and sharing feedback if wished. Although the ideal presentation time was 1.5 hours, the time allocated ranged between 30 minutes to 1.5 hours[11]. One presentation was a poster session (Berlin, number 7 in table)

An **outline of the session** is given below. Here for a 1.5-hour workshop at the Royal College of Psychiatrists International Congress in 2012. The images were displayed, projected as large as possible, changing at the rate of the breath. This was intended to enable embodied entry to the piece. This was followed by a brief guided focus on the breath and an invitation to note thoughts, feelings, sensations and imagination

[10] Outlined briefly here as previously designed in the MA (Helena Fox 2011)
[11] Time limits set by the meeting or conference

arising. This was followed by feedback, if wished, before discussion and questions. The overall schedule was approximately follows:

- Brief introduction and context – seven minutes
- Image viewing – six minutes
- One minute - breath meditation
- One minute – to "just be aware of what's here, what's arising"
- Feedback of experiences in pairs[12], deep attentive listening to others - 10 mins
- In the group as a whole– feedback of experiences, if wished – 20-30 mins
- Discussion about feedback of experience, the process and thoughts about applicability in healthcare 20-30 mins.

Gathering participant feedback.

At the 2012 Royal College of Psychiatrists congress, sessions were officially recorded and available for conference delegates. For other sessions, I made brief notes of feedback experiences at the time and added to them directly afterwards whilst still clear in my mind. In this way, a I kept notes of feedback comments for each event. Two groups provided written feedback.

Method of thematic review

My notes were reviewed for three main areas:

(1) Sensed experience and arising imagination of aesthetic experience. I devised a 'quickfire' experimental framework adapting themes from mindful awareness and the phenomenological life-world approach (Ashworth 2003). My notes were thus reviewed for the following themes indicating viewers' experience of bodily sensations; feelings, emotions and mood; behaviours; sense of space; atmosphere; time, memory and personal journey; sense of connectedness; sense of narrative (making sense); and sense of self.

(2) Comments about the experience of the process as a whole.

(3) Comments about links or application to aspects of healthcare.

Poster Session

In addition, at the Mind and Life European conference, I was allocated a space in the poster session. A large B0 poster offered a brief introduction followed by an invitation to sit down and 'breathe in the images' by leafing through a size A4 book containing the series of photographs. Seats were provided and each person wishing to visit the site could talk with me if they wished. A photograph of the set-up is shown below.

[12] For groups of larger numbers

Examples of slide images used in 'Hospital Corridor' Piece
Stark corridors juxtaposed with images containing a human input

Hospital Corridor Piece - Beyond the Evidence Base

Slide showing poster format used at MindandLife.org Berlin Symposium October 2013

FROM ANAESTHETIC TO AESTHETIC IN THE CLINIC

Dr Helena Fox - Social Sculpture Research Unit, Oxford Brookes University

You are invited…
…to take a few minutes to breathe in a collection of images and attend to thoughts, feelings and sensations that arise.

I am a capturer of images rather than a photographer. Certain images seize me and make me curious - the poetic and the slightly strange. I stay with them, re-viewing them in my mind, noticing closely. Through this form of dialogue, deeper or hidden meanings may emerge. Can this way of seeing also act as a vehicle for the imagination and reflections of others?

Please see accompanying book of images - Your feedback is welcome.

" My eye led me round and then through corridors of inner images – memories of being a doctor, a patient and a relative of sick family members, and to past places and incidents"

Introduction
Medicine is full of emotive and soulful images, not only those we witness with our eyes, but those we perceive with all our senses, including thoughts, feelings and imagination. What happens when we attend to our powers of perception and stay present in these moments? Can this awareness lead to deeper understandings and greater compassion in healthcare delivery?

Background
- Working as a doctor - a psychiatrist - I have found that endless bureaucracy can leave me feeling 'anaesthetized' and deadened at the end of each day. Risk assessment, governance, guidelines, funding restraints all crowd out the space for the human being.
- Despite life saving changes in technology and the growing objective evidence-base, the term 'being the attending physician' has fallen into disuse.
- In medicine however, the subjective encounter with others is central to empathy and compassion for both user and provider. To be detached from our senses in situations where others are vulnerable can have disastrous consequences.
- Here, the term 'aesthetic' is used to mean an enlivened way of being aware of our sensing, intuition and imagination alongside intellectual knowing.

Aim
This work is part of an arts-led PhD in the field of Social Sculpture – between 'connective aesthetics' and medicine. The aim is to develop new artistic processes for increasing aesthetic awareness, deepen attention to everyday aspects of healthcare and lead to new insights and connective approaches for working with fellow humans. In this piece, images made from my own experience are shared with others to see if they resonate and provide a platform for discussion about becoming more aware.

Emergent Work
I find myself working in an interdisciplinary way, drawing on experience from clinical work; principles from phenomenology; the psychotherapies - including mindfulness-based work; contemplative meditation; presencing and 'expanded forms of art'.

doctor@hfox2004.wanadoo.co.uk

Poster session set up - Berlin

Books containing the photographic images available for poster viewers.

Results: Work for 'scoping' the project in this PhD was presented to the groups listed in the table above. These included therapists, psychiatrists, artists, philosophers, service users, psychologists. All presentations followed accepted abstracts.

Themes from feedback revealed the richness of responses. Feedback demonstrated (1) the strong experiential nature of piece and (2) the experience of being in the process and (3) comments on how this type of work may be applied in healthcare:

1.Feedback of experiences on observing the images: The following were evoked:

Bodily sensations. The visual images generated direct synaesthetic experiences in a range of senses. In the corridor images, viewers were able to 'feel their way into the space' and 'become involved in' the piece. The images evoked feelings of detachment, disorientation, disconnection, feeling cold, hearing the silence, smelling the carbolic, feeling a 'shift in gear', 'decompression', 'plunged in, pushed into', 'I felt a gasp', 'a visceral feeling', 'immersed, trapped, locked in, claustrophobic', the 'beat and rhythm of the piece'. As the images changed to the bed, sheets and limbs, experiences changed to feeling warmth and 'heart-warming.'

Feelings/emotions/ mood. The corridor images generated feelings of sadness, gloom, anxiety, fear, being unnerved and troubled, shocked, lonely and isolated and anger at the bleakness. One person saw the sterility as a defence of detachment from overwhelming anxiety, another said they had to suppress their emotions and 'stay cool, calm and professional'. The second half of the images brought an uplifting of mood. A

few people were very moved, recalling episodes of illness themselves or in relatives, 'I projected my own narrative into this – it was a terrible unknown drama.'

Behaviours. Feedback and discussion was lively in which viewers gave their experiences.

Sense of Space. The coldness of the corridors was contrasted with the comfort and connection with the human space in the bed. "I was in there, lying in the sheets. These became my closest friends. I was captured in the bed – it's warmth, my world. Outside, it was technical." The bed was seen as the patient's geography, the new terrain in which they are 'caught up' – 'constantly rearranging and shifting' yet with a narrowed world and horizon. The institutionalization was felt, prison-like, a de-humanizing, mortifying force.

Felt atmosphere. Viewers felt disparity of atmosphere between the two sets of images. The cold, stark atmosphere of the corridors, deflecting, harsh angular surfaces, the aseptic spaces and their inability to embrace or make space for the human was felt as 'poetic tension' between the organic, curving, soft, enfolding sheets of the hand-embroidered linen creased with human presence. The addition of only a small number of personal details, including touch, added a felt sense of tenderness, intimacy, care and connection with other humans. Human fragility and vulnerability was felt from seeing the skin with its minor blemishes next to sheets. "Life: skin and cotton, eternally vulnerable, versus metal." People commented on the nets and the 'horrible sense' of foreboding they gave. Most imagined suicide attempts and that the nets were felt to be a crude attempt at prevention.

Sense of time and memory, personal journey As Broyard wrote, viewers felt the 'suction of infinity,' (Broyard 1993) 'as if someone was about to 'pass' and commented on being made aware of their own mortality, the passage of time and 'the predictability of death', 'I felt presence and then absence. Gone. The bed empty. Time and fragility.' A line of chairs gave a sense of interminable waiting mixed with apprehension and uncertainty. Also, viewers became aware of their own memories, of relatives in hospital sharing sad and frightening experiences such as waiting for bad news, uncertainty, lying alone, the buzzer out of reach, of loneliness and death.

'The timing of the images just left me with my breathing' Another person felt 'a leap in time, to another era' and yet another was reminded of different stages of life when one may go to a hospital such as 'childbirth or death.'

Sense making/narrative Several viewers wanted to find a narrative that made sense. Others felt disorientated by the inability to do this, by feeling uncertainty and that nothing quite connected, 'Not even the limbs, …nothing quite connects or responds to how we see it, like Kafka's Castle.' Empathy was expressed for how patients entering into such an environment may feel.

Sense of self/personhood and agency. Comments were made about the impersonal way some people are treated in hospitals as if on a 'conveyor belt of people being moved to wards, stuck in the system'. 'There's a removal, a sort of distancing from the person who is dying – that's very hidden.'

Connectedness, togetherness. The disempowerment of the patient was felt by barriers such as glass, railings, opacity. Never seeing the whole view of the bed, the cloth, or the whole patient was felt to be like the 'super-structure of the NHS'. Being a patient, in hospital felt like being in 'another category – hard to get out of.' Loneliness, disembodiment and isolation were felt. Relief and warmth related to human connection was felt with the human touches in the images and the hand embroidered linens, monogram and personal items.

Thoughts. These were reflected in the above comments.

Feeling the gesture of the maker. It was felt that the images were taken with great care. 'To sit through and share what you have been through, to see what your eyes see through the camera was reassuring, that someone is looking like this.' 'Heartfelt work.'

2. Comments about the experience of the process

In comparison to traditional papers at academic meetings, viewers commented that this piece felt like a 'shift in gear into the experiential,' 'I felt a deep plunge, a jump, a different energetic level and focus', …'suddenly pushed into an intensity that's fiercely visual.' One participant, a phenomenologist, said that after the conference it would be 'these images that stay with me' more strongly than any spoken paper.
Written feedback comments from one group included, 'There was something very special about experiencing visual poetry with a group of people who could appreciate it mindfully, without judgment, simply being open to the images and the wealth of responses they brought for us in the room.'

3. Comments on links and applications to aspects of healthcare

Examples of reflections on how awareness of aesthetic experience may be important and transformative in healthcare were:

- Healthcare workers may habituate to their daily work surroundings and take this for granted. However, even the smallest detail may move people profoundly and in different ways. This type of aesthetic work could make it possible to re-vision daily events, by presenting situations in ways that disrupt automatic habitual thinking.
- 'A whole lot of tiny details in the world in which we are working can have profound effect. We need reminding sometimes. We need to be very mindful. That's the business we are in'
- 'It is easy to become 'anaesthetised' to everyday issues – here something as simple as walking down a hospital corridor can bring transformed experience by seeing anew'
- 'I felt a risk of overlooking what we have come to consider as normal. The images were in fact brutal. It's good to know that someone else can 'see' this…this work is an invitation to 'feeling', not just discussing, and 'sensing' which is then connected to thinking
- This type of work may offer a place for thought, reflection, questions and discussion, about how things could be changed. 'So much emerged so fast. This piece generated complex feelings and thoughts all at once I felt the acute crisis in care and that being aware of this leaves a key message that practice must change".
- 'This creates an opportunity to think about what we are going to do. It creates a place of questions, an opportunity to talk and see a need to change, to get to the human 'being' level,' things are not working right
- This type of work demonstrates the range of individual subjective experiences, encouraging us to remain sensitive and empathic to the differing needs of others. 'This piece returns us to our subjectivity, we are emotionally involved.'
- 'Both clinician and patient 'feel' subjectively and are involved in a reciprocal relationship, intertwined. How do we stay mindful of and negotiate this space, not as a duality but as a complementarity?'
- This type of work may enable healthcare workers to stay in touch with their emotions, accept, manage and act on them wisely rather than deny them. 'In my day, we were told as medical students not to get

emotionally involved. But unless we are to become detached, how do we negotiate this? A better way to think may be to consider what keeps us 'enlivened' to the experience, empathic and still able to act with compassion'

- There may be no need for complicated or expensive resources to change this, just an internal 'shift in gear' to a mode of awareness in the moment. Very small changes or acts may make a big difference. For instance, a personal touch such as a rosary or familiar book, the light in someone's eyes when they offer a genuine smile, talk of home. Offered with warmth, mindfulness, feeling, intuition and imagination these small acts are an untapped and sustainable human resource and could be transformative in the delivery of more compassionated care.
- Exploring issues in this aesthetic way, here by using images that are slightly strange in quality and facilitating awareness to what is evoked may disrupt habitual thinking and lead to a re-visioning which aids.

Bathe - An Encounter with Care: Practice-based methods

Design

A participatory piece was designed to add a poetic twist as motioned above. A 'bathing action' lasting around five minutes was chosen in order to allow sufficient time to engage with another person, enter the action, deepen and sustain attention, and allow time for reflection in and on action[13]. By using hands and forearms it was felt this would allow sufficient closeness with another whilst also allowing some distance[14].
This work was performed as 'research and design' work in progress at a PhD feedback forum day[15]. A brief outline of the session was given in an invitation as shown below. Those who wished to attend could choose to participate in the action or just observer.

First session - Introductory mindfulness-based practice to raise awareness to attention

A brief guided introductory mindfulness meditation was given as the first part in the workshop to raise awareness to the path of attention between the outside world and the inner world of mental events such as thoughts, feelings, memories, images, imagination. Participants were invited to apply this process of following their attention and exploring what arose in the second session. I also showed an example of one of my drawn attention maps as a method I had used for making the path of attention visible as shown in figure 4.1 below.

[13] Taking a pulse, for example was felt too brief an act to become 'engaged' in this exploratory piece
[14] Hands and forearms are often already exposed and feet would have too biblical a connection.
[15] Artist colleagues are accustomed to being participants and giving feedback about experience

Invitation to Participate in an Aesthetic Action.

"Bathe"– an experiment in 'Close Noticing'
Developing Connective Aesthetics for Becoming Aware in the Clinic

PhD research and development project – Dr Helena Fox

Monday 24th March MA Studio, Oxford Brookes
10.30-4.30pm

In medicine, the term 'the attending physician' has fallen into disuse. This research is about raising awareness and attention to one's own experience and through this, to that of others.

"It is through my body that I understand others." (Merleau-Ponty 1964)

You are invited to take part in a day's workshop involving an aesthetic 'action' and feedback. It involves – firstly, in the morning a preparatory exercise in a group for raising awareness and attention. Then in the afternoon, working in small groups of at least 3 people, rolling up sleeves to the elbows for a bathing action with the hands of another participant, then changing roles, and also being an observer of this action. Each part of this triad of actions (bather, bathed and observer) will last about 5-10 minutes each way. The action will involve several groups at a time and there is space for audience if you would just like to observe. After, there will be time for feedback and discussion of the project.

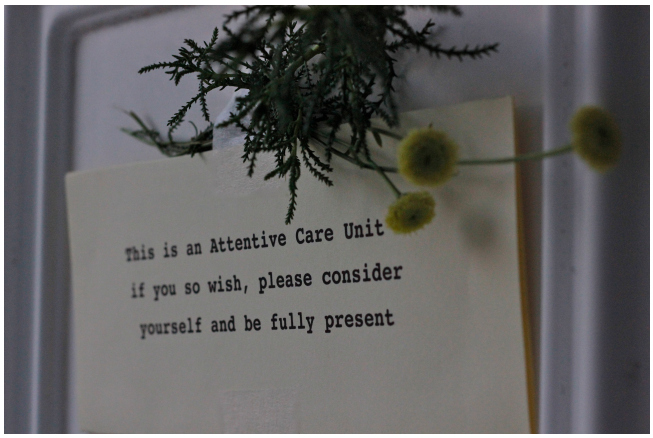
This is early research and development work in an arts-led PhD about raising aesthetic awareness and attention in healthcare. Here, I am interested to share the process with a group of fellow artists to explore response and feedback.

For the morning part, we will sit or lie down - whichever is most comfortable. You may wish to bring a blanket or something on which you can be comfortable, warm and relaxed.

For the afternoon - if you are able and wish to bring a digital camera or other recording device to use in the 'observing role', it would be good to collate and pool images as part of the response and documentation. As well as verbal feedback, the response can be anything you 'feel' – such as dance, drawing, photography, writing…So you are invited to bring anything you may need for this. Or, if you would just like to come and watch, you are also most welcome.

Warm wishes,
Helena

RSVP
current email given



Second session - Description of the Set-Up and Bathing Action

Four tables, each with space for four people to stand or sit, were set up. Each had a washbowl and pitcher set on a white cellular blanket with, small organic soaps and white towels for each participant. The setting was designed to evoke an atmosphere of care. Participants took turns being (1) the person bathing the hands of another;(2) the person being bathed;(3) an observer (in which one could watch, witness, photograph or record as wished) and (4) a 'keeper, or holder' of the space. This latter role involved 'managing' the space by filling the pitcher with warm water, filling the bowl from this, timing the bathing action and indicating when it was time to change roles, emptying the bowl, tidying and arranging the place for the turn of the next person. Participants revolved through these roles for 5-10 minutes each. The whole action was performed in silence to allow people to attend deeply to their own experience.

Process outline

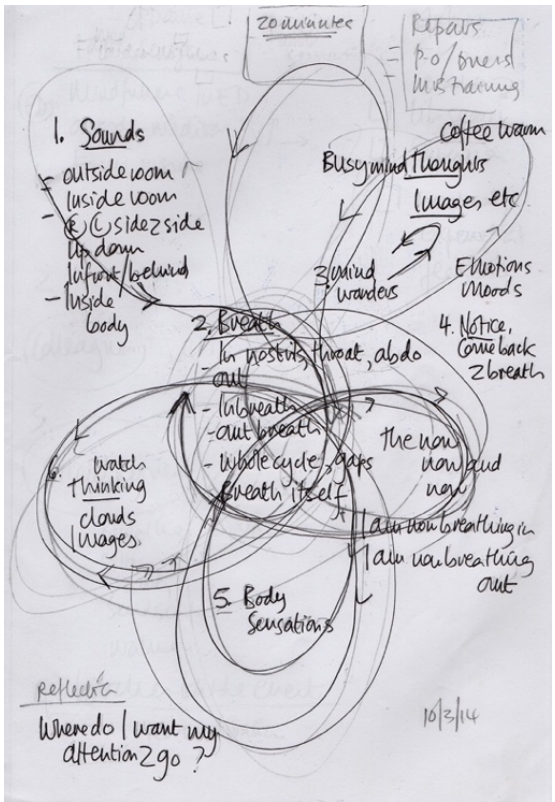
Two sessions were as follows:

Session 1- (1.5 hours):

- Welcome and introductions. Brief research outline - (10 mins)
- Guided Mindfulness-Based meditation. Becoming aware of the path of attention - (20 mins)
- Feedback of experience and discussion with deep listening to each other - (45 mins)
- Examples of mapping the path of attention - (15 mins)

(Lunchtime. Studio set up as above by artist whilst participants were elsewhere)

Figure 4.1 Mapping the path of attention - my example of a 'drawing attention map' shared with participants

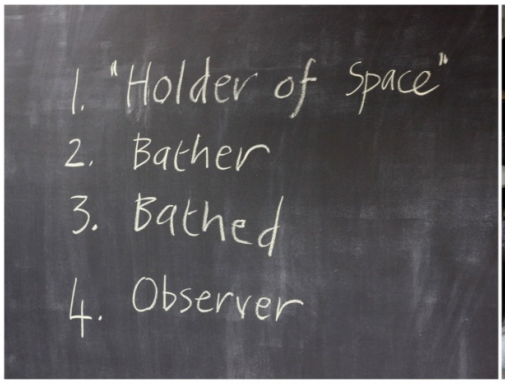


Afternoon Session 2 - (2.5 hours):

- Explanation of the afternoon - (15 mins)
- Brief hand and touch meditation - (five mins)
- Bathing Action - (up to 30 mins). Groups of four, each taking turn to bathe, be bathed, managing ('keeper/holder') the space, observe
- Silent tea break (for contemplation, reflection and maintaining the flow) - (15 mins)
- Feedback of experience with deep listening to each other - (45 mins)
- Discussion and evaluation - (one hour)

Bathe: Design and set up


This is an Attentive Care Unit
if you so wish, please consider
yourself and be fully present


1. "Holder of Space"
2. Bather
3. Bathed
4. Observer

Gathering participant information: Detailed notes were made during the feedback and discussion and immediately after the workshop.

Method of thematic review: The notes, or transcripts were reviewed and, as in the above piece, themes from phenomenological lifeworld were noted followed by feedback on the process and thoughts for further application.

Results: 16 postgraduate artists chose to attend the workshop[16]. Themes from feedback are outlined here and pooled and examples of photographic documentation are shown.

Bathe: Participation

[16] Postgraduate artists: MA or PhD Interdisciplinary Arts including Social Sculpture at Oxford Brookes University.


1.Experiences related to content Feedback comments demonstrated the following:

Bodily sensations. Participants were aware of sensations in all modalities (except taste). There was deepened attention and awareness to touching the hands of others, eg to texture, difference in size, comparison with one's own, the act and manner of touch. One person felt a sense of energy as her hands were being washed. Another person observing, noted he could feel the sensations in his own hands at the same time he watched. He felt a sense of responsibility in perceiving the act as witness. Another person in observer role, felt the movement in her body and started to move with it. The latter two comments reflect the roots of empathy.
Sensory awareness was heightened and also drawn to the smell of the soap, the softness of the towels, the sound of water, its temperature, the weight and movement of hands, responsibility to the other, noticing reflections, watching how it was for the other person, hearing the breath and the silence.

Feelings/emotions/mood. Enjoyment of having one's hands washed, feeling moved to tears, a sense of feeling cared for through the act of washing, of another person being 'present'. Uplifting and sensuous. One person found it too emotional and was glad to have an observer present which drew her back from this. It was imagined how difficult it must be to give care to someone in severe physical or emotional pain, how one may need to stand back and objectify to stay distant from this. One person felt a sense of shame that she was not taking enough care.

Thoughts. Were related to the experiences above.

Felt atmosphere. One person summed this sense up by saying that they felt, ***"a poetic quality in the room…a sweetness and gentleness in the quality of the interaction, of comfort… a ballet of hands, eyes and movements in dialogue, of feeling 'into' each other with empathy, around each other, between and with each other, apart and together, noticing closely and sensitivity."*** It was felt that the 'scene' had been set for the 'possibility of care' and the role of the objects, 'waiting' as people arrived gave this feel. In addition, a sense of ritual was felt in the repeated filling and emptying of the bowls. One person said that it felt as if the water held the memory of the action.

Sense of time and memory, personal journey. Memories were of; being washed as a child or patient, washing ones' children and working as carers, giving birth, at one's own journey through life and how little one may be touched in this way between childhood and old age. How difficult it is to give this kind of care if the person receiving it is cold and undervaluing.

Sense making/narrative. Participants linked meanings to personal stories and biblical references such as forgiveness.

Connectedness, togetherness. Sense of self/personhood and agency. Feedback covered the "balance of the relationship" and connection to one another in different roles of bather, bathed and observer; the sense of vulnerability and helplessness at being in another's hands; the giving and receiving of care; the 'gifting' of attention of care; giving responsibility to another with trust and care; of 'being in relationship' with another; of closeness and intimacy and the varying levels of comfort this brings including the wish to retreat to a more 'mechanical' mode. Some preferred the observer role, finding the touching aspect too close. A strong awareness of 'crossing essential boundaries' to care for another. Of being in a room full of people, as a group, all engaged in an action of care. As observer, to witness how two people touched each other 'taught so much', it seemed 'a privilege to watch such care between two people'. One person didn't engage in the direct action but observed by drawing the group with lines indicating her perceived connections between people.

2.Experience of process

Feedback comments on the Mindfulness section indicated this was a relaxing, calming, slowing down process which facilitated access to an inner mental space sustaining attention on it. ***'It slowed me down and opened up an inner space.'*** Some people found aspects of the meditation too mechanical.[17] Others found it a helpful way to follow the path of attention. Two participants found the meditation too open and 'infinite' saying they would like to have been more grounded[18] at the end. Most became aware of how attention could shift from one place to another, from the outside to the inner world and how attention could be directed at will.

'It helped me position all these acts of mind, for instance – feeling, seeing, thinking. I could look at them and see them coming and going'. 'I could watch myself watching, it enabled a spaciousness to watch feelings', 'I could focus on my images with inner eyes'. 'It helped to pay attention to my own attentive direction.'

One person found the example of the 'drawing attention map' (figure 4.1) a helpful way to visualize a method of keeping his mind on the path of attention.

Comments also indicated that this meditation helped some people be able to able to 'watch' their mental events more deeply and follow attention in the subsequent bathing piece. Overall, it was felt that the introductory session to mindful awareness was like a 'warm up process' which enhanced being able to watch what arose in awareness of actions.

Further discussion on the bathing process included the need for achieving a balance of 'boundary' of connecting with another whilst not invading personal space. Feedback demonstrated that participants acted sensitively to this and watched one another to gauge the level of contact and 'listen' to the other. This was done through non-verbal gesture as the action had been in silence. Silence enabled concentration on attention and was important for the development of this type of work. Whilst members of this group knew each other, this method may need to be sensitively adapted for participants who do not.

3.Feedback and further application

Evaluation Forms

A simple feedback form was designed including a six-item rating scale and space for comments. Items were: did you find this of interest; relevant to its context; relevant to yourself[19]; acceptable; could you 'enter' the piece in an experiential way; were any difficulties felt/aspects not liked.

10 people completed these. Of these, nine said they were very interested in the work; five said they found it relevant to its context; eight said it was 'very' acceptable; seven said they could enter the work in an experiential way; one person found it 'difficult when it got too personal – being in the spotlight'. Seven found it relevant to their own arts practice. These results largely supported acceptability, engagement, interest and of relevance to their artwork. Many left positive comments. Some examples are:

'Incredible, unforgettable,' 'I could enter the work very easily'

'I felt free to explore my senses. I valued this experience as much as the actions

[17] Siegel's 'hub and spoke' analogy (Siegel 2011)

[18] Be guided back into the concrete reality of their surroundings in the room, e.g. feel your feet on the floor, stretch your arms etc.

[19] In relation to each person's arts practice

'Being guided in the meditation made me feel safe and calm'

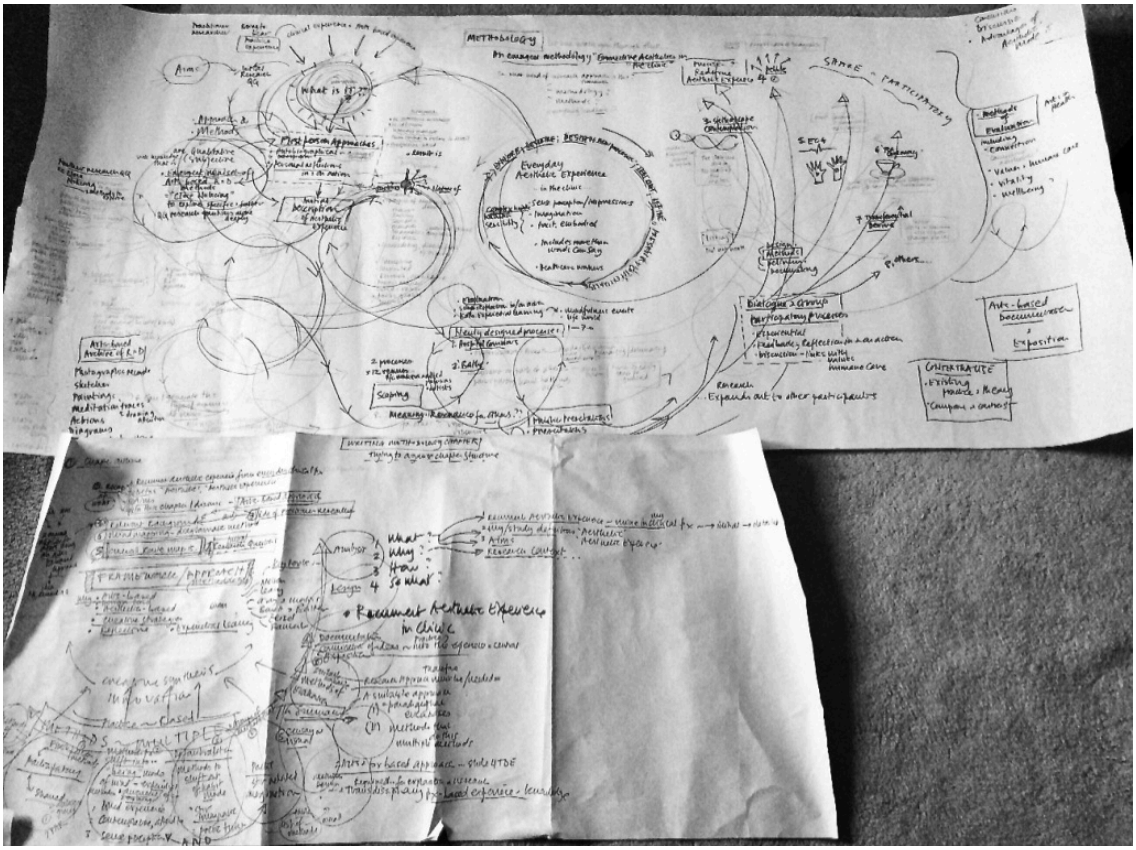
'***The workshop was gently offered and well-steered,' 'relevant to my own research in connective aesthetics'***

'I could relate all the experiences you offered to everyday to life… empathy… responsibility, our roles in society.'

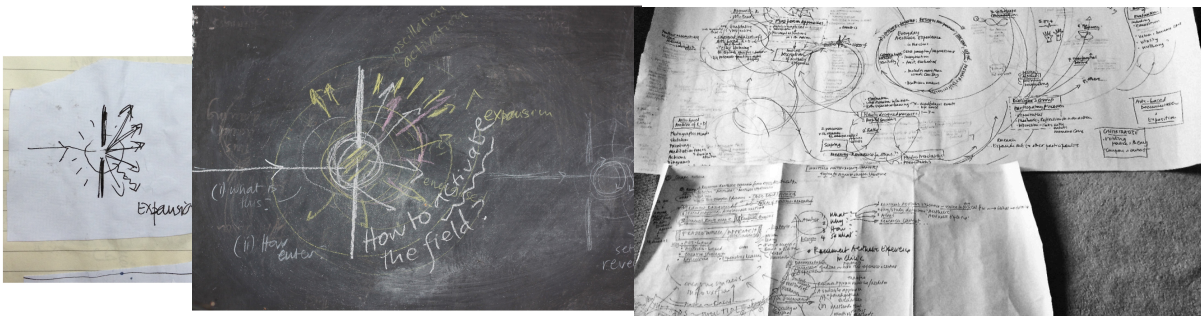
'Extremely interesting, expanding, stimulating – I will hold the image and experience of the hand washing.'

Portfolio of Practice for Chapter Five - Methodology

Research development – a spiral iterative route



Expansion from first-person idea to expanded emergent methodology



Recruitment Poster for Healthcare Groups

OXFORD BROOKES UNIVERSITY

Faculty of Technology, Design and Environment / School of Arts / Social Sculpture Research Unit

Invitation to Healthcare Practitioners and Healthcare Students
to volunteer as participants
for an arts-led PhD in Connective Aesthetics and Medicine:

"From Anaesthetic to Aesthetic in the Clinic"

Volunteer to take part
in newly designed participatory aesthetic processes
as part of an arts-led PhD research enquiry.

If you are a healthcare practitioner, healthcare student or work in a related field your input and feedback is invaluable.

What is the research about?
Medicine is full of emotive and soulful images, not only those we witness with our eyes, but those we perceive with all our senses, including thoughts, feelings, and imagination.

This research is to explore, design and develop 'connective aesthetic' processes that increase awareness and deepen attention to everyday aspects of healthcare. Such sensory 'aesthetic attention' can reflect our values about care and compassion. What happens when we pay close attention to this?

A series of experiential processes have been designed for use by healthcare practitioners and healthcare students. They aim to deepen practices of close noticing, lead to new insights and ways of 'seeing', stir imagination and through discussion, make space for reflection about values and choices of best compassionate practice in working in more connected ways with fellow humans.

The research is now at a stage where it will be valuable to have feedback from practitioners and students in the field to further shape the design. If you are interested in taking part, please read on.

The researcher has designed 6 innovative processes. You may decide to try out just one of them, or any number up to all six for a cohesive experience. All processes last approximately 1.5-2 hours. One process lasts an entire day. These processes may run at individual times over a number of weeks or together as a weekend workshop. Each process includes a short experiential and contemplative component followed by a sharing of reflections on one's experience and discussion. Sharing one's experience is voluntary.
In Covid risk times, participation will be online in Zoom meetings with password entry for each process. In online workshops participants will all be present at once with the researcher at the same time. There will be a choice for participants to switch off their video cameras if wished.

The Research Investigators are:
1. The Researcher, Dr Helena Fox, an experienced medical practitioner and artist. Her work is interdisciplinary, drawing on clinical practice; principles from phenomenology; the psychotherapies – including informal mindfulness-based work; contemplative meditation; and Social Sculpture and expanded art form.
2. The PhD supervisors, Professor Shelley Sacks, Social Sculpture Practitioner and Director of the Social Sculpture Research Unit and **Professor Ray Lee, School of Arts** Oxford Brookes University.
3. The Special Advisor, Professor Bill Fulford, Fellow of St Catherine's College and Member of the Philosophy Faculty, University of Oxford; Emeritus Professor of Philosophy of Mental Health, University of Warwick Medical School; Director of the Collaborating Centre for Values-based Practice, St Catherine's College, Oxford (www.valuesbasedpractice.org)

Ethics approval has been granted from the university Research Ethics Committee at Oxford Brookes University.

How to Participate
If you are a healthcare practitioner or student over 18 and are interested in taking part please email me including a couple of sentences about you and your work.
I will then send you a detailed 'Participant Information Sheet' and am happy to answer any further questions you may have. I look forward to hearing from you.

Helena Fox PhD candidate, Oxford Brookes University
Current email given

The poster was circulated online to reach healthcare groups and allied professions. Examples included:

Oxford Brookes University - research student email and healthcare students
Twitter
1x Hospital Alumni group on Facebook
Website for the Collaborating Centre for Values-Based practice in Health and Social Care - www.valuesbasedpractice.org including Aesthetics in Mental Health Network
PhD Academic writing group - healthcare associated members
Creative Arts in Health - Jiscmail address
BMJ Wellbeing Facebook group
Word of mouth with an invitation to pass the recruitment poster on to those interested e.g. arising from presentations given.

Profile of participants by healthcare discipline

Healthcare participants who took part in online zoom groups for the final series of experiential participatory processes:

General practitioner 3
Consultant Paediatrician 1
Consultant Radiologist 1
Senior dietician 1
Postgraduate artists working in embodiment, dance, healthcare issues 3
Psychologist 2
Consultant Psychiatrist 3
Senior Physiotherapist 2
Accident and Emergency Nurse 1
Academic, senior nurse 2
Senior nurse 1
Community care musician 1
Occupational Therapist 1
Disability charity organiser 1
Osteopath 1
Medical Communications 1
Professor Psychotherapist, also philosophy 1

Total responded to recruitment poster - 28 (1 did not attend at all, another (artist in the field) dropped out as 'busy') and had not attended the introductory talk. Therefore, the final 'pool' taking part was 26.

Artist's Introductory Talk

The invitation to the talk was emailed to individual interested participants is shown below.

Slides of the talk are given in the next document (slides 1-45, Appendix PoP5) to show how this was presented. The slides guided my presentation rather than using a full written script. Notes for the slides are numbered respectively below. Many of the images were collated from the written thesis and portfolio of practice and other related photographs.

All 26 participants from healthcare were recruited into the study and attended this talk.

An extended version of this talk was later presented to examiners and an invited group. 18 attended.

Artist's introductory talk.

You are invited to a Zoom presentation

From Anaesthetic to the Aesthetic in the Clinic
Working with sensory perception & the imaginative dimension

This talk will cover:

- A brief background to the work
- Aims of the study
- Innovative work within an arts-based paradigm to explore aesthetic experience relevant to healthcare practice
- Why & how participant involvement is valuable at this stage
- Time for questions

Dates:
(45 mins duration)

RSVP - Please let me know which date you would like to attend.
A zoom number with password will be sent to you.

Helena Fox
current email address attached

Artist's Introductory Talk - Notes for slides 1-45

(The slides can be seen in separate appendix section[20])

Slides 1 - 6

[Introduction. Speak to slides]

Welcome to this presentation.

Thank you so much for your interest in this research.

- I'm giving this introductory talk as I'm exploring new arts-based ways of working and aspects of this will be unfamiliar to some people working in healthcare and allied fields.
- I will present a brief background to this project; an outline the work and some of the methods I'm developing.
- I'll then go over participant involvement and there will be a time for questions.

Slide 7 - 'I typed the work 'soul' into Pubmed'

As a doctor I found that endless bureaucracy could leave me feeling anaesthetised and deadened at the end of each day; risk assessment, governance, guidelines, restraints all crowd out the space for the human being and despite life-saving changes in technology and the growing objective evidence base that is obviously crucial, the terms being 'the attending physician' and practicing 'the art of medicine' have fallen into disuse.

In medicine, however as we all know, the subjective encounter with another human being is important and is essential to issues such as empathy and compassion. To be anaesthetised in these situations where others are vulnerable can have disastrous consequences. I'm sure many of us will be aware of the Mid Staffs Report in this regard.

So, in my research I ask if a practical, aesthetic enlivened approach could lead to reflection on more connected and holistic understandings that contribute towards delivering best humane and compassionate healthcare. Medicine is full of emotive and soulful images, not only those we witness with our eyes but those we perceive with our senses and our imagination, along with our individual thoughts, feelings and images in our mind's eye. Our imagination is very rich. What happens when we attend to our powers of perception and imagination? And when we stay present to this experience whilst practicing, as appropriate?

'Care of the Soul in Medicine' (Moore 2010)

Indeed, many have been drawn into professions in healthcare for this deeper connection with the humanity of each other and one's clients.

Because of the anaesthetising effect of medicine, as I described above, I decided to turn towards the arts, originally painting, as enlivening relief. Eventually I engaged in a Masters in the Interdisciplinary Arts and the field of Social Sculpture – as I thought it might bring something to offer healthcare practice.

Social Sculpture, very briefly, is a term that was coined by the German artist Joseph Beuys in 1970's. He said that the 'everyone can be an artist' implying that anyone is free to use their imagination and act as an agent of change to create ideas for shaping or sculpting a more humane and democratic society. At Oxford Brookes, within the school of art, the Emeritus Professor Shelley Sacks led the SSRU. Having worked with Joseph Beuys, she continued to develop an expanded field of art in which 'connective aesthetic' practices are used. These are practices used to come closer to things through deep sensing, presensing, awareness, and create embodied practices that bring this to form.

Slide 8

In the Masters programme, one of the ways I brought this to form was through exploring images closely and sharing made images with viewers. I became interested in those images that one may witness every day in healthcare yet may take for granted. These are images I made from a piece called '6 minutes'. The title alludes to

[20] These notes refer to slides in the separate appendix. The slides are drawn from various chapters and PoPs discussed throughout this thesis.

the work of Michael Balint, a psychoanalyst working with GPs for reflection on possible meanings that may occur in a 'flash' in say an aside or non-verbal gesture alongside the presenting complaint.
during a typical 6-minute patient consultation.

Slide 9
In this image I had made a short video of one such action, here exploring all that maybe experienced in a small action such as turning chairs 'inwards' to a therapeutic angle of attention in preparation for say a meeting or a client. Repeating the action and watching it over made it possible to articulate how much can also be felt in the body compared to leaving chairs scattered or turning outwards. When I presented the video wall-sized to viewers I was blown away by the depth of experience they perceived – every detail was noticed, felt and led to further images and imagination.

Slide 10
I also found that... a poetic rendering… (read slide)

Slide 11
I presented some of my work at a RCPsych[21] meeting. One of my colleagues said…. this. It sums up what I'm looking at.
So, this research is about what happens in these moments, these 'flash' moments that can so often be taken for granted.

Slide 12
PhD early work started with exploring with this type of aesthetic experience in non-clinical settings.
Read slide…at core is a 'poetic intervention' that renders an image or scene slightly unusual in order to shift one out of habitual thinking and see 'anew'.
Here are some examples of early work…

Slides 13 – 25 (read slides)

- Drawing attention to areas of sensing that may be taken for granted
- Surface of skin and interface with the air; device
- Rough sketch of how imagination can expand into a dimension of aesthetic experience linked with values compared with objective information necessary in the clinical neurological examination.
- Experimental writing: haiku; cut ups
- Drawing out felt connections
- Stepping into the shoes of others – haptic sense – felt stance, proprioception
- I use mindfulness-informed practice
- Method of mapping path of attention
- Focused, open awareness, scattered attention in a howling gale

Slide 26 – (read slide)
Aspects of aesthetic experience so far...

Slide 27-28 – (read slide)
Johann Wolfgang Goethe quote – playwright; scientific writings; Italian journey

Slide 29 - 32
Workshop on Goethean observation. Paying careful attention to description of what is perceived, then arising from this, what is imagined – come to a dynamic sense of the whole from the parts, a feeling of the gesture and overall organising idea – here the overall sense of 'tree' and its ecological significance.
'Delicate empiricism'

[21] Royal College of Psychiatrists

Slide 33
Linking 'feeling the gesture' in the clinic - more holistic approach

Slides 34-37
Speak to slides - 'Everyday instances of aesthetic experience in the clinic'....

Slides 38-39
Aesthetic experience is an expansive one of multisensorial detail and imagination that extends beyond words. I can draw out its dynamic form and see where my research questions lie.

Slide 40- 41
Examples of resonances and links with activated fields in the literature

Slides 42-45
Participants invited to contribute in next stage to test out processes that activate aesthetic experience. Participant involvement explained.

Feedback comments from Artist's Introductory Talk to recruited participants.

19 gave positive comments that demonstrated that participants were interested and engaged e.g. *'It gave me all sorts of ideas, you said – 'all you have to do is notice' – so important, even more important now in Covid, super-interesting.'*

11 comments included initial links they made of aesthetic experience with clinic work e.g:

'....I wonder if I could have survived without becoming anaesthetised, not just at medical school - where it starts, but also during the stressful first days of being on the wards…and even dealing with so many people in distress as a GP. And yet I feel the most powerful bit of being a doctor is being able to develop an aesthetic rapport with patients, and colleagues.

"...whilst there is the inhibiting aspect there are advantages as well, the connective opportunity in groups, learning new skills, access to each other when distanced...'

A question was raised about how outcomes would be measurable, *'I've never seen anything like this before, how to measure data? How to measure the 'beyond words'? Outside the frame?*

Portfolio of Practice for Chapter Six - Design & development of six experiential participatory processes

Process 1: Roots of Imagination

(i) First-person explorations:

Methods of design: I experimented with observing items collected from nature that captured my imagination. Finding a small pebble, pinecone, acorn or other such item in the pocket of a jacket, collected during a walk maybe months earlier can take the mind to the place the object was found, the circumstances at the time and also give rise to expand the imagination. I developed a contemplation using methods of close noticing and poetic interventions, similar to those discussed chapter two, with aspects applied from Brook's description of Goethe's stages of imagination of exact sensorial perception leading to exact sensorial imagination (Brook, 1998); Brady's expanding modes of imagination in her 'Integrated Aesthetic'(Brady, 2003a) and mindful awareness (Williams, Penman and Kabat-Zinn, 2011), as discussed and referenced in chapter one. The initial trial script is given Box 1 below. The terms in italics and parentheses correspond to aspects of mindfulness, Brook's stages, and Brady's model respectively. There is overlap and this was not meant to be an exact 'fit' with any one model but rather a process that I felt was practicable with healthcare groups of participants in this research. The last two stages involve grounding and reflective inquiry. I used this initial script for guiding my own contemplation. An example with an acorn is given below in an excerpt of notes from my reflective journal and analysed using tables 5.3 with added diagram and table 5.4. This contemplation was also made into an audio for me to try in playback as in Box 1:

Box 1. Initial trial script of guidance for a contemplation:

Contemplation with an item of nature (*First impressions)*
(If sharing with other participants -lead from practice, slowly, with enough time)
Have to hand a small item that has drawn your curiosity e.g. pebble, seed head, other object collected and placed on/near your desk.
You may wish to take a short pause after each section below to notice what occurs in mind.
In silence, try exploring it as if you have never seen it before.

Sensory Exploration and description *(Focussed mindful awareness; 'exact sense perception')*
Offering it the full focus of your attention, describe it to yourself as you explore it fully. What do you see? How does it feel? Does it have a sound? Etc. Just as it appears to all your senses.
Try without naming. Describe the direct qualities of the object itself, as if meeting it with new eyes, for the first time.

Imagining *(Mind wandering and turning towards these contents of mind; 'exact sensorial imagination'; 'exploratory' imagination)*
Whilst doing this, you may find your imagination wanders. Noticing where this goes and what comes to mind.

Expanding imagination *('seeing in beholding - feeling the gesture' 'projective' and 'ampliative' imagination,)*
You may be imagining something beyond the object itself or imagining something onto it or imagining it as another thing.
Imagining into it, how might it <u>feel</u> from the inside? Where does your imagination go?
What happens when allowing your imagination to go further, deeper, or even following a leap of imagination? Becoming aware of this too and exploring the detail of this.

New insights *(Open mindful awareness; overarching or wider meanings; 'revelatory' imagination)*
Now being open to whatever arises in mind, be it linked with the object or in the outer reaches of imagination. Do any new ideas or understandings come to mind?

Grounding *(this stage is for returning from an expanded imagination and refocussing on the current moments and group)*
And now slowly coming back to your current surroundings, taking a few moments to notice what is here around you.

Experiences noticed *(Reflective inquiry)*
You may wish to note what you experienced in this time. What happened?

What learned<u>?</u> *(Reflective inquiry.)* What further reflections arise, or links that awareness of this type of experience may bring?

Excerpt from my reflective journal. Close noticing and contemplating an acorn.

'In a flash, in my mind's eye, I see, vividly the oak tree on my allotment from where this came, its acorns on the floor, the sound of them falling to earth. I can visualise this in detail. I can see and hear a flock or ravens fly into the tree, flap about knocking the acorns down in numbers, I felt bombarded and am slightly amused. More than a visualisation, it is multisensorial.

I conjure up other images of oak trees I have seen – old, gnarled, complex, split trunks, hollowed out and one I can enter into, rough grooved bark – the feel of it, still alive and Burnham Beeches, also even older trees – Yews, Redwoods. I can see then all now in my mind's eye.

I can imagine the path of my thought, stemming from one small item in the palm of my hand and branching out invisibly but in the same pattern as the branching tree – archetypal. I can draw this image. Of the branching of my imagination triggered by the acorn in hand.

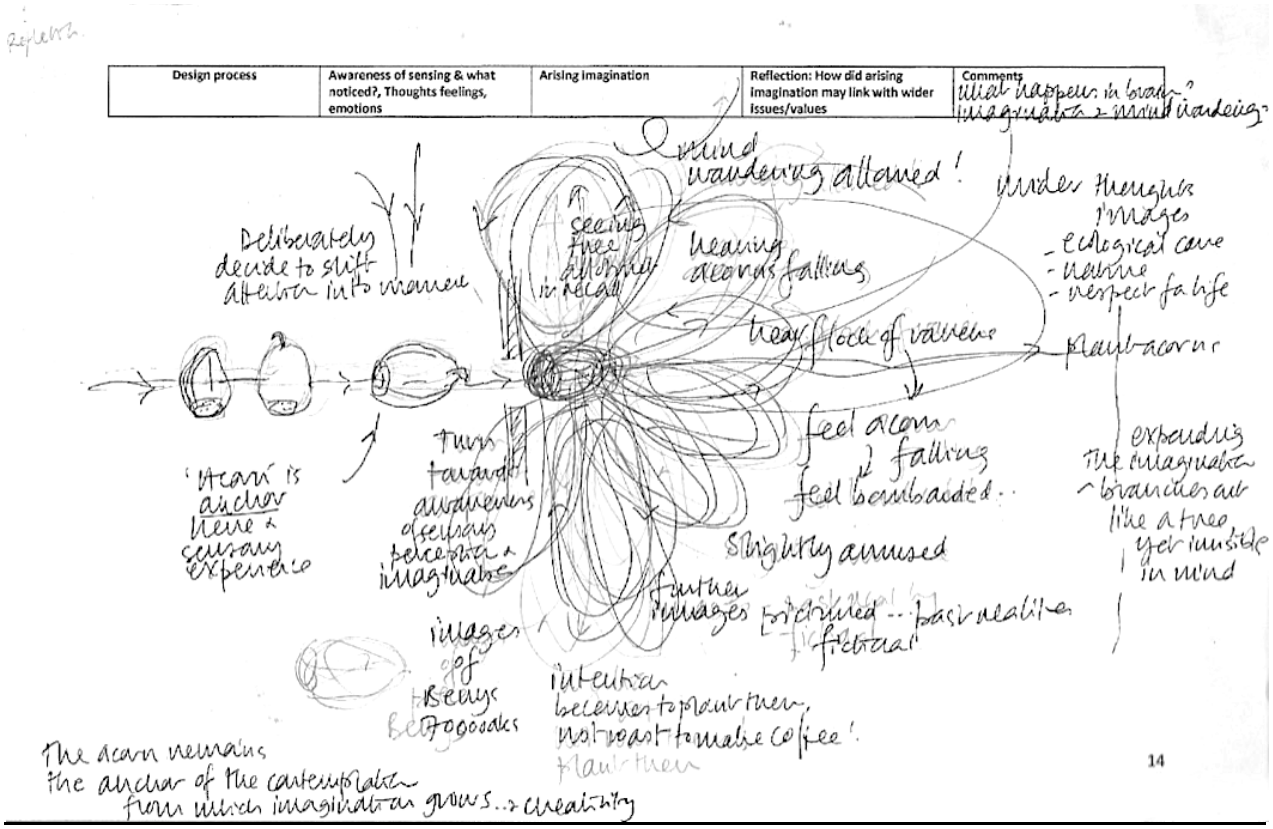
I can attend to this mindfully and become of what is happening in my own mind.

I can draw this scenario out to make this invisible dynamic, visible.

Yes, I imagine into and onto the tree when I am there – age of tree, it has a kind of sheltering aspect, does cutting a low branch off wound or aid it. How far do its roots extend? Its showering acorns, how many other people on this plot has it 'observed' etc.

Greater insights emerge, respect for nature, ecological preservation, an empathy towards nature, the wonder of trees…. etc how they connect underground web, how they purify the air. Risks of cutting down rainforests...'

Acorn observation. Analysis using table 5.3 with combined diagram



Acorn observation. Analysis using table 5.4

1.Sensory experience in present situation– mindful awareness. Nature object: Acorn	**2. Senses arising in imagination - mental imagery**	**3.Recollective imagination, intentionality-based imagination. Episodes or combined imagination & those made up/fictional**	**4.Imagine future possibilities Novel combinator-ial imagination. 'Possibility Space'**	**5.Creative imagination As in 4.**	**6.Fictional possibilities created in imagination as in 4**	**7.Links/revela tions. As in 4**	**8.Connectio n with…**
Acorn in palm of hand whilst sitting at my desk. Sensory detail led to arising imagination.	Visualise oak tree on allotment where it grew; 'Hear' & 'feel' its showering acorns, hear a flock of raven's cry, their flapping wings & see the moment they all fly out of the tree. I hear papery sounds of leaves, feel their increasing brittleness in my fingers, sense the season - autumnal I see the land around. Feel and small the damp earth around the tree and see other acorns sending small shoots out into this earth. **Exploratory imagination**	Recall oaks seen in past - of various ages, some very old. I imagine into and onto the oak tree from whence the acorn fell – its age, its sheltering aspect; how many people it has 'observed' on this plot – as if watching over those who sheltered under it. I imagine and wonder how far its roots may extend. I recall Beuys work '7000 oaks' and imagine my lifespan against this tree and guess its current age. Forests of oaks. Past ships made of such wood – a Viking ship at sea with men rowing. **Projective & amplified imagination** As in Tolkien's Forest in the Hobbit – the trees come alive. Hitchcock's 'The Birds' when all the ravens fly in! **Amplified imagination**	I imagine how many acorns it drops and the potential in each one. I consider whether an action of cutting off a lower branch would aid or wounds it. I don't want to inflict the latter). Will they survive, what if I remove them...? The vulnerability of such a seed and dependency on other vectors to distribute them.... **Projecting imagined feeling into the tree &acorn**	Can I design a process that conveys and activates such an aesthetic experience for other participants? Can this type of awareness of sensing and imagination occur in the clinic? **Amplified imagination, Revelatory imagination**		Becoming aware of all I can imagine just by holding this acorn in my hand. Shows how expansive the imagination is. This acorn in the palm of my hand, plants itself and grows in my mind. An attention map and further drawing reveal the pattern of the tree – expanding and branching like my imagination and brain neurones in archetypal pattern. Greater insights emerge, respect for nature, ecological preservation, an empathy towards nature, wonder of trees….etc how they connect underground web, how they purify the air. Risks of cutting down rainforests etc Designing a process to demonstrate this **Revelatory imagination**	Inner experience, imagination, landscape. Capacity and ability to respond – **Revelatory imagination**

Process 1

(ii) Pilot studies: One-to-one

Methods of design, delivery and documentation: I tried this out with a colleague with success using my spoken guidance designed above. I noted contents of our dialogue as shown next in 'Olive Wood' and my reflection.

Box 2. Pilot: one-to-one. My transcription of recording

Olive Wood

A GP friend chose a small piece of olive branch,
driftwood -
Worn away, smoothed by water
Sea or river -
to hold in her hand
and quietly describe it to herself
as it appeared to all her senses of perception,
objective
as a doctor may.

Then,
In a flash -
Woods, forests, countryside
Places she loved running in
To find headspace
Came to mind,
Pictured
In great detail,
Captured in imagination
Which, when described conjured them up vividly
for me too.
Sharing inner images.

Scrolling this image
Backwards, forwards,
Brought yearning for her - to move into that space.
To be in it more often.

'This space for self, caring -
Is needed
To feel better about the day,
To care
and
Bring more compassion to my patients.
Mental note - to go running in these beautiful spaces.

We wondered -
Imagined, too,
Taking the pulse of an 85year old man
In a busy clinic,
pushed for time.
Is it possible to be aware of all that comes to mind
Including pictures
In the same flash seconds -
Whilst performing this examination?

Researcher Reflection: The following was recorded in my journal:

"In this contemplation with a friend who is a General Practitioner. I invited her to choose an object from nature that I had collected in a small box. I guided her through the contemplation. I jotted down brief notes at the time of the process, whilst not disturbing the flow. Shortly after, I reflected on our dialogue.

Here, one wider issue for her was the importance of building resilience through self-care to resource herself for giving more compassionate care for others. Another issue included awareness of the role of the imaginative dimension and how it may bring access to wider issues and values even when pressed for time. At the end this raises the question if this same process could be used, in such an instant whilst seeing a patient in a busy clinic and what this may bring to practice."

Pilot studies: groups

The process was next piloted with three groups of postgraduate artists[22] in groups of between five and nine participants. Two of these were the face-to-face where participants were offered items from a small box that was handed round and invited to choose one. The box was old, worn, beautiful and contained a selection of small items from nature that I had collected over time. This served as a poetic intervention to spark curiosity and stir imagination. In the online zoom group adapted for covid lockdown, participants were invited to bring an item of nature of their own that had drawn their attention, for example during from a walk. A brief introduction was given followed by the guided contemplation. After this there was time for sharing experiences and reflections in feedback.

Methods of documentation, analysing findings and the Aesthemos Questionnaire: I made brief notes of participants' feedback experiences at the time. Words and phrases were written down as they were given. I found that this form of documentation captured the sensibility of experience without interrupting attention given to the group. Also, I felt that audio recording was too intrusive. In the last pilot group, participants were also given the Aesthemos[23] questionnaire to complete online after the process.

Methods of Analysis: Participants' words and phrases were reviewed for sensory and imaginative components of aesthetic experience to see if this had been activated. Written in the order they were given in feedback, transcripts resembled the format of a found poem. An example from the online zoom artists' group, 'Bringing Nature In,' along with quick diagrams that were drawn to represent the expansion of their imaginative dimensions from sensing can be seen below.

The Aesthemos questionnaires were reviewed for components that related to my research. A brief reflection is added below.

The use of diagrams for documentation and analysis in this PhD was discussed in an interdisciplinary artists' seminar group and is discussed below.

[22] Postgraduate artists at Oxford Brookes University from the Masters in Interdisciplinary Arts and PhD students from Contemporary Arts, Sonic Art and Social Sculpture.
[23] Measures aesthetic emotions and engagement (Schindler *et al.*, 2017)

Box 3. Pilot Zoom group, postgraduate artists

'Bringing Nature In' - 10 artists comments in lockdown. Words and phrases given written in the format of a found poem

X
In lockdown
Dulled thinking
and stiff from sitting
I opened the front door -
Beauty swirled in.

I
Shell
Touch, surface, planes,
I was on the beach,
Beachcombing the wet sands
Shells embedded –
Mining them out.
This amalgamation of many beach visits
Was the best beach visit ever –
Due to the lockdown, I was open
to a creative, imaginative experience.
Really relaxed now.
Thank you.

II
Fossil of clam
You trip over them in the fields here,
Haptic happiness of heftiness in hand
Wonderful,
Enjoyed shape, edge
Could see the wave,
It took my imagination
Beyond being here –
On this wooden floor.
I was under the waves
Paddling,
What was it like? – this clam feeding living
Or future time, maybe this is death
– it felt ok
I felt warmly towards it.

III
Braided circle of branch
Mind jumping to
Mathematical knots
An endless cycle,
Religious connotations -
A crown of thorns,
Spanish influence.
Looking through it
Onto my body -
Shaped everything.

IV
Leaf.
Took a while to relate
Initially a separation but -
My energy went into it
And with it in more time –
It felt energised
In relationship
This force
Made a stronger connection
I cared about it
And what happened to it

V
Shungite
Shiny brittle stone
Magnified structures,
Atomic levels linked with
Sheaths of consciousness.
Aware of your voice,
Subatomic potentials.
My consciousness in two places –
In an object,
Intuition,
Negative dialectics -
Some truths

VI
Crystalline rock
Found on a beach.
It was an opportunity to spend time with this
Beautiful geology.
To take time -
This huge journey to space and back

VII
Leaf
With daughter
sparkled
connected with time.
Being inside it –
particles, molecules.
I imagined being this leaf,
Entering and
Seeing me going past
From a different perspective,
Witnessing in new ways.
Einstein's theory of relativity
Shows the importance of creative thought.

VIII
Berries.
A difficult process
Not comfy
Hard to connect
I haven't done this before
Your voice helped.
Falling apart –
They made me feel
How temporal
Everything is.
Sad, how easily destroyed.

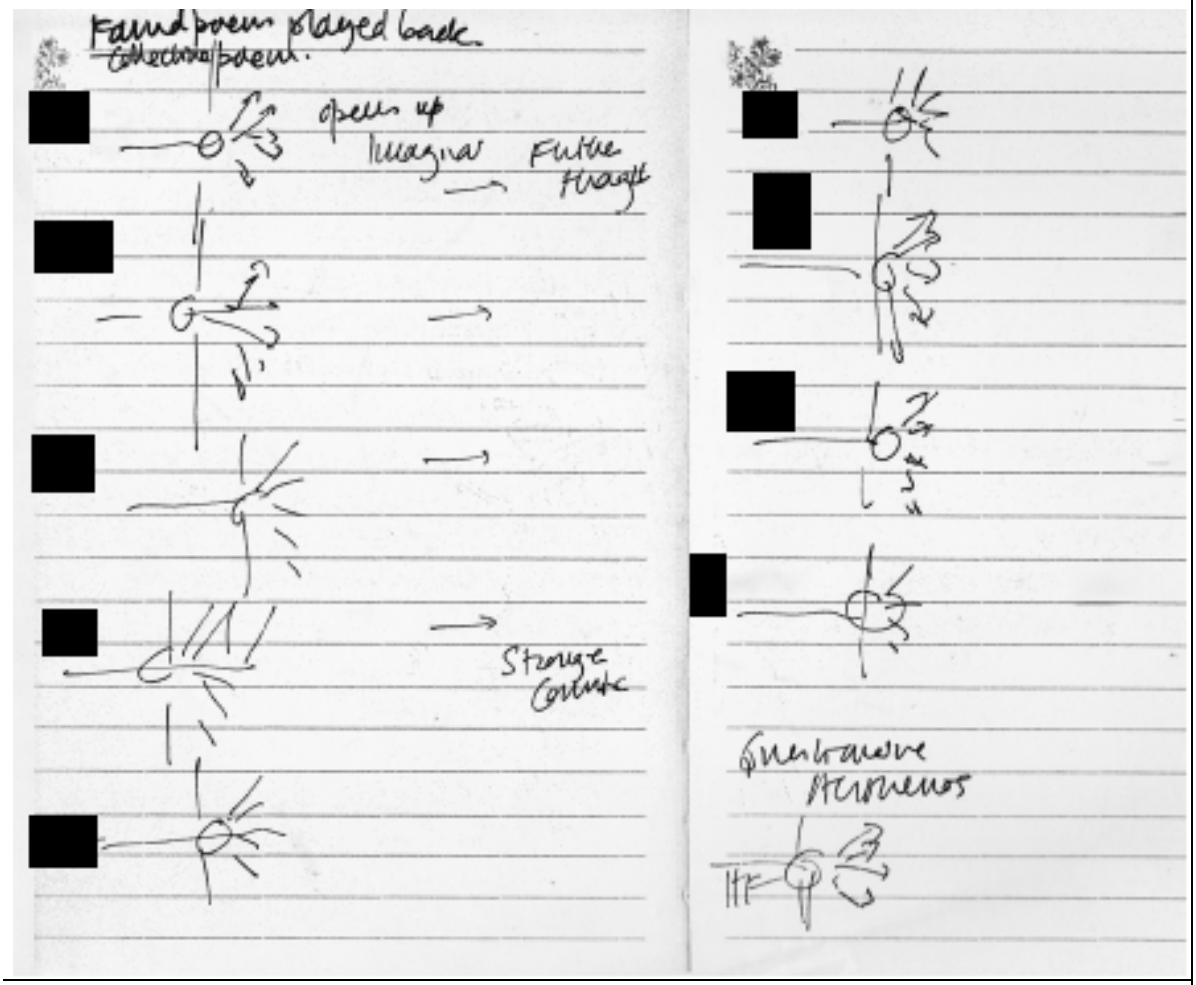
IX
Rock
Difficult too.
Tired,
I drew shapes, fixed on the object,
Crystalline.

X…again
Around my feet
Leather red-russet leaves of autumn
Silvery backs, veined and
Scent of forest floor
Took me there
Seeing and walking those paths,
And wondering when…

Nov 2020

Box 4. Pilot Zoom group, postgraduate artists

Quick diagrams to represent expansive nature of aesthetic experience from words and phrases above.
[initials of participants redacted]



Reflection on use of Aesthemos Questionnaire - 'Aesthetic emotions'

Overall, I found numerical outcomes were too reductive in the context of my definition of aesthetic experience. I preferred to keep the transcripts and reflective comments as examples. These show the lived experience itself. However, in a sample of a few participants, I used this to briefly scan over responses for what was relevant for the definition of AE in my study and to support my own reflections in a sample of participants. This questionnaire did not cover contents of the imagination. However, it did allow me to see at a glance if participants had been engaged in a pleasant experience in the process from items such as 'finding it beautiful, feeling delighted, interested, engaged, curious, invigorated, enchanted, impressed, touched, interested, happy, awe' as opposed to 'feeling bored, sad, angry, baffled or confused, oppressed or that it was distasteful or worrying'. The positive elements were the case and none of the 4 who returned the questionnaires recorded adverse or negative feelings.
Although, this could be analysed in more depth, at this stage, I did not analyse results of this questionnaire further in a quantitative way. I felt an overview of the answers supported my feedback and my reflections that participants were engaged in a positive way. At this stage, I felt this was sufficient support to evidence my findings. It is possible that a shortened form of relevant questions could be added to a reflective questionnaire.

Table 6.1

Summary of advantages and functions of diagrams to represent components of aesthetic experience

Advantages	Functions/what do they add?
The 'smudginess' and ephemerality, stirred imagination and was felt to be more exciting than words alone.	An aesthetic in their own right
A space to show the workings out of possibilities, externalise thinking, to explore and question what is happening. Imagination is hard to quantify – yet using the same visual process for each one shows rigor; one gets a sense of the processes building through these.	Makes visible the workings of the mind. A way to document what is invisible
Shows the interrelationship of inner events - the form of thought, the dynamics and malleability in the rubbing out and changing, makes visible a 'whole' comprised of traces, layers, scattered thoughts alterations, what's gone before, the working mind with body. Documents work in progress.	Makes visible the development and connection of 'inner' pathways. Shows elements of a process as it is worked out.
Conveys this to others.	Easily shareable in its dynamic development. Similarly, in 'The Blackboard Anatomist' a drawing of the functioning dynamic brings to life more of the whole.
This can go beyond words in conveying what is explored; shows a system, a mind map that is relational, non-linear and also symbolic; the drawings show an 'authenticity, they cut through this digitalised world and make a genuine connection with others and are transformational in this way as complex, unique marks' and 'not digitalised and perfected';	There is so much in the drawings
Show the inner world working; deep and layered, complex, interwoven – make this visible, sparked imagination; work in a different paradigm, offering - need different ways of documenting; they are used *with* words – not instead of, or as illustrations...but part of the articulation of a complex process; the diagrams add to the tables of written words	Energising, enlivened, thinking in progress - as part of articulation.
Working in different modes may generate a more holistic understanding.	The diagrams and words may work together to unite understandings and generate discussion
May be useful for working with audiences of different disciplines	Could be used as a teaching method to convey this type of experience

Process 1

(iii) Healthcare groups

Methods of delivery, documentation and analysis: The overall format was as laid out in the last chapter, table 5.2 (a-c). Variations are added here.

Participants were invited to bring to the online session a small item of nature that had sparked their curiosity. The invitation to the process, researcher's spoken guidance, participant feedback words and phrases and comments on links with healthcare practice are given below with examples 6.1-6.3.

In this process the Aesthemos questionnaire was offered to a sample of participants.

27 participants chose to take part in this group. This process was run on five occasions to accommodate all. Group size ranged from four to nine including the researcher. The maximum size of a group was such that all participants could be clearly seen on one zoom screen by the researcher and each other.

Feedback words and phrases were assembled as transcripts in the form of a found poem. On initial review using the brief checklist for aesthetic experience below, all participants were immersed in and became aware of aesthetic experience that was full of multisensorial and imaginal detail.

For each participant words and phrases were assigned to headed columns in table 5.4 and using these headings, also mapped onto a diagram using templates from figures 5(e) and 5(f) shown in the last chapter five. The collective group imagination could be seen by superimposing individual traces drawn on transparent paper. Whilst this looked intriguing in form, it didn't show what the individual components were.

Links with practice were also collated, shown in table 6.2.

Brief initial checklist for aesthetic experience

Did the process generate aesthetic experience? List of points required:

- Immersive
- Evocative
- Triggered multisensory detail
- Connective/relational to self, other, community, environment we place people in.
- Was there time/was this facilitated to 'stick with the image' – exploration of images and imagination
- Transformative? Enlivening? – in what way? Of value/importance?
- Engaging and acceptable
- Clinical/wider relevance – did this happen and was time and space made for this in the facilitation?

Process 1 – Healthcare groups: Participant invitation to zoom process

OXFORD BROOKES UNIVERSITY

Faculty of Technology, Design and Environment / School of Arts / Social Sculpture Research Unit

'Roots of Imagination'
Aesthetic Experience – Sensing & Imagination

You are invited to take part in a short, guided contemplation on an item from nature.
This will be in a Zoom small group online.

This is one of a series of newly designed participatory aesthetic processes as part of an arts-led PhD research enquiry called, 'From Anaesthetic to Aesthetic in the Clinic.'

This process explores the type of aesthetic experience investigated in this study – sensory perception and arising imagination. Starting in a non-clinical setting, this process offers the opportunity to slow right down and see what happens when we closely notice and pay attention to this experience with a small item collected from nature.

How to participate in this process:
You are invited to find and bring to the zoom session a small item from nature that draws your attention, for example, from a walk outside. Alternatively, you may have previously collected such an item and already have it to hand. This could be, a pebble, feather, seed head, branch etc. as chosen and permitted in the environment. During the online session, there will be a brief introduction followed by a short contemplation and sharing of feedback, reflection and discussion if wished.

What is the research about overall?
Medicine is full of emotive and soulful images, not only those we witness with our eyes, but those we perceive with all our senses, including thoughts, feelings, and the imaginative dimension. Overall, this research is to explore, design and develop 'connective aesthetic' processes that increase awareness and deepen attention to this, ultimately in relation to everyday aspects of healthcare.
What happens when we pay close attention to this? Can reflection on 'aesthetic experience' bring deeper insights and link with wider issues and values about care giving in more connected ways?

Overall, a series of experiential processes have been designed for use by healthcare practitioners, healthcare students and those in related fields for reflection and feedback. Each process includes a short experiential and contemplative component followed by a sharing of reflections on experience and discussion. Sharing of experience is voluntary.

Process 1 Healthcare groups - Zoom script for researcher's spoken guidance:

Roots of Imagination

(Need a few minutes to find an item? Sheet for drawing, pencil, pen?)

Introduction

This process is a guided contemplation that is an opportunity to slow right down and explore the type of aesthetic experience I'm investigating in this study. Here I've created a contemplation that synthesises aspects of mindfulness-informed practice (Williams, Penman and Kabat-Zinn, 2011)with aspects of writings about Goethean observation (Brook, 1998) and environmental aesthetics (Brady, 2003b), and synthesised into this research.

By 'aesthetic,' as I outlined in the introductory talk, I mean sensory perception and the arising imaginative dimension. What happens when we pay attention to this – here in greater detail?

Aesthetic experience can happen in a 'flash,' or it can develop over time, or we can become aware of it through reflection. And in busy clinical work, in practice there is often not time to notice – so the aim of this initial contemplation is to really notice closely what happens when there's time for reflection. particularly in current times.

Here we'll start with something outside the clinic yet sustaining too. It has been shown that even having one small item of nature on the desk may being wellbeing. (RCPsych Sustainability meeting 2020)

Spoken guidance

This is a guided contemplation with a small item from nature. It lasts about 8-10 minutes. I will guide you through it so you may contemplate in silence (mute all). We'll talk at the end.

So as not to be distracted, let's put our screens off and we can re-join when its finished – I'll guide you here too.

Have to hand the item you have collected. Let's just take mindful moment to come into awareness in this process

---

So, taking a minute to bringing your attention into this moment – into the body and mind - sitting here, sensing feet on the floor or wherever they are resting, contact points with the chair or other support and the sensations of the breath.

And now bringing your attention to your item from nature and coming to hold it in your hand.

And whilst doing this firstly noticing what *drew you* to this particular item, what was your first impression? What caught your eye?

And now setting this thought aside, taking a few moments to really offer this object your full attention. Describing it to yourself and exploring it fully as it appears, staying closely with it and sensing it in some detail…just as it is, staying with the facts before you…. Maybe without naming it but exploring it as if it's never been seen before. So, here's a line that goes like this…or …. a shape like that…maybe drawing it to sustain attention…. really seeing with 'clear fresh eyes.'. How does it look?

How does it appear to <u>all</u> your senses? How does it <u>feel</u>? How does it <u>sound</u>? Does it have a smell, or a taste?...Exploring it in some detail now in the short minute's silence that follows…. (pause)…

And whilst doing this, you may find that your mind has wandered a bit – imagining something beyond the object, noticing where your mind goes or what comes to mind and being aware of this now if possible.

Or maybe imagining something onto the object or even imagining it as another thing…or imagining into the object – how might it feel from the inside?

Where does your imagination take you?

And now what happens in allowing the imagination to go further, deeper, maybe even taking a leap of imagination. Does the imagination expand?

Noticing what happens here?

Is there a narrative or some kind of story line or scenario that comes to mind?

And when we call our imagination, is it possible to change these scenes – to scroll them on – see it this way or that way, in new ways and possibly from new viewpoints? Maybe even in a creative or inventive way?
How does all this unfurl in our minds – if it does?

And now if we have travelled far in imagination taking a moment to really picture this scene and describe what's here now and any thoughts and feelings that arise

And in so doing, do any new understandings or new insights or revelations come to mind?

And in the last few minutes of this contemplation, being open to whatever arises in mind, be it linked with the object or stretching to the outer limits of the mind or imagination.

Now bringing your attention slowly back from this space and back to the object and the contact it makes with your hand. And allowing your attention to spread from the touch points here to broaden out into the space round your body in the room around you, to your feet touching the floor and the contact of your body with its support – chair, sofa etc and spreading out into the room and coming back to your screen and coming back into this group and others here.

And when you're ready preparing to come back into the next moments of this process and switching on your screen again.

Inquiry:
What did you experience during the process?

Did what you sense and imagine give rise to any wider thoughts or values you linked with?

Do you think paying attention to such sensory and imaginative detail has any relevance or place in your area of healthcare practice?

Any comments about the process in general?

If anyone would like to try this more slowly, maybe experimenting with exploring through drawing, photographing etc I can send a soundtrack that you can listen to at your own pace.
I can also share the references I've synthesised this contemplation from in a new way for this research.

HF Dec 2020

Analysis: Healthcare groups

Example 6.1 Community musician working on NHS wards and care homes.
This participant contemplated a poppy seed head. Words and phrases resembled a found poem

Words and Phrases

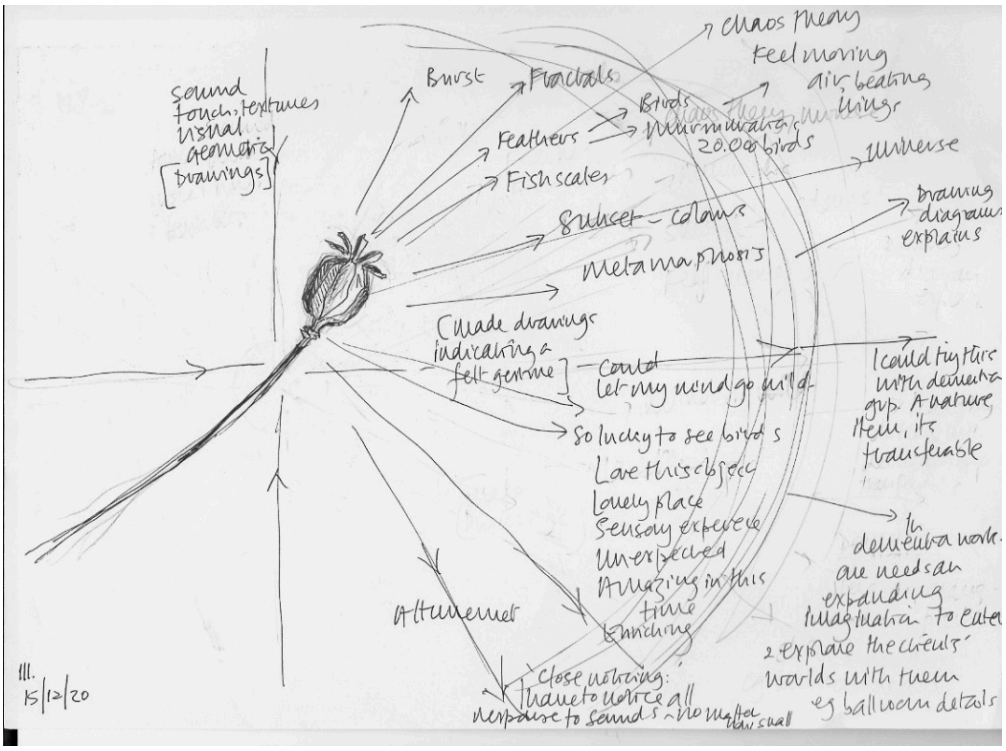
Poppy seed head	**Links with healthcare practice**
This was given to me to plant. (Showed drawings) Sound of seeds I imagination it burst, explosion. And a line here, Hard like fish scales Also, like feathers. Then to birds and Murmurations – To a lovely place So lucky to watch 20,000 birds In a sunset Really a sensory experience, I could feel the air moving with Their beating wings. Thinking metamorphosis Sunset Light and orange, Amazing in this time I could let my mind go wild, I was not expecting this	Working with dementia, Expansive imagination is needed To enter the reality of the client And explore it with them – Spending time noticing what they are offering, If carers could allow their imaginations to follow their clients' minds: 'Take me back to that dance hall – What were you wearing?' By letting your imagination enter with them It's enriching. Close noticing Is what it's all about. I have to notice all the responses to my sounds (as a musician in hospitals) Being attuned To any sort of action No matter how small, Even the same sound repeated Brings a different response.
I love this object – Amazing textures, When I run my fingers down the stem it has ridges The head, contrasting rough parts, Geometric at the top I almost went into fractals And off into the sunset Chaos theory came in It's like the universe in a stone. Enriching stories today.	I could do this with the dementia group Bring nature in, Transferable. And drawing diagrams explains, Expands.

Example 6.1 Poppy seed head. Analysis of words and phrases using table 5.4

1.Sensory experience in present situation– mindful awareness. **Poppy seed head**	**2. Senses arising in imagination**	**3.Recollective imagination, some images are combined reality, others are made up**	**4.Imagine future possibilities**	**5.Creative imagination. Possibility space.**	**6.Fictional possibilities created in imagination**	**7.Links/revelations**	**8.Connection with…**
Auditory, touch, visual, imagery,	Birds, beating wings, murmuration-felt air moving **Exploratory imagination**	Imagined burst and explosion of seeds, sunset, colours Like feather and fish-scales; like the universe in a stone **Projective & amplified imagination**	I could do this in my dementia groups – bring nature in, transferable	As in 4 Drawings of felt gestures. Drawing diagrams expands explanation. **Amplified imagination, Revelatory imagination**	N/A	Working with dementia, expansive imagination is needed to enter & explore realities of the clients – spending time noticing what they are offering; if carers could allow their imaginations to follow (example given). **Revelatory imagination**	Close noticing is what it's all about – noticing all their reactions no matter how small; attunement even to different response to same sound **Revelatory imagination**

This reveals close noticing, with mindful awareness, sensory detail merging into sensory mental imagery and other components of the imagination.

Example 6.1 Poppy seed head. Analysis as diagrammatic representation of aesthetic experience (sensing and arising expanding imaginative dimension) based on template, figure 5.d

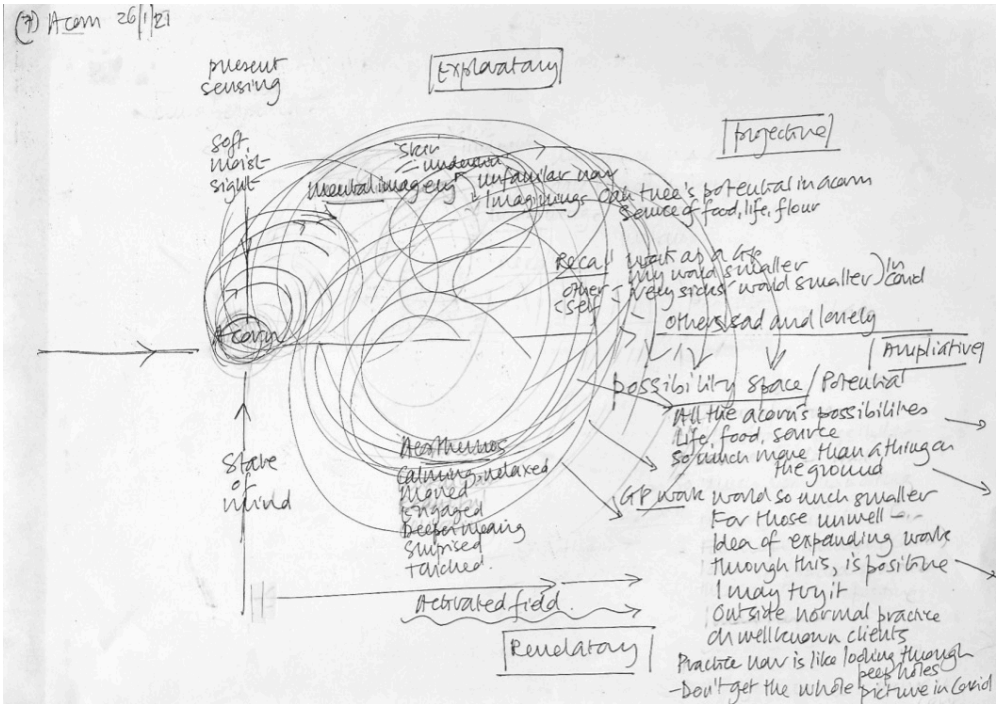


Example 6.2 General Practitioner. Acorn words and phrases

Acorn	**Relevance/link to practice. Possibility space**
How less familiar I was than I thought - The 'skin' had fallen off The under skin so soft, moist, different, I was struck by how unfamiliar it was. Then I thought of the meaning of a tree All its [the acorn's] possibilities - A source of life, food, nutrition So much more than just a thing on the ground Potential…	I'm a GP[24] and - The world seems much smaller at the moment [in covid lockdown] And for an unwell group – a very small world The idea of expanding that world is positive if carried away by images - For those isolated and sad. I may try it with a few I know well, It's stepping out of normal practice But for them to choose an item from outside And consider some of these points…. ...It feels like we [GP's] are always looking through a set of peepholes – [referring to another participant's feedback] Don't get the whole picture In covid, I'm constantly looking through peepholes Uncertainty From something so beautiful Very containing.

In example seven assigning some words and phrases (below) into columns of the table was less clear. For instance, it was unclear where to place the comment, 'I thought of the meaning of a tree.' A more spiral diagram (below)was attempted to represent the dynamic expansion of the imaginative component of aesthetic experience as it unfurled from sensing.

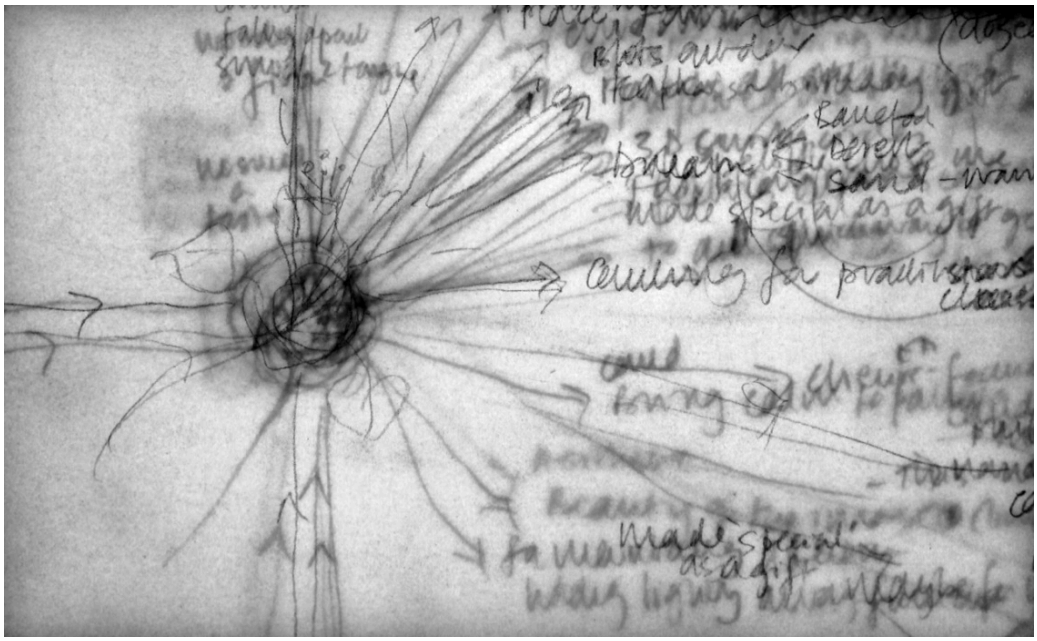
Examples 6.2 Acorn. Trial of a spiral representation of the expanding imaginative dimension arising from sensing. I have placed Brady's stages in boxes where I think these correspond



[24] General Practitioner - family doctor

I also photocopied all the participants' maps from each group onto transparent paper to superimpose to show the group imagination looked like as a collective map.

Box 5. Superimposed map representing the collective group imagination



Example 6.3 Principal lecturer in Nursing
Horse chestnut shell - Words and Phrases given in feedback showing a link with healthcare practice

I was appreciative that
In lockdown
My imagination
Got me out of my room into
A memory of a walk in horse chestnut trees.
And the tiny window between summer and autumn,
August conkers all green
But I could hear it inside.
And kept on my plant table
It burst, the conker came out
The rough textured interior, like a shell
Drawing it.
One may think of spring as bringing new life,
But it's really autumn.
Childhood -
Conkers at school
Father drilling into the green stuff,
Children wouldn't be allowed to do that now.

Teaching student nurses palliative care –
In non-palliative settings
How to link this type of experience
With their attitudes towards death?
It's hard to explain this type of experience
Compared to taking a blood pressure – the very 'hard' clinical skills

Table 6.2 Process 1. Healthcare groups - Connections and links with practice collated

We need imagination: As a capacity for eliciting empathy An object may bring a felt sense – of different stories, meanings, stages that could be changed in therapy. As metaphor – A spark of light and colour in the dark – hope in Covid days. How to measure 'impact' of this type of experience? For teaching Student nurses… Linking this type of experience with attitudes to death in palliative care Not just hard clinical facts. Not looking too hard – Holding attention more lightly Enabling being open to feeling the whole gesture of a person. For bringing - Feelings of wellbeing, Blot things out from a busy day in clinic. Maybe helpful for staff or patients. For relaxing, A quick way to refresh from a busy day. Enjoyable – more than I expected. A good tool to remember at the end of a busy day. Maybe a helpful focus for those patients not wanting to focus on a body part – Non-threatening. And maybe refreshing for the whole team. Amidst busy routine, This type of experience could clear the mind, Help one look at and notice a person more, what's present Relaxing, grounding after a busy clinic Quick, travelling far in imagination.	To enhance noticing – Including the beauty of an image Relaxing, An object to focus on, Take one in different directions. Could use it in therapy for relaxation. Importance of noticing detail Learning this from clients. Doctors should pay such attention. Importance of broader sensory knowing in education, Need for creative ways of doing assessments to embrace all this. As a clinician, a little moment of something different on my desk – even for 30 seconds, Like an amuse bouche, cleansing, a buffer zone. And the discipline of close noticing Of the tiniest patient details. Expansive imagination is needed to enter clients' realities and explore in dementia – enriching for carer and client alike. Close noticing – Attuned to the smallest response and changes. I could use a nature item in dementia – Transferable. Drawing explains and expands. It had never occurred to me that I could have empathy for the natural environment, This gave me different sensations, two ways, reciprocal. A great experience.

Table 6.3 Healthcare group sample. Items from the Aesthemos Questionnaire that were felt relevant to the study aims and additional benefits (8 fully completed the questionnaire, the 9th partially)

Aesthemos - Positive aspects Process 1

Emotional feeling	**Percentage of total group score % (number who answered this question)**	**Comments/reflections**
1.I found it beautiful	81 (n=9)	Positive experience and may enhance engagement – a benefit but in this study the definition of 'aesthetic' does not always have to include the beautiful
3.Delighted me	67 (8)	Beneficial aspect
4.Calmed me	78 (8)	Beneficial aspect
5.Made me curious	65 (8)	An aim was to design processes that raise curiosity to draw participants in engagement.
6.Liked it	75 (8)	Beneficial
7.Fascinated me	55 (9)	An aim was to design processes that drew participants' attention in
10.Mentally engaged	78 (8)	Engaged
14.Felt deeply moved	53 (8)	This does not explain how or why. Qualitative detail is better
16.Energised	50 (8)	Reflection of vitality and enthusiasm
18.Enchanted	60 (8)	Beneficial to draw participants interest and engagement
20.Relaxed me	66 (8)	Beneficial
21.Felt a sudden insight	50 (9)	Although an aim was to create processes that enable new insights, I think this item is too vague. For instance, insights might emerge rather than be sudden, and the emergence of possibilities is a better phrase with qualitative examples given, not a numerical form.
36.Touched me	69	As above – the quality of experience here is best given
38.Sparked my interest	65	Engagement
39.Made me happy	50	Beneficial

Aesthemos - Negative feelings

Item number in Aesthemos questionnaire: Emotional feeling	**Percentage of total score by whole group % number who answered this question)**	**Comments/reflections**
11.Baffled me	9 (8)	
12.Found it ugly	0 (8)	
19.Bored	3 (8)	
23.Made me sad	13 (8)	
24.Felt confused	3 (8)	
35.Distasteful	0 (8)	
37.Unsettling to me	16 (8)	

Reflection: Whilst this questionnaire does not cover the imaginative dimension, it served as a brief checklist and indicator of engagement, interest, curiosity, fascination and enchantment. In addition, positive emotions were more prominent than negative ones. Furthermore, components of wellbeing were indicated such as feeling calmed, relaxed, happy and energised by the majority. Wellbeing could have been related to the process and its form of delivery as a whole, or it could have been the associations made with an item of nature, or both. Whilst these were not teased out of the results here, it was useful to know that the experience of being in this process was positive and especially useful in Covid times.

Process 2: ECG[25], later named **'Close noticing: Beyond the Clinical Gaze.'**

(i)First-person explorations

Methods of design: I tried closely noticing ECG traces whilst listening to the spoken guidance I had recorded in process one. This method led to becoming aware of emerging rich sensory and imaginal detail.

Next, I made further ECG traces[26] to design a process for other participants to share.

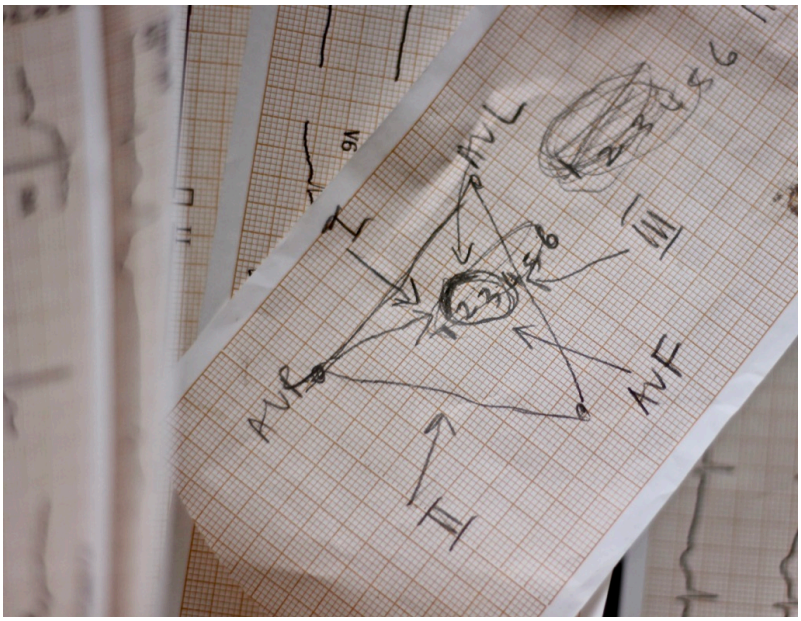
Methods of design involved my own imagination functioning in a generative way in the 'possibility space' i.e. the novel, combinatorial aspect of Abraham's framework described in chapter 1 (Abraham, 2020). To explore this directly, I read and held further ECGs in my hands to imagine what would happen if others examined such recordings of the human heart and considered if they could have this type of aesthetic experience too.

Methods of documenting, analysis and results: Reflective notes recording my experience revealed the awareness of rich sensory and imaginative detail. Using the further ECGs made above, I was able to imagine possibilities for the design of a process for other participants to share.

I recalled a workshop in Goethean observation of trees that started with observing autumn leaves piled up in a circle for participants to imagine into (Ewald, 2016) and wondered how this would play out if these 'leaves' were ECGs before us. I conceived of developing a participatory piece with paper ECG strips in this way. Holding these brief tracings of human lives may bring one to imagine the whole person as in this process of Goethean observation in which it had been possible to imagine the wholeness of the tree.

[25] Electrocardiogram
[26] Made from myself and a consenting colleague

Process 2. First-person explorations
Example of first-person sketching and imagining the physical forces at play in the electrocardiogram



Process 2. Pilot studies. Imagined and planned method of set up for pilot studies

(ii) Pilot studies

Methods of design and delivery: To design a process for others to share, I made several ECG traces of my own heart and of a consenting colleague. (Medical data is confidential and cannot be removed from the notes). The long strips of calibrated paper with their ink tracings recorded directly from beating hearts looked beautiful and poetic, as in the image above. I had an image of these traces presented together on a desk or table as a way of stirring the imagination. What if participants were invited to hold real traces in their hands if wished? And observe closely, maybe by passing them through their hands and, as I did or trace it by touching. After all, one holds a few moments of a live recording of another's life in one's hands.

Most ECGs are currently recorded on a computer screen so the trace cannot be touched in the same way as the more direct tracing from the heart. Also, I thought that a photocopied trace would not be so 'live'. Therefore, I made and used traces of my own heart and that of a colleague who agreed and consented to have their ECG traces made and used for this purpose. Additionally, I became concerned about recent reports regarding the toxicity of thermal printer paper (as found in till rolls, ECG machines etc). Not wishing to place my participants at risk, I provided white cotton gloves for participants who wished to handle the ECG traces. Also, the white cotton gloves offered a message of handling the heart traces with care, as if archival material, thus adding a poetic twist to the usual reading of an ECG. (Images above)

Before Covid lockdown two pilot studies were carried out in face-to-face groups with postgraduate artists in seminars[27]. Wearing white gloves myself, I unrolled and spread out several ECG traces on the table before participants. I had placed pairs of gloves next to them and invited them to just look or if they wished to handle to wear the gloves. I used a shortened form of the contemplation from process one (in which they had all participated in previously). I asked them to consider their first impressions and then allow their imagination to wander and see what came to mind. Once they had finished, I invited them to comment on their experience. This was followed by discussion.

Methods of documentation: A transcript was made by jotting down their words and phrases at the time without taking attention away from the group. Other documentation included photographs to show the design of pilot studies, below.

[27] Interdisciplinary, Contemporary Arts and Social Sculpture PhD groups

Process 2. Pilot studies. Design method of set up with white gloves for protection from thermal paper. This also served as a poetic twist

Results: There were 11 participants in the first group and two participants in the second, plus the researcher-participant in each of these. In the found poem, although the arrangement of phrases, pauses, punctuation was my way of interpreting these, the order was as the artists had said in feedback.

Box 6. ECG found poem. **Anonymised transcript of collated words and phrases**

Wearing white gloves, in silence, We pass light, thin strips of paper traces from hand to hand. I Graphs Machines FTSE Richter scales Geological Meteorological Archaeological – scrolls Archival Ancient documents. Universality yet individuality Anonymity, confidentiality The white gloves make it precious, honourable This real person's representation Time traces. Stains on the paper Hospital connotations - worrying news A musical score – played Gave the tone of the trace	II Heavy material, Imbalance. Rhythm carries life Rises and troughs Peaks and depressions I take my heart out into the world everyday Hard to touch - When I realised these were people, Such an intimate look On paper In a language I don't understand, This instrument of the invisible, Where clinical gaze can render The reading of a person Forgotten. Pencil circles mark danger The paper traces An interface Are these people alive? Or just rhythm and vibration That has already died?

Pilot study – Soundtrack: ECG
(To be provided)

(iii) Healthcare groups: 'Close Noticing Beyond the Clinical Gaze

Method of delivery: In lockdown, participants were invited as before. They could choose to either receive a photocopied ECG trace in the post, or to receive this online. Introducing the zoom session, it was explained that this process continued with a way of 'close noticing' from process one and that, in a similar way, the aim was to start to explore aesthetic experience in relation to a clinical issue, yet beyond the usual objective way of reading an ECG. Methods of delivery were as outlined in the overall format in the last chapter. During the discussion, I shared a photograph from the face-to-face process that showed the ECG's held with the white gloves. This image aimed to enhance a poetic element in the online process. This was the first time the zoom version of this process was tried as it had not been run as a pilot in this format. Thus, comments from participants about design issues were important as well as their experience. Participants were invited to enter a spirit of exploration about the format of the process for zoom.

Process 2. Healthcare Group. Participant invitation Sent individually to participants by email.

'Close Noticing Beyond the Clinical Gaze'

Dear Participant (name)

The second participatory Zoom session will be called 'Close Noticing Beyond the Clinical Gaze.' This is one adaptation of Process 2 on the information leaflet for Zoom. It is likely that the session will last about 1 hour. This process will continue with a way of 'close noticing' from the last session and start to explore aesthetic experience (sensory perception and arising imagination) in relation to a clinical issue. Again, this process offers the opportunity to slow right down and see what happens when we pay attention in this way.

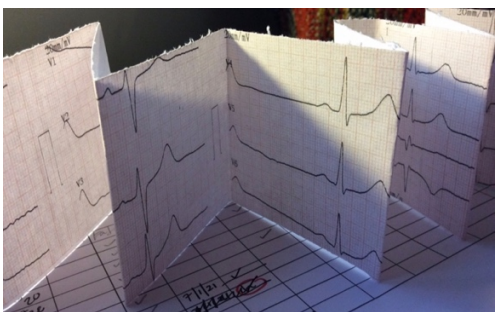
For this process, I can either send you a paper document in a self-seal envelope in the post ahead of time so you can leave it in a place to 'quarantine' for a few days. Please keep it sealed until the set time in the Zoom guidance. We will open them together during the session. OR…
Alternatively, if you wish to try out a completely contactless method, I can email you an image to be opened in the session on screen.

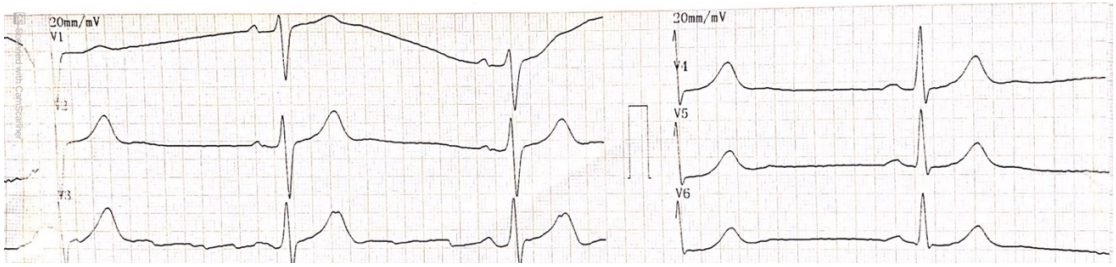
I look forward to you letting me know your preference and address (if postal option) along with your RSVP.

The following dates are offered:
Please choose one of the following if you would like to take part and I will send you the Zoom number

Best wishes
HF

Sample Images of Electrocardiogram sent in post or by email. To be opened and viewed in the process





Process 2. Script for Healthcare Groups - 'Close Noticing Beyond the Clinical Gaze: Electrocardiogram'

Have ready to hand the sealed envelope you have received in the post or the email with the image on your screen; you will need pencil & paper. Everyone have a copy? – we'll open these in a moment.

Welcome and introduction
This process will continue with **a way of 'close noticing'** that was explored with the item from nature (last session) where we saw how close noticing with sensing could lead into the imaginative dimension (and even make links with issues in practice).
Here, we will apply a **similar process** to start to explore **aesthetic experience in relation to a clinical issue.**
You will recall that the **definition of 'aesthetic experience'** in this study is **sensory perception and the arising imaginative dimension.**

As before, this process **offers the opportunity to slow right down and see what happens when we pay attention** in this way...and here, to a **different dimension besides the objective medical facts**. Maybe being a bit experimental, allowing the imagination to wander….and offering thoughts on both the experience and the process in feedback about this piece and its adaptation for zoom.
Obviously, whilst the midst of busy and acute clinical practice there may not be time for this type of close noticing, but the contemplation here offers a reflective space for this.

As before, the contemplation will be **in silence** and **I will guide you** through it. This guided contemplation will last **about 10 minutes** and there'll be a time for sharing experience at the end.

So please have by your **envelope, print out or screen image by you.**

Screens off to direct attention into the process.

Spoken guidance
Settling
So, **settling into this contemplation**..……taking a minute to **shifting a gear and bringing attention** into this moment – into the body and mind - sitting here, sensing feet on the floor or wherever they are resting, contact points with the chair or other support and the sensations of the breath.
Firstly, taking a moment to recall what was experienced in the process with the item from nature.
And now bringing this same full attention to the document before us – so….
Opening the envelope and the paper, (or looking at it on a screen) and beginning to explore this and **coming to notice one's first impressions in this session.**

Pause……

Here, we are **not aiming to 'read' this 'electrocardiogram' medically**, so no need to worry about that. But this is an **opportunity** to look at **this trace of the heart** with different lenses or beginner's eyes, **experiencing this in a different dimension**. So also **setting aside any clinical knowledge** you may have but **closely noticing in a new way**.

Firstly, describing it to yourself, how does it **look, the shape of the lines, spaces** or whatever aspect occurs to you?

How does it **feel?** Does **tracing it with a pencil or finger give a feel to it**? Does it have a **sound?**

Or **holding it in the hands, passing it from one hand to another**…or **looking closely at a screen**. **What is this?**

Some of you will be viewing this for the first time today. Others will have received an email image. These are all ways we may encounter medical investigations. **What comes to mind?**
Taking a moment to notice closely all that occurs in the **short silence here.**

Notice closely
And whilst doing this, you may find that your **mind has wandered a bit – imagining something beyond** the object, noticing **where your mind goes** or **what comes to mind** and **being aware** of this now if possible.

Or maybe imagining something **onto the object** or even **imagining it as another thing**…or imagining **into** the object – how might it **feel from the inside?**

Where does **your imagination take you?**

And now what happens in allowing the imagination to go **further, deeper**, maybe **even taking a leap of imagination**. **Does the imagination expand**? If it does for you… Noticing what happens here?

Is there **a narrative or some kind of story line** or **scenario**?

And when we call on our imagination, can this be seen **in new ways?** Maybe even in a **creative or inventive** way?

How does **all this unfurl** in our minds – if it does? Spending a few moments in this silence now, seeing what comes to mind? Where does imagination take us? And noticing any thoughts, feelings or images that arise.
Pause…
And in so doing, do any **new understandings** or **new insights or revelations** come to mind? Any **new possibilities?**

And in the **last few minutes** of this contemplation, being open to **whatever arises in mind**, be it linked with the object or **stretching to the outer limits of the mind or imagination**. Just experimenting with imagination in this next brief silence and I'll come back to you in a few moments.

Now bringing your attention slowly back from this space of imagination and back to the object and the contact it makes with your hand. And allowing your attention to spread from the touch points here to broaden out into the space round your body in the room around you, to your feet touching the floor and the contact of your body with its support – chair, sofa etc and spreading out into the room and coming back to your screen and coming back into this group and others here.

And when you're ready preparing to **come back into the next moments** of this process and **switching on your screen again.**

Inquiry: As before - sharing of experiences first and then we'll open up to discussion:
What did you **experience during the process**?
Did what you sense and imagine give rise to any **wider thoughts or values** you linked with?
Do you **think paying attention to this type of experience has any relevance in healthcare practice**?
Any **creative possibilities?**
Any comments about the process in general?

HF January 2021

Methods of documentation, analysis of results: As outlined in the overall format in chapter five in table 5.2 (a-c) of document I.

Results of analysis and examples 6.4-6.5: The process was run twice to accommodate 10 people who wished to participate. The brief checklist for aesthetic experience showed that all participants had an aesthetic experience. **Example 6.4** below shows words and phrases in found poem format, analysis in tabular form and beneath, the diagrammatic form using template figure 5(e) from chapter five, document I.

Example 6.4 Words and phrases in found poem format. Medical Consultant

Medical Consultant	Links to practice
I'm used to these, Took me back to house officer years ago on the cardiology unit Made me think about the heart Standing and looking at the heart in front of me And moving round it, Like the forces its measuring From different positions, I had an image of looking at this beating heart The huge decisions one took - Quite humbling. And now we are used to seeing peaks and troughs to do with Coronavirus As a daily occurrence.	Relevance to practice? Taking an ECG Is not just a piece of paper We can think beyond it to the person – Visualise that person Not just be analytic

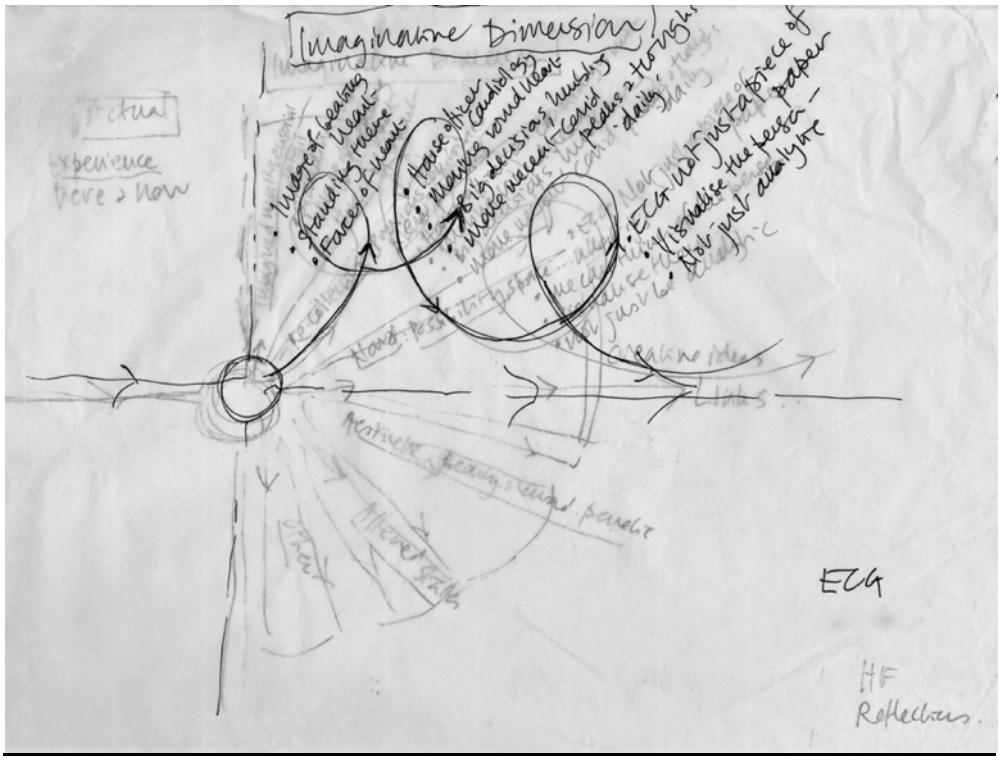
Reflective notes: In the tabular format below, as in reality, there was overlap and a back and forward movement in imagination throughout. Also, it was not possible, unless stated, to know if a thoughts or memories were associated with actual sensory imagery. However, this analysis does show the complexity of various aspects of imagination that arose overall. These included multisensorial imagery, recollective imagination combining both past and more recent past event including moral reasoning about the big decisions one may make in relation to reading an ECG yet implied the familiarity of the almost daily occurrence of ECG monitoring in Covid times and how one must think beyond the trace and visualise the person. Overall, through this process, it seems that becoming aware of the aspects of imagination in the possibility space is important for noticing new insights.

The diagrammatic sketch representing this participant's expanding imagination is shown beneath here superimposed on template 5(e) from chapter five, document I. The right-hand side represents the expansive imaginative dimension arising from sensing showing this at a glance. The drawn spiral form represents the unfurling of expanding imagination during the process guidance.

Example 6.4 Medical Consultant. Analysis using table 5.4 to show components of the imaginative dimension. I have attempted to add modes of imagination from Brady's model in the last row.

1.Sensory experience in present situation– mindful awareness:	2. Senses arising in imagination	3.Recollective imagination, some images are combined reality, others are made up	4.Imagine future possibilities	5.Creative imagination. 'Possibility space'.	6.Fictional possibilities created in imagination	7.Links/revelations	8.Connection with…
Grp 2 (1) Observing an ECG trace during the spoken guidance	standing looking at the heart in front of me; moving round it I had an image of looking at this beating heart; forces of the heart from different positions	Back to House Officer days in cardiology; standing looking at the heart in front of me; moving round the person Like forces of the heart from different positions The huge decisions one took; quite humbling. (Recent recall) peaks & troughs in Coronavirus – a daily occurrence.		...we can think beyond to the person, visualise the person, not just be analytic. (Links with 7.)	N/A	Taking an ECG – not just a piece of paper, we can think beyond to the person, visualise the person, not just be analytic.	Connective with other person. Moral aspects and values could be drawn out further.
		Exploratory and projective imagination		Ampliative, revelatory		revelatory	revelatory

Example 6.4 contd. Diagrammatic sketch showing the expanding imaginative dimension



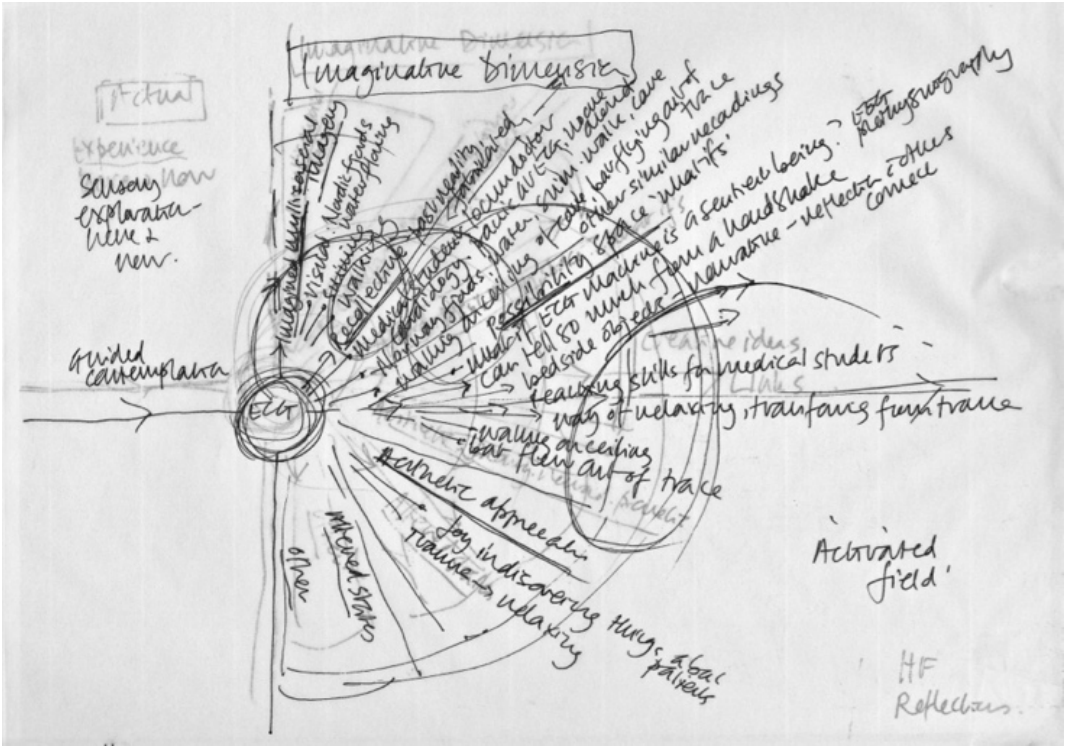
Example 6.5 Consultant Psychiatrist. This participant's imaginative dimension extended beyond the medical field. Words and phrases as assigned into the columns in table 5.4 show components of the imagination:

1.Sensory experience in present situation– mindful awareness:	2. Senses arising in imagination	3.Recollective imagination, some images are combined reality, others are made up	4.Imagine future possibilities	5.Creative imagination. 'Possibility space'.	6.Fictional possibilities created in imagination	7.Links/revelations	8.Cnnection with…
2 (6) Observing the ECG - Why am I always seeing the more solid part of trace? to feel these lines made me - wonder...	Fjords, water flowing swimming; walking	Panic Recall cardiology as a medical student And being a locum doctor before being qualified You could do that in those days. Having to read an ECG when there was no other doctor around Then, to native country-as in (2) Reflections of Walking on the ceiling- I turned into a bat And flew out of the trace	There are other similar traces we could look at e.g. the EEG. You could tell so much from a handshake, A dry or sweaty palm.	To feel these lines made me wonder – What if the ECG machine was a sentient being? And (7)	Overlap with (3)	May help us reflect on what can be traumatic for others, People's responses are triggered by tiny things in front of their eyes. This reflective process may take us away from traumatic associations To a relaxed place with different emotions. I like the theoretical idea of getting to know a patient better, The joy of discovering things about patients A whole load of things Symptoms, being able to offer reassurance. Maybe somewhere in between this practice and the nature one e.g. reflect on an item from a bedside table: a lighter not used, glasses, slippers, Each has a story. Reflection may develop our skills Maybe nice for medical students We used to shake hands.	Imagery and recollective imagination in both reality and made up; various imaginative possibilities that connect us with others such as the person in the patient and maybe their values.

Reflective note: For this participant, the imaginative dimension stirred up rich mental imagery merged with recollective imagination based on their own reality of walking and swimming in previous places; of being a

panicked medical student and locum doctor, not able to read an ECG; and recall of other recorded traces of the body as well as wider counterfactual imaginings. These are reflected on in the text in chapter six.

Example 6.5 Diagrammatic representation of expanding imaginative dimension using template



Example 6.6 General Practitioner. Words and phrases transcribed as found poem

Participant General Practitioner	Links to practice
It took me to house jobs As a senior registrar I could read these Then as a GP, rusty Landscape Negative spaces – interesting A family group of lines – alike but not the same I looked at it vertically (she held it up) – A timeline Calligraphic scrolls The marks like in ancient Peruvian civilisation Past, present and future All in the same image Takes us back to traumatic experiences, terror For so many of us (as doctors), To life and death decisions With so little experience - Do we have any energy or capacity left to reflect on this trace- in a clinical setting with a patient dependent on our judgement? Traumatic Panic Interesting (what this stirred up). One could turn it into music For a musical box With punch holes An artist colleague did it with bird song. As a senior registrar I took pride in the skill Of reading these lines – Enjoying the technical side, Distanced, objective.	Relevance to Practice But I liked this process With this fearsome object and with the guidance It took me elsewhere - Like being prompted To see it anew, Thank you.

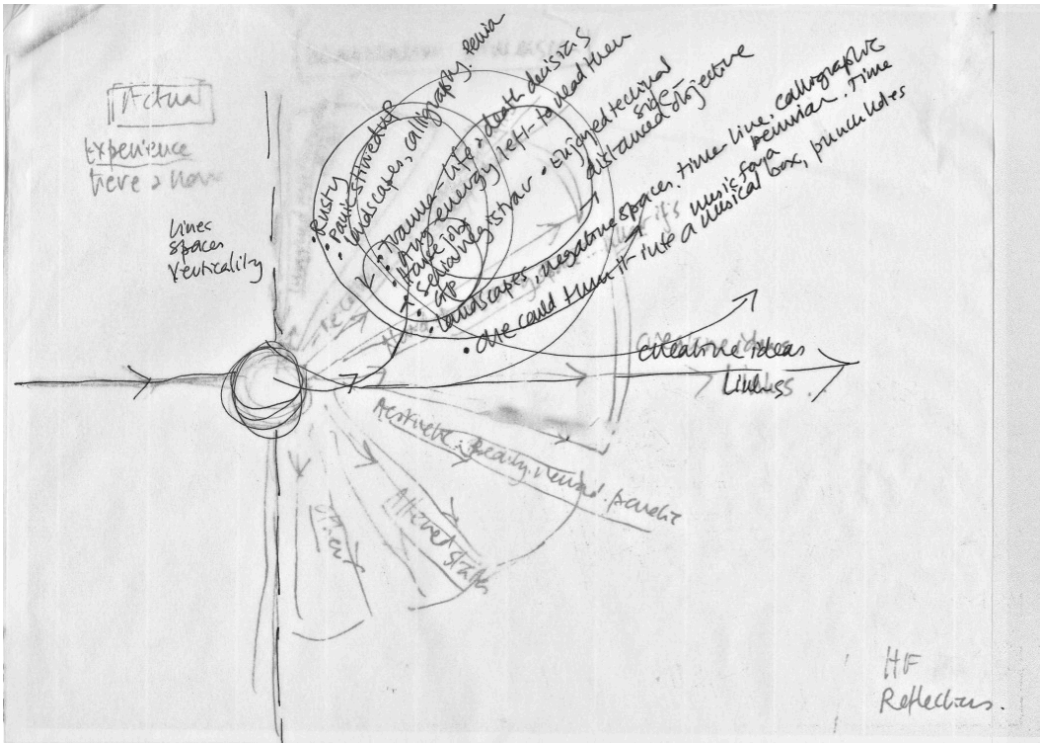
Example 6.6 General Practitioner. Analysis of feedback words and phrases into simplified and adapted table based on Abraham's categories

1.Sensory experience in present situation– mindful awareness: Participant grp and no.	2. Senses arising in imagination	3.Recollective imagination, some images are combined reality, others are made up	4.Imagine future possibilities	5.Creative imagination. 'Possibility space'.	6.Fictional possibilities created in imagination	7.Links/revelations	8.Connection with…
Grp 2 (4) Lines, spaces, verticality	Rusty Landscape, negative spaces, family of lines; timeline; calligraphic; like ancient Peruvian marks; past present future – all in same image. panic stirred up	Took me to house jobs, then as a senior registrar, to GP Took me back to traumatic experiences – life and death decisions as doctors with little experience [juniors]; do we have the energy to read the trace - clinical setting with a patient dependent on our judgement? As a senior registrar I took pride in the skill Of reading these lines – Enjoying the technical side, Distanced, objective		One could turn it into music for a musical box - punch holes. An artist colleague did it with bird song.	Landscape, negative spaces, family of lines; timeline; calligraphic; like ancient Peruvian marks; past present future – all in same image. One could turn it into music for a musical box - punch holes. An artist colleague did it with bird song.	But I liked this process With this fearsome object and with the guidance It took me elsewhere - Like being prompted To see it anew, Thank you.	Connection with imagination and a possible way of transforming past trauma and anxiety by seeing anew

Reflective notes: This participant's recollective imagination time travelled back through various stages to being a house officer terrified and panicked by reading the ECG whilst having to make life and death decisions with little experience; to pride, enjoyment, feeling distanced and objective as a senior registrar; then rusty again as a GP. Imagining onto the trace in the contemplative guidance transformed this into a new and more enjoyable way of looking at the trace through creative imagination.

Whilst not being appropriate in an acute medial setting, this brought a possible new way to look at an ECG trace without panic and terror, outside the clinic and a novel way of making an artistic piece which in itself would have the potential for new insights.

Example 6.6 cont. Analysis of feedback words and phrases in diagrammatic form, superimposed on template figure 5(e), chapter five, document I



Reflective Notes: As in earlier participant example 6.5 above, the populated areas of this visual map are recollective imagination with arising sensations and emotions, moral implications such as having to make life and death decisions with no energy or experience in a clinical setting with a patient dependent on our judgement, creative imagination and the possibility of seeing such a tracing in a new way outside the demands of the clinic.

Box 7. Key for Abraham's categories summarised from (Abraham, 2020)

Abraham's– 'a tangible overview' from her text	Abraham's classification of 'the many states of operations of the imagination Guide to comments for each column or area of visual map.
Our imaginations aid our perception of the current external reality as perceived through our sense organs.	Mental imagery: visual, auditory, musical, gustatory, tactile, olfactory, motor imagery.
Our imaginations allow us to conceive of former external realities.	Intentionality/recollective: autobiographical/episodic memory reasoning/ theory of mind (thinking of the other person, empathic concern); moral decision making, mental time travel/future thinking.
Our imaginations render it possible to fabricate alternative realities and fictional realms that we have never experienced in quite the same manner before.	
Our imaginations facilitate our ability to reconstruct events from the real past, the counterfactual (what has not appeared) past, and the potential future.	Novel contributional (generative); creative thinking, hypothetical reasoning,
Our imaginations enable us to fantasize aimlessly and problem-solve purposefully.	Counterfactual thinking, hypothesis generation
Our imaginations impel is toward creative labour in the service of beauty, truth and wonder.	Phenomenology (emotion) Aesthetic engagement; visual art-related response; music related aesthetic response literature-related aesthetic response.
Through our imaginations, we can savour the fruits of creative labour.	Altered states

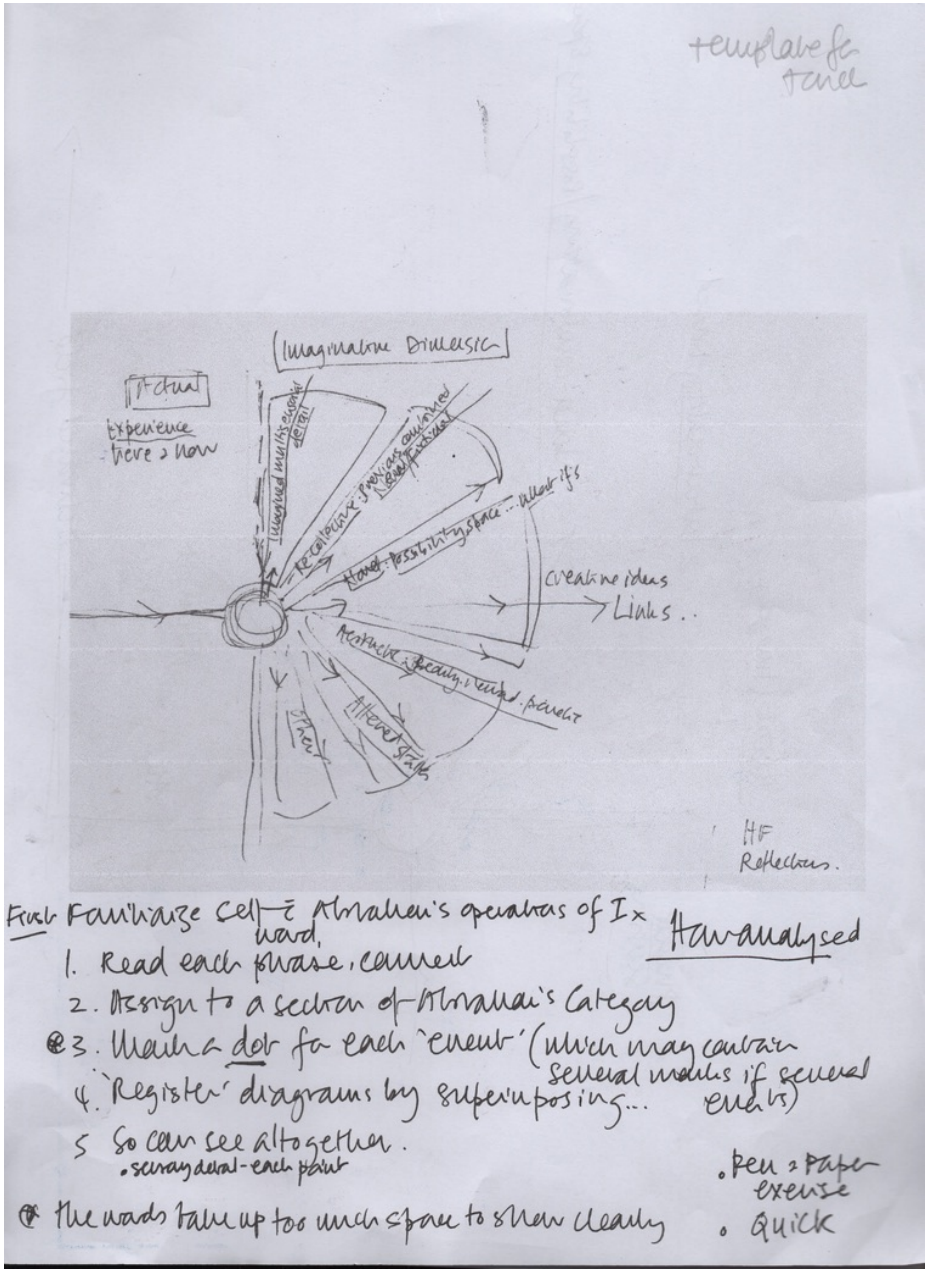
Process 3: Touch - An encounter with care.

(i)First-person explorations

Methods of design, documentation and analysis: In the design of this process, I made a short contemplation and a script for a spoken guidance. This was recorded.

Methods of analysis: Using the templates discussed in chapter 5, I aimed to find the best version that was simplified, quick and practical for analysing and showing different aspects of the imagination. Here, I used the template from figure 5(e) by placing it under transparent paper on which words and phrases of experience could be added or represented as a dot, as if on a cluster diagram. The page from my reflective journal below shows notes on designing my method of analysis:

Box 8. Diagram from reflective journal using an underlying template 5(e) for analysing aesthetic experience



(ii)Pilot study

Methods of design and delivery: As in the overall format given in table 5.2(a-c). Participants were each sent an invitation by email (below). I guided the online group participatory contemplation. Participants used hand cream to massage their own hands whilst closely noticing experience. They could choose to turn their screens on or off during this action as I felt that some may perceive it to be too intimate. They returned to the screen for feedback and discussion. I asked how they found the overall method as an online process. For the online process, I incorporated a much shorter introductory mindfulness meditation and showed them my method of drawing the path of attention - as can be seen in the blackboard and pen and paper drawings below. This demonstrated the path attention could take from one focus to another and was a much shorter version than that used in 'Bathe.' Here, this short meditation merged into the whole contemplation and was followed by feedback and discussion. The whole process was adapted into a one-hour session for 'zoom'.

Methods of documentation and analysis: Eight postgraduate artists participated and provided feedback.

Words and phrases were jotted down as a transcript as in the overall format previously described. These were reviewed for components of aesthetic experience arising during the action. Aesthemos questionnaires were sent by email after the process. These were reviewed to see if this reflected the spoken feedback or offered further detail not covered. I continued to develop a diagrammatic template as in the first-person approach above. I wanted to make the diagram easy to use and see at a glance.

At a subsequent seminar, seven artists agreed to the group photograph below that showed the online set up of the process.

Pilot: Process 3 - Invitation to Postgraduate Artists' seminar group

OXFORD BROOKES UNIVERSITY

Faculty of Technology, Design and Environment / School of Arts / Social Sculpture Research Unit

'Touch: An Encounter with Care'

You are invited to take part in a brief aesthetic action and contemplation.
This will be in a Zoom small group online in the PhD artists' Monday Seminar Session.

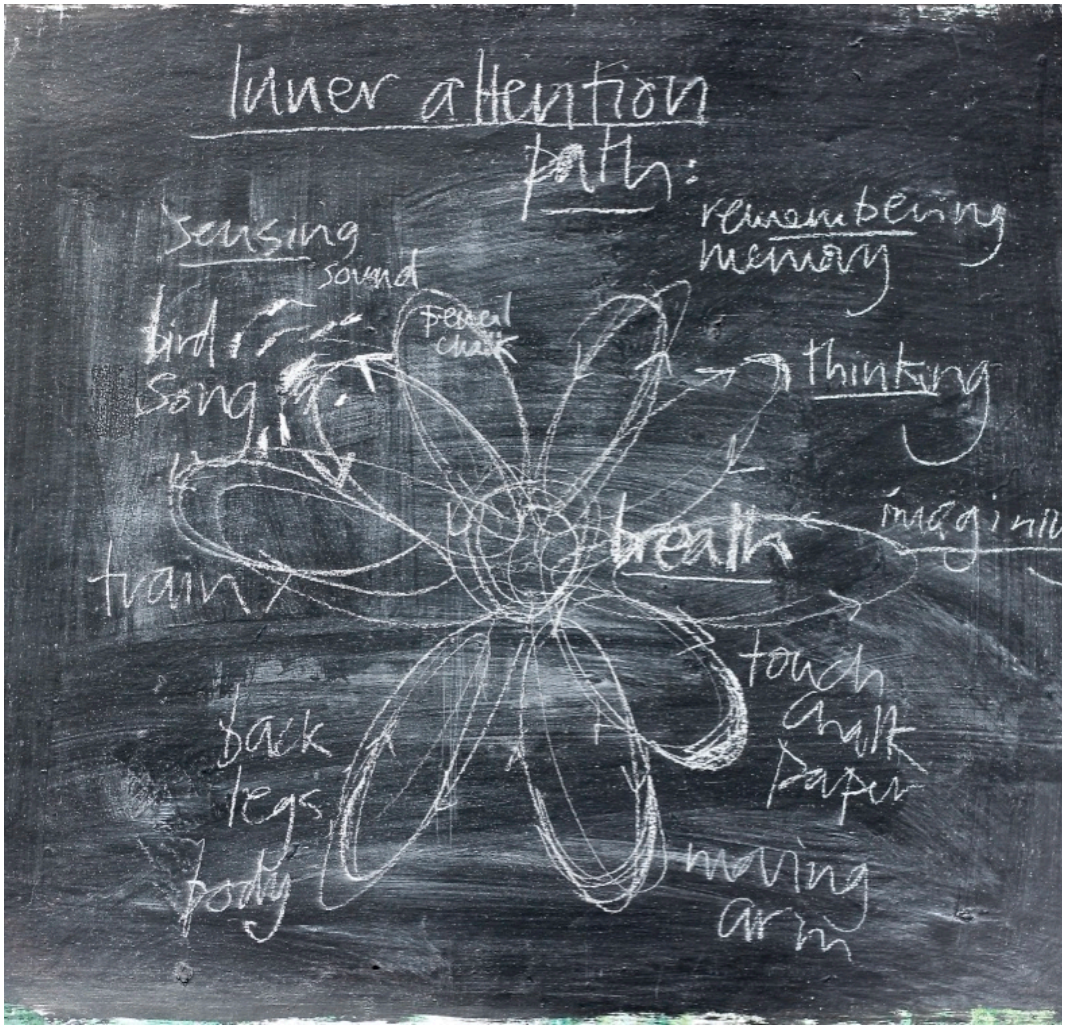
This is one of a series of newly designed participatory aesthetic processes as part of an arts-led PhD research enquiry called, 'From Anaesthetic to Aesthetic in the Clinic.'

There will be a brief introduction then a short contemplation using the hands (6-8mins). This will be followed by sharing of feedback, reflection and discussion if wished.

Please bring a hand cream of your choice to the Zoom session for the aesthetic action. A light moisturizing cream that suits your skin (non-grease) would be ideal as we will be meeting online at screens and keyboards. You may also wish to have pencil and paper to hand.

The Research Overall
A series of experiential processes is being designed for use by healthcare practitioners, healthcare students and those in related fields for reflection and feedback. In the design process, the feedback of research artists is a valuable component. Each process includes a short experiential and contemplative component followed by a sharing of reflections on experience and discussion. Sharing of experience is voluntary. Your feedback is very valuable for further shaping the design of the processes. If you would like to receive the detailed information sheet, please contact me as below.

Helena Fox. Oxford Brookes University current email attached
Updated January 2021

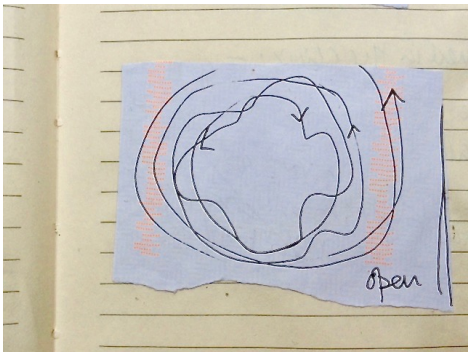


DRAWING ATTENTION

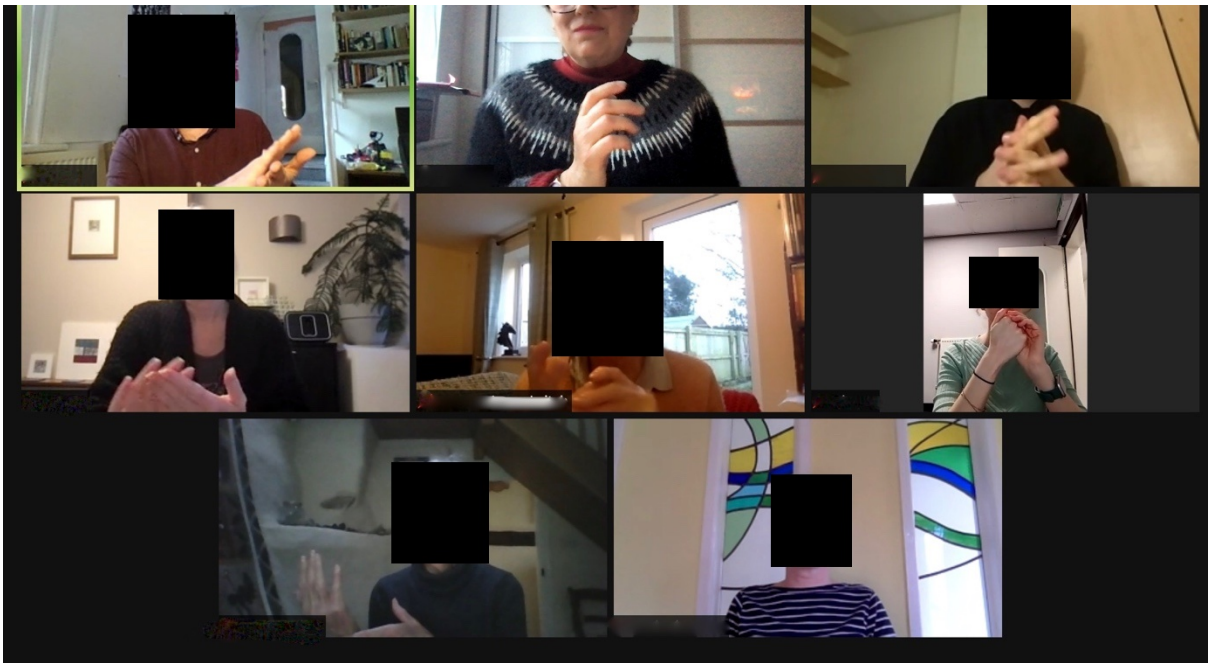
Attention Map. Charting the path of attention

Over the years I have drawn maps in pen, pencil, chalk, digital pen on the backs of envelopes, scraps of paper, in margins, in note books & reflective journals, in clinical ‘to do’ lists etc. These record what was present in my field of awareness at the time; where the focus of my attention was travelling to ie.its route as I focussed on the breath or other sensory experience including sound, body sensation, memory, thought and imagination. A visual record.

Sketched versions on the backs of envelopes



Zoom set up with postgraduate artists' seminar group. All agreed to be photographed
[faces redacted]



(iii) Healthcare groups

Methods of design and delivery, documentation and analysis: A photographic image on the emailed invitations and adding images from 'Bathe' in the discussion time after the contemplation all served as a poetic intervention (below)The overall format of delivery was as previously described in table 5.2. Variations included: the brief introductory mindful meditation as mentioned above. This was merged in the hand cream contemplation that followed. The guidance I gave invited participants to imagine giving and receiving care from one hand to the other and then to imagine the giving and receiving care in their healthcare practice. Participants were asked to turn their screens off for the start of the contemplation. Towards the end of this they were invited to turn their screens on to share the last few minutes together, as each wished. This was followed by feedback on experience, reflections and discussion. A sample of participants also completed the Aesthemos scale.

Methods of documentation and analysis: As described in the overall format in table 5.2(a-d)

Results: 16 of the recruited pool of participants out of 27 chose to attend this process. Two sessions of five and 11 participants were run on different dates. This session lasted one hour.

Process 3 - Invitation to Healthcare workers online group

OXFORD BROOKES UNIVERSITY

Faculty of Technology, Design and Environment / School of Arts / Social Sculpture Research Unit

'Touch: An Encounter with Care'

You are invited to take part in a brief meditation followed by an aesthetic action.
This will be in a Zoom small group online.

This is one of a series of newly designed participatory aesthetic processes as part of an arts-led PhD research enquiry called, 'From Anaesthetic to Aesthetic in the Clinic.'

How to participate in this process:
In this online Zoom session, after a brief introduction there will be an aesthetic action and contemplation involving the hands (9-10 mins).
This will be followed by sharing of feedback, reflection and discussion if wished.
This process may last up to from 1-1.5 hours.

Please bring a hand cream of your choice to the Zoom session for the aesthetic action. A light moisturizing cream that suits your skin (non-grease) would be ideal with a small towel nearby in order to touch the computer keyboard. You may also wish to have pencil and paper to hand.

The Research Overall
A series of experiential processes have been designed for use by healthcare practitioners, healthcare students and those in related fields for reflection and feedback. Each process includes a short experiential and contemplative component followed by a sharing of reflections on experience and discussion. Sharing of experience is voluntary. Your feedback is very valuable for further shaping the design of the processes. If you would like to receive the detailed information sheet, please contact me as below.

Helena Fox. Oxford Brookes University current email attached
Updated January 2021

Touch Script for Healthcare Groups: An Encounter with Care. Online process 3

Have **nearby your chosen hand cream**/moisturiser and **small towel or soft cloth** (so you may touch your computer after!)

Introduction
Good evening/afternoon – welcome everyone again.

Intention/Aim -
This process today **aims to offer** an opportunity to **enter an aesthetic action** in which we **stay immersed in an experience** to **sustain attention** and **closely notice** all that may occur.

I'm going to give a **brief introduction** and **share some images with you** then there will be a short contemplation together.

Whilst I give an introduction, **I will share my screen …. can you all see this?**

Slide 1
We experience **touch every day**, all the time, but may not take notice of much of it, **especially in detail**.
In **fields of care giving where the human encounter** is **central, the way we touch, and meet another, is important.**
There may be **many aspects of touch** that **we don't notice here too -** maybe being too rushed, busy, it's not appropriate or we may just believe our feelings are too subjective.
Yet setting aside some time to notice the **aesthetic domain** here may **connect us with an inner resources** that **hold the possibility of the ways we also connect with others** – i.e. by being in touch with our own sensory perceptions and the arising imaginative dimension.
And of course, in these times we **may also be aware of the absence of touch** – how **do we connect** with **ourselves** and **with others** in these situations?

Slide 2
The **original design** of this process **was a face-to-face version** where participants were invited to take turns in **bathing and drying each other's** hands. (…slides…. from Bathe)

Here are some images from this process. (Go through slides and explain)

[Stop screen share]

Now in Covid times, In the Zoom version, we'll try this individually.
T**he invitation is to focus on our own hands**, **using hand-cream or moisturising cream if you wish**.
Alternatively, you may just wish to use touch.
As before, **the contemplation will be in silence** and I will guide you through it.

Have your hand cream nearby (lets **screens off** for this, and I will too –and towards the end of the guidance we'll turn the **screens back on** and get a sense of this action together– **I'll say when**)

SCREEN OFF
So, what happens when take a few moments to notice very closely during this action?

Let's start with a **few moments of bringing our attention into the current moments of the experience** and **see how the path of attention may be followed**.

So firstly, while you are sitting here, take a look **at a far wall or out of a window** and notice how the attention can travel to either of these points.
And now look at something **in the middle of the room** and notice how your attention shifts to this place.
And now look at something **quite close to you such as the desk, or the keyboard, or your hand-cream** nearby and notice how your attention shifts to here.
And now closing your eyes gently for a moment and taking **a more inward look and looking at this inner** space and noticing how the attention goes inside. And whilst noticing from the inside, how is the contact of the **soles of the feet on the floor and the support of the chair holding you.** And the **taking a few breaths**, just as they are in and out, how does this feel from inside?

Pause…

Then noticing how attention can be moved **to notice sound** ……. or **other body sensations**
And to notice **other contents of the inner mind** such as **thoughts** and **feelings.**

Noticing **how the attention can travel round to all these things** – from **outside to inside** – and how one can **choose to place the attention on different aspects of experience** like this.

****

Bearing this pathway that attention can take, **slowly moving attention out again**, opening the eyes and **beginning to notice and explore the hands, from the outside. How do they** look? Looking in quite some detail.

Pause

How do they look **from the front and the back**? The **fingers, palms and wrists**?

Then **shifting the attention to feel the hands from the inside** – how do they feel here? Tight, dry, sore - maybe from too much washing? However, they may feel for you.

Pause

And **now taking some hand cream and placing it** on the palm of one hand and noticing how the contact of this feels on the skin, maybe it has a smell, or a temperature or an appearance to notice.

Pause

Then slowly **with the other hand, gently beginning to massage the** cream into the palm. Or just using touch alone if you aren't using the cream (this is ok too)
And the gently spreading the cream and touching other **areas of the hands where the need is felt.**
See if it's **possible to feel this need too.**
Maybe noticing **the thirst of the skin** and how it feels as it soaks up the cream is there a feeling of being replenished – or by the touch? (6.41)

Pause

Noticing if there are **areas of the hands that need a little more cream and adding this too**.

Pause

Noticing how your hands **move with each other – caring**
One hand **giving care**, one hand **receiving care.**
Feeling the **giving gesture** in one and **receiving the soothing** with the other.

Noticing how the attention can switch to focus on the sensations of giving or of receiving

And maybe noticing **even a sense of reciprocity in this encounter with care**. What can be noticed here?

Just taking a **few moments in your own time to explore what's here now in these movements**. Quite a complex range of experience…What do you notice?...
[About 8 mins to here]

Pause

Is it possible to notice how the **whole body may be involved** in these movements – the arms and shoulders?
And maybe **feelings and thoughts** too?
Thinking about all **the giving and receiving of care that they do**, for **others** and the **self.**

Where does our **imagination go?**
Does our imagination take us to **any inner images or scenes?**

Pause…

[Bringing attention back to the hands. Sensing the absorption of the cream. Or touch.
Of nourishing the skin. Really noticing how a little bit of self-care may affect you]

Now, in the last few moments of this contemplation and, if you wish, **switching on the screen** and still in silence, drawing the attention into noticing **sharing** this action with the group.

Pause…

So, **coming to the end of this contemplation**, bringing the attention back to the **body as a whole** sitting here…… to the **sensation of feet on the floor** and **the support of the chair** against the body, **bringing the hands to rest** , maybe **loosening and moving the shoulders** a bit and **taking a couple of slightly deeper breaths**…coming back into the space around you and preparing to come into the next part of this session together….

And as you switch back on...

First Noticings? – Experience to share?

How was it sharing this contemplation with others?

How can we connect in this way, on zoom? Is it possible? How do we connect through this distance? And, in our practices?
Imaginative dimension, picturing, visualising, other images? Imagination reaching out?
Thoughts, feelings?
Any possible links made between touch, caring and connection?
Or new insights
Or other observations from being in this experience.
Finally, comments on the process.

Images shown from 'Bathe: An encounter with care' (Scoping study)

Example 6.7 shows words and phrases in found poem format for 'Touch: an encounter with care'

Hand cream meditation. Psychiatric occupational therapist	**Links with healthcare practice**
I looked [at hands] - Possibly the worse day to do this Biting fingers, stressed Dry hands Destroyed them At work - Didn't want to focus. The hand cream was nice, more caring attention Not fast Nicer to hands Giving and receiving – hard to work out which was which Both directions I also did a hand massage workshop with strangers we'd just met on the course It was quite intimate, The person I was paired with is now a best friend Missing holding hands is part of caring – the touch. I had Covid over Christmas Kept apart from my partner for 10 days So good to touch after.	On a forensic unit-we don't touch much. This brought home how inpatients may have no touch No friends, family May go for ages [Re: working together] Watching others on zoom like this could be nice. We could imagine

Process 3. Examples 6.8-6.10

(6.8) Nurse	(6.9) Community musician in healthcare	(6.10) General practitioner
Made me think of when we are touched, In my work - Nursing is hands on, We rely on hands - Maybe the only person touching Is the one nursing the patient, Or one's partner.	.... Working on screen - Mirroring actions is quite connecting In my Parkinson's music group actions are connecting, Following the pattern of the sounds on the screen with movement – actions with voice and fingers- Gives an increased feeling of connection. Can one connect on a screen? How to read others outside the box – this has stretched me And challenged me to make it more interactive One has to give a lot more. Throwing and catching works – I sometimes do this Throw a thing Out of the screen.	We didn't see each other's hands I would have loved to see all the hands Or through eyes. It's odd all being in our separate boxes [on zoom] The hand contemplation made me feel more distant. Now we are talking, sharing, it feels more connected, Less isolated. It would have been nice to see all our hands. I wonder if one could create a phrase of greeting Is there a spoken phrase? 'I greet you with my/your hand- Not a physical touch' Use words, show hands?

Box 9. Process 3. Healthcare Groups. Summary of reflections on connectivity through online Zoom

20 comments collated from postgraduate artists, healthcare groups and researcher reflections. Connectivity was achieved with others through the Zoom online platform. These points, written as notes, emerged from the discussion:

1. Be genuine – it projects emotion, from the heart, as in the Duchenne[28] mile. Don't 'act'
2. Lead the guidance from within practice where possible, rather than audio or rehearsed script. Use the script a guide, not to read. Do it 'live.' Attentive and genuine.
3. Watch all group members – attend, attentive listening. – facilitator has to actively work and attend. Needs confidence
4. Interact with individuals
5. Use pauses, spaces, give time.
6. 'Unintentional chaos' up to a point is common on zoom and sign of human engagement. Don't worry!
7. Offer something genuine for example of lived experience or free writing, shifts a gear. "Pulling something out of yourself...makes it so powerful"
8. Look at participants directly – zoom format helps this
9. It is possible to engage rich imagination through the screen – we reach beyond ourselves through the machine
10. Mirroring may bring a feeling of connection
11. Screens on – not off all the time – maybe if off (if too intimate e.g. hand contemplation) off for a while, then come back
12. Embody care in the process of set up and running the group.
13. Make it engaging and pleasurable and not too long – zoom fatigue
14. No pressure to comment or even turn screen on – even though say why it's of benefit to group. 'Invite' rather than 'direct'.
15. The social connection was helpful in lockdown
16. In what way can we touch each other? 'Human contact is not only physical, it's also emotional - how to enhance a depth connection?'
17. We can touch each other emotionally and reach through imagination. Of value in a screen orientated world.
18. What forms of human connection can we retain compared to the machine? What form of deep connection. This zoom process enables in -depth of contact - a connective practice online
19. Opportunity to really 'be' in an experience together – sharing, connective
20. Pay attention to the importance of ethics, consent, 'invite', options – names, screens on/off, recording consents, passcode, confidentiality, introductions, introduction to process, welcome, mute function to avoid interference – make explicit when and when not.

[28] Duchenne smile - with the eyes, whole face and genuine feeling, not just a grimace of the mouth.

Process 4: Stethoscope Contemplation

(i) First person explorations

Methods of design, documentation and analysis: I noticed that small sketches of the stethoscope had recurred throughout my reflective journal. These were drawn whilst I was thinking about something else. I decided to review these sketches, paying attention to what arose in my mind on review. I documented my train of thought using a method of free writing. The following excerpt reveals and conveys the spontaneity of this design method.

Methods of analysis and results: Collating, reviewing and adding minor edits to the free-writing, I noted that my thinking was not only verbal, it was also visual including diagrams, sketches and photos. Reviewing these could activate my imagination further.

Process 4: First-person explorations

Free-writing excerpt

"The stethoscope, to me is a simple yet beautiful instrument...it piques my intrigue. I have my old grey Littman that has served me since being a medical student...Following Hillman's advice to 'stick with the image' that 'insists' (Hillman, 2000), I allow myself to pay attention to where my mind wandered during these sketches. I explore with mindful open awareness, on and off over several weeks.

The lemniscate form of the stethoscope is not lost on me. It resonates and reverberates and triggers my imagination. It conjures up images of invisible connective forces flowing through it - the looping of the circulation through the body and heart, the breath and exchange of air, our breathing in of another person, entwining and looping with them in our listening, looking in, looking out. I become aware that my thinking has shifted to being aware of a deeper aesthetic experience than when I listen to sounds of the body alone. I become aware of the capacity for a deeper connection with the other human being. In addition to sensibility, my imagination expands as I play around with the stethoscope. I take it to work, place it on my notes, photograph it at home, listen to things, to twigs, flowers in the kitchen and spring bulbs, to the piano[1]... I demonstrate this to a colleague who is a Cardiac Anaesthetist. I draw sketches in chalk of how I imagine the invisible forces of connection may flow and to access my imagination more deeply[1].

I have also been listening to my heart with my stethoscope. I think I hear a murmur. I worry that I have aortic stenosis[1]. I ask my colleague's opinion. Whilst he is listening, he closes his eyes. I watch him as he shifts his attention to hearing. His eyes are closed yet directed towards the floor. It seems to me as if it is an 'inner look', attending to something in his internal world but connected to mine. He doesn't do it a hurried way and I am 'touched' and moved by his act of paying attention. It feels as if there is a human connection. He appears to be taking care. I think he has a caring look about him, of being thought-full. I think he seems a good doctor if he takes care of his patients like this.

It is his eye movement change, his change of gaze from outer to inner that seems to be a key point. What happens whilst he attends to his listening, in these moments? What happens when one listens to a heart - deeply? Aesthetically?

To explore this further, I set up a mirror and camera to capture images whilst I listen to my own heart. Do I do this when I am using a stethoscope in the clinic? Does my attention similarly shift inwardly? What does it look like from the outside? And, at that point, what is happening in my inner world?

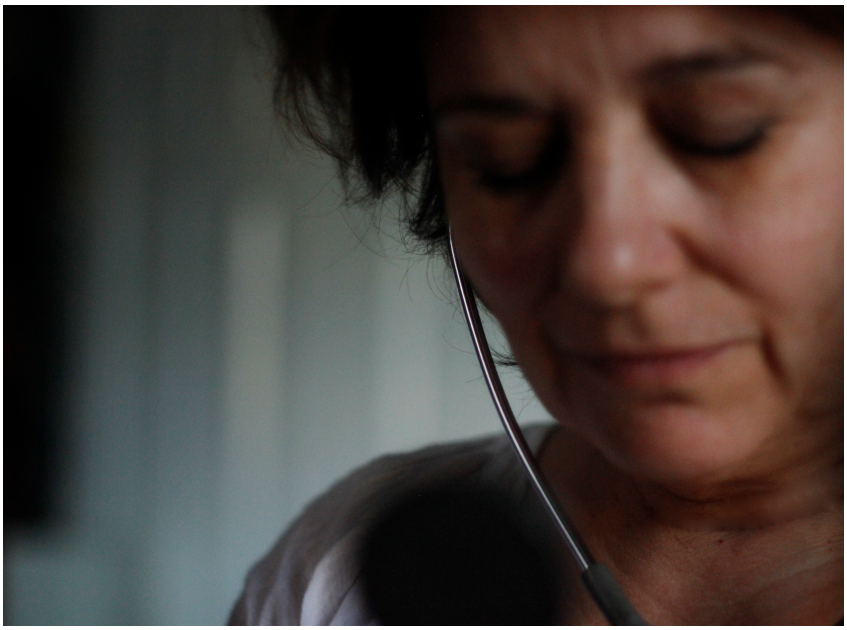
In the photos I have managed to capture that same downward gaze indicating my awareness and attention moving to the inside – whilst listening to my own heart. It brings me to a vast interior space in which imagination can be amplified. Thoughts and images arise, as with the pulse.[1] My thinking goes as follows:

this is not just a number or set of noises from the ebb and flow of a current of liquid within a vessel, pump and conduits, I have images of walking through vaulted chambers. I am somehow connected to a deeper resonance, imagining all that has gone on here – as if I could sense this person's 'soul'[1] history in its echoing. A resonance of all that person is. Is it echoed in their beating heart? It stirs my imagination. And what a wondrous thing that I can listen to it. In my imagination, there are clear pictures in colour – I could draw it…This very flow of a life itself. In this way, I can be connected to another person whose heart I am listening to – a whole life force. It is a connected moment of wonder and I have the privilege, to listen here as a doctor. To consider the state they are in....

...One's eye movement changes– there's an inner look... and shift to an inner world. This is the pivot to the imagination with the stethoscope for me. Where do we 'go' when we listen to a heart?

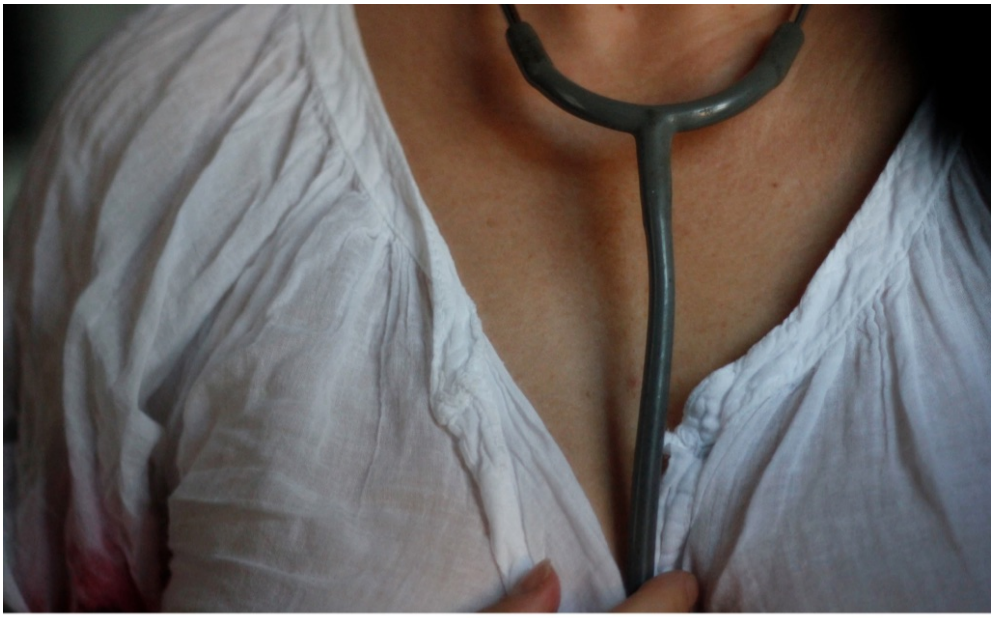
Here, one becomes truly mentally and physically indivisible. We come to be inside our own hearts, thinking, feeling and with imagination. Fully involved, reflexive and reflective. One enters a circulating internal lemniscate loop into which life can be breathed, inspired…Listening thus, thrown in on oneself, objectivity and subjectivity coincide and are not dualistic. It

is, at once, both mechanistic and full of feeling. ‘A swirling circulating physicality thought full of feeling and imagination’. It is through this experience of listening to my own heart that I can more deeply come to listen to and connect with the hearts of others.
Here, the heart is the ‘centre of aesthesis' (Hillman, 1992)at the centre of our sensing and imagining and in its entwinement with the mind, not only of oneself but in this way with others.
And what of my own heart? What if I consider that? How is it functioning? Is it capable of caring? Is it cared for? I feel a pang of tenderness for it. The roots of ‘self-acceptance’ Does it start from here? My mind is set off in a set of philosophical questions. Should doctors listen to their own hearts and contemplate this - for a few minutes each morning? A thought resonant with Lao Tse’s idea came to mind along the lines of “a few minutes adjusting one’s hair each morning, why not the heart?” What if I invited my colleagues to listen to their own hearts? Mindfully, contemplatively, rather than focus on the breath (which in itself is also magical, a thing of wonder and awe) – but if I invited them to do something slightly out of the ordinary and listen to their own hearts? I start to collect stethoscopes and photograph them arranged in circle on a chairs and kilim cushions. I think of Freud’s house[1]. The setting I am arranging is not too clinical and introduces a more ‘poetic’ element. I play around with placements of stethoscopes. I make a series on photographs. The stethoscope still lies in its lemniscate shape resonating looking out, looking in, the circulation, the breath, the connection between 2 people. The way the circulation loops round the body. I make sketches of this. I am aware that these images trigger my imagination and ‘reverberate.’ I daydream. A comment of Steiner’s comes to mind, “Is the pumping of the heart a force or a consequence?”
Reflective Journal (HF 2018)



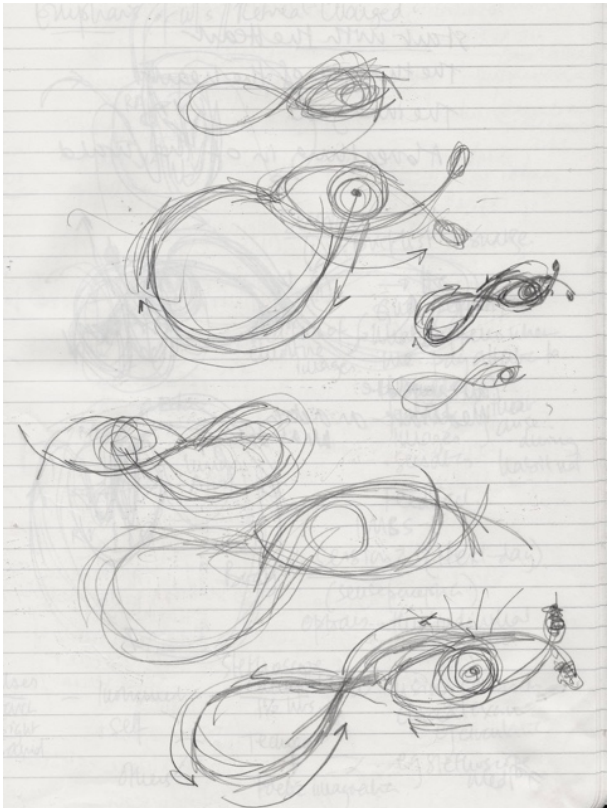
Inner look whilst listening with a stethoscope

Examples of a record of visual thinking



Stethoscope Contemplation
The Heart of the Matter

Helena Fox

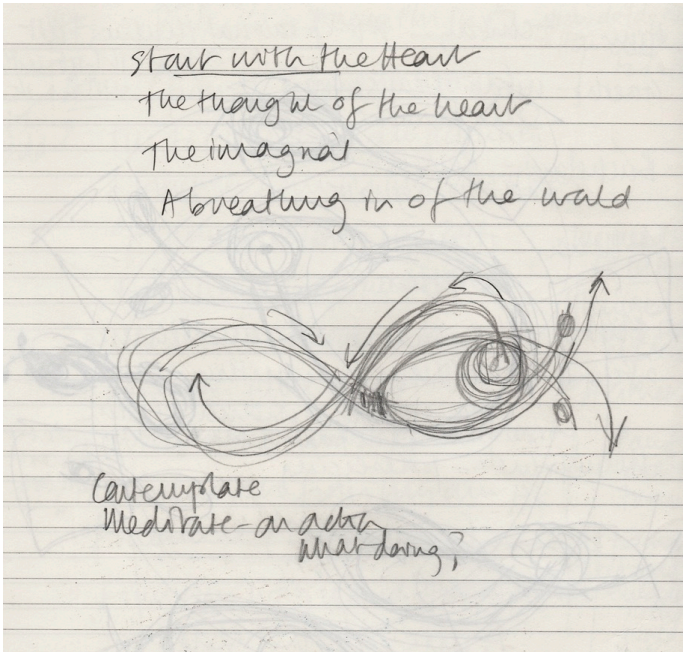


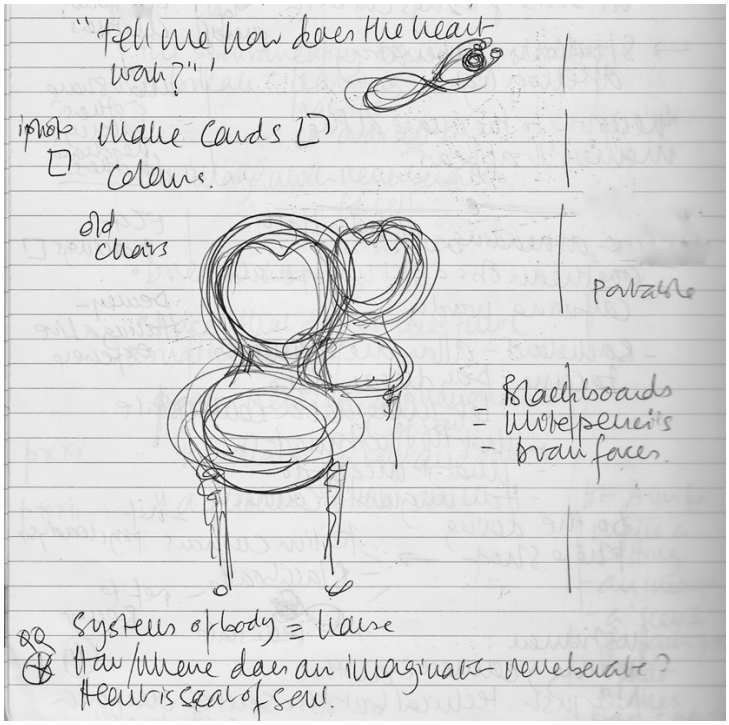
The Stethoscope Contemplation - documentation of design

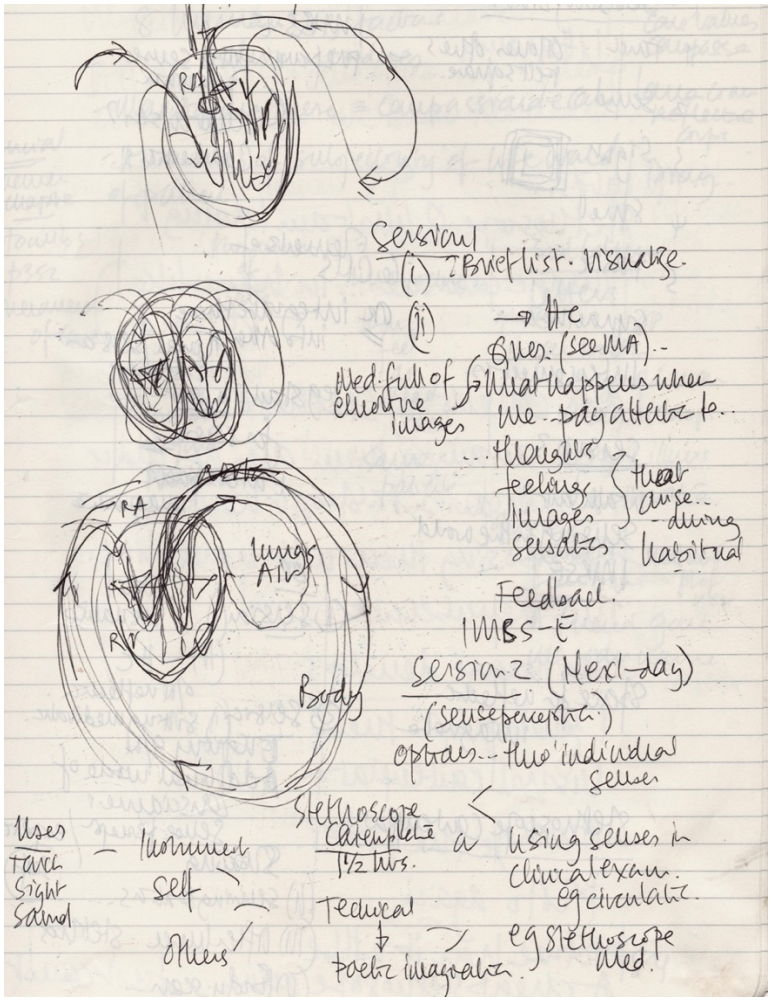
A visual record of experiments - photographs, sketches and diagrams that record the development and design of an aesthetic, participatory group process called the Stethoscope Contemplation. 1

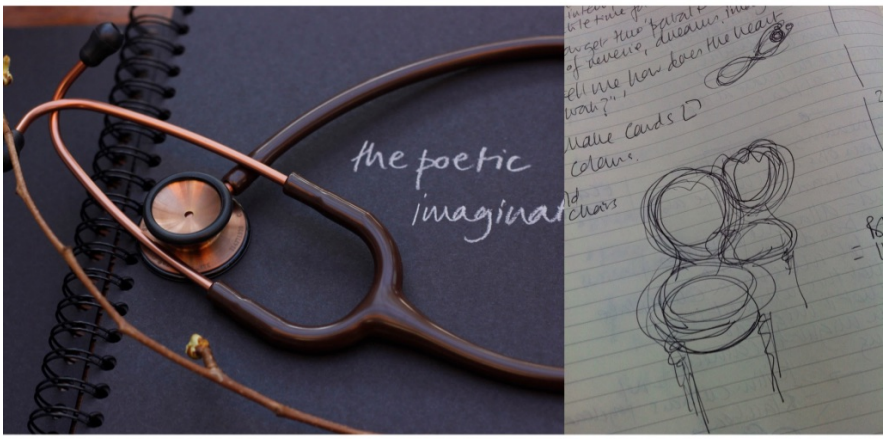
Helena Fox

39

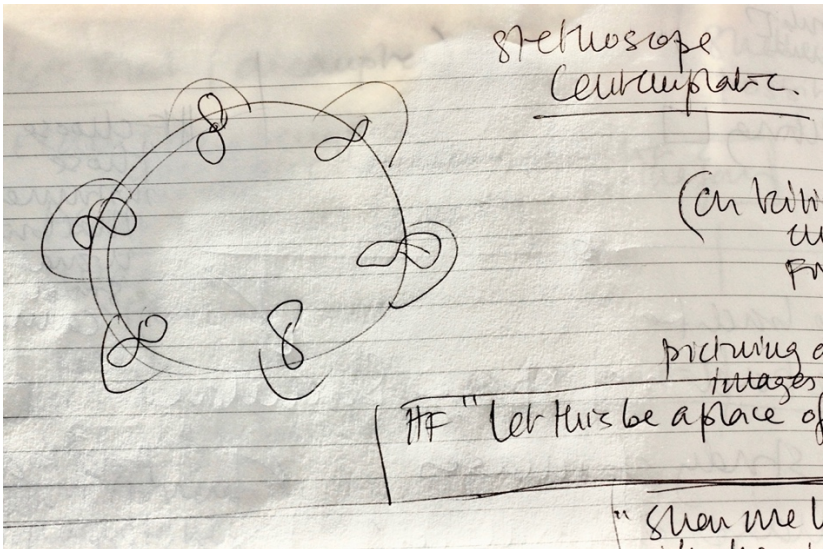

Start with the Heart
The thought of the heart
The imagnal
Abreathing in of the world
Contemplate
Meditate - an active
what doing?


"Tell me how does the heart
work?"
Make Cards
Colours.
old
chairs
Parable
Blackboards
= White pencils
- brain faces
Systems of body = Nurse
How/where does an imagination remember?
Heart is seat of self.


RA
RV
Lungs
Aorta
Body
Session
(i) Brief list. Message.
(ii) → He
gives. (see MA).
Med. full of creative images
What happens when we pay attention to..
...thoughts
feelings
images
sensations
Feedback.
IMBS-E
Session 2 (Next day)
(sense perception)
options... How individual senses
Stethoscope
Can complete
1½ hrs.
using senses in clinical exam.
eg circulation.
Technical
Poetic imagination
eg stethoscope
Uses
Touch
Sight
Sound
Movement
self
Others


the poetic
imagination

Process 4. Pilot studies



Methods of design and delivery: Imagining the design of a participatory process for others to share, I collected a series of stethoscopes. I photographed and placed them on chairs for as if for a group process. I drew sketches and diagrams about imagined connections of breath, circulation and connection with self and others. The following sketch shows a version of an imagined group process:

Reflective journal sketch of imagined design of Stethoscope Contemplation as a small group participatory process

The poetic intervention was an invitation for participants to listen to their own hearts in a contemplative fashion and become aware of sensing and the arising imaginative dimension. Thus, this extended beyond the usual objective clinical examination of the heart into the aesthetic domain.

Pilot studies were face-to-face meetings involving two postgraduate art groups and one r group of 22 healthcare workers and related professions at an academic study day of the 'Aesthetics in Mental Health' network.

In each group, after a brief introduction, I lifted the stethoscopes out of an old Gladstone bag and offered one to each participant. I guided them through how to find and listen to their own heartbeat, then showed guided stages of the contemplation in written format so they could refer to this whilst listening to the heart in silence for 5 minutes. Then I guided their attention back to being present to the group. This was followed by time for feedback of experience, reflections and discussion.

Methods of documentation: As in the overall format previously described, participants' words and phrases were jotted down during the process as they occurred and resembled a found poem. These were reviewed using the brief checklist for aesthetic experience. In a separate process I took photographs of colleagues trying the contemplation for the purposes of demonstrating the action.

Process 4 - Pilot study. Abstract for Aesthetics in Mental Health Network Advanced Study Day

'The Heart of the Matter'

In 'The Thought of the Heart and the Soul of the World' James Hillman (1992) writes about his use of the word 'aisthesis', linking it with the heart:

"We can respond from the heart, reawaken the heart. In the ancient world the organ of perception was the heart. The heart was immediately connected to things via the senses. The word for perception or sensation in Greek was aisthesis, which means at root a breathing in or taking in of the world, the gasp. 'Aha,' the 'uh' of the breath in wonder, shock, amazement, an aesthetic response to the image presented. In ancient Greek physiology and biblical psychology, the heart was the organ of sensation; it was also the place of imagination…The heart's function was aesthetic…. The heart's way of perceiving is both a sensing and an imagining: to sense penetratingly, we must imagine, and to imagine accurately we must sense." (Hillman…)

We can examine a heart technically, listen to it, measure it and record its mechanical workings. But how about another dimension to our stream of thought? What are our inner thoughts, feelings, sensations, images, imagination etc? How about wonder and poetic depth? What happens when we pay attention and 'listen' to these in a deeper way? What arises with deeper contemplation? How are our own hearts stirring? You are invited to take part in a short experiential, guided process. This will include a brief introduction outlining the process; a 5-minute silent contemplation on an aspect of everyday clinical life; sharing of feedback if you wish; reflection and discussion

(If you wish to take part, it would be helpful to have clothing that can be loosened at the neck to just below the collar bone. If you prefer not to participate directly, you may choose to observe)

Process 4 – Researcher's Script for Pilot

Guidance on how to use the stethoscope to listen to one's own heart:

I'd like to invite you to join with me in a short – about 5 minute - contemplation with an example of an instrument involved in everyday clinical practice and emblematic of healthcare whether one is a practitioner or not.

If you wish, please take on of these (Stethoscopes are handed out). Just spend a few minutes looking at it and reflecting whilst they are being given out. Don't put it in your ears yet as I will explain how we are going to use it in a minute. (If it's in your ears, you won't be able to hear me!)

I'll explain how to use this. The first thing to do is to take the end of the stethoscope (<u>diaphragm</u> end) and place it in the palm of your hand like this, so that it <u>warms up</u> a bit. The at the same time you will notice there are two sides, the flat diaphragm side and a more cup shaped *bell side with a small hole* in it (most stethoscopes have this, one or two not). You'll be able to turn the tubing like this, to open and *close the hole.* Please close this hole now.

We are going to listen to our own hearts and before we place the earpieces in, I'll show you where to find a good loud beat.
We'll take few minutes to make sure you can all find this.
First of all, if you feel in the dip of your neck, between the two collarbones there's a '*V'-shaped notch* called the sternal notch. Either side of this you will feel the bump of the ends of your collarbones. Let you fingers run over this bump on the left-hand side, dip 1. Then feel the next bump down, a rib and slip your finger into *dip 2* below this. This is a *good loud place to* hear the heart. Just on the left of the breastbone, the sternum. You may also listen about 2 inches (6cm) below this – you'll also hear quite a loud beat down the left side of the breastbone.

Now coming to the <u>earpieces</u>, make sure they are pointing forward. Some of the stethoscopes are already like this, others will need to be turned and angled forwards a bit, so they are in line with your inner ear. Once in your ears, touch with care or you'll hear your fingers moving loudly on the stethoscope. Place the diaphragm on the area I've just described. Move it around this area a bit until you *find a good loud beat.* You may need to press reasonably firmly or slightly alter the angle of the earpieces. Let's do this now to check every one can find it.

(Brief time for trouble shooting)
Has *everybody got a good loud beat?* Any questions?

*** * * * ***

The Stethoscope Contemplation:
Now, before you put the earpieces in again, I will explain the steps of the brief contemplation we are going to do. I'll outline this first as you won't be able to hear me guide you once you are listening.

(S L O W D O W N) In silence, we are going to do a contemplation that involves deep listening and attention to our own hearts.

There will be four steps:

Step 1 - allow yourself to *describe as carefully as you can* what you can hear? What are the sounds? How do they start and stop? What's in between? etc. Stay with a close description. Describe silently to yourself.

Step 2 – you will probably begin to notice that *some other thoughts* will come in as well. Maybe an image or sensation. Whatever begins to occur. Notice this too.

Step 3 – you may notice that your *mind has begun to wander*. What occurs? Where does your imagination go?

Step 4 – The let your imagination wander freely. Let it roam. What occurs now? Where might this take you? Any wider thoughts?

At 5 minutes I'll walk round so you can notice when the contemplation is about to end.
Gradually come back to the heartbeat alone and then take the stethoscopes out of your ears.

Take a minute to bring your attention into a few slow breaths expanding out to hands touching the stethoscope, and then to feet on the floor, back against the chair your body as a whole, slowly becoming aware of the space around you and bring your attention back into the room.
Take a moment to reflect on what you experienced. (Pause…)

(iii) Sharing experiences, reflection and discussion.
So now, would anybody like to share what they experienced? What they noticed? If you prefer to keep this to yourself, that's ok too. In this part try and describe the experience as it happened. We can talk 'about' and reflect on this in a few moments.

(Sharing….) Thank you

Finally, having shared some of our experiences would anyone like to reflect on or discuss what happened?

What type of experience occurred?

Is there anything we can take from this that may be helpful in informing clinical practice or our experience of healthcare?

Process 4 - Healthcare Groups online - Invitation to The Heart of the Matter (Stethoscope Contemplation)

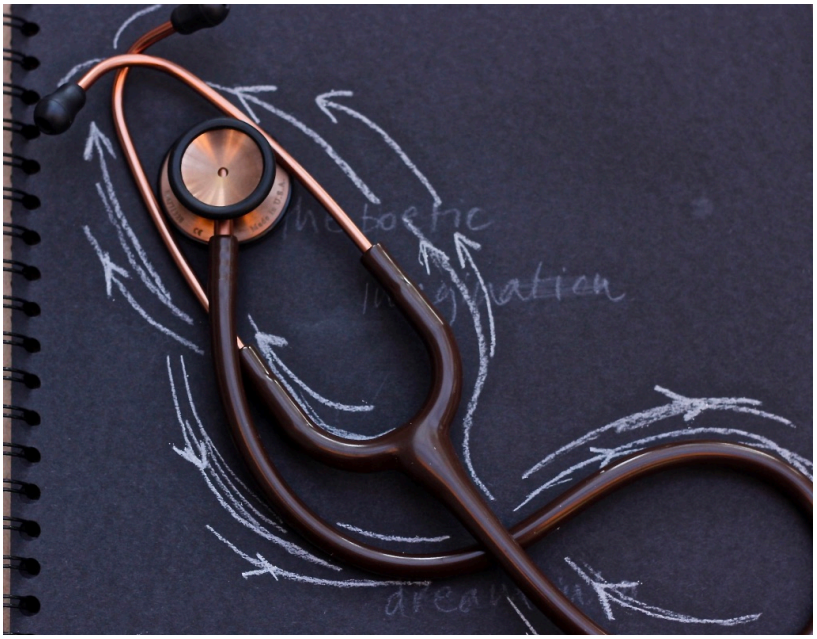
OXFORD BROOKES UNIVERSITY

Faculty of Technology, Design and Environment / School of Arts / Social Sculpture Research Unit

'The Heart of the Matter'
Aesthetic Experience – Sensing & Imagination

You are invited to take part in a short, guided contemplation using a stethoscope.
This will be in a Zoom small group online.

This is one of a series of newly designed participatory aesthetic processes as part of an arts-led PhD research enquiry called, 'From Anaesthetic to Aesthetic in the Clinic.'



We can examine a heart technically, listen to it, measure it and record its mechanical workings. But how about another dimension in our stream of thought? What happens when we listen deeply to sensing and the arising imaginative dimension? This process explores the type of aesthetic experience investigated in this study.

How to participate in this process:

You are invited to take part in this short experiential guided process using a stethoscope. During the online session, there will be a brief introduction including the use of the stethoscope followed by a short contemplation, sharing of feedback, reflection and discussion.

It will be useful to wear clothing that can be loosened at the neck to just below the collar bone.

What is the research about overall?

Medicine is full of emotive and soulful images, not only those we witness with our eyes, but those we perceive with all our senses, including thoughts, feelings, and the imaginative dimension. Overall, this research is to explore, design and develop 'connective aesthetic' processes that increase awareness and deepen attention to this, ultimately in relation to everyday aspects of healthcare.

What happens when we pay close attention to this? Can reflection on 'aesthetic experience' bring deeper insights and link with wider issues and values about caregiving in more connected ways?

Overall, a series of experiential processes have been designed for use by healthcare practitioners, healthcare students and those in related fields for reflection and feedback. Each process includes a short experiential and contemplative component followed by a sharing of reflections on experience and discussion. Sharing of experience is voluntary.

Helena Fox. Oxford Brookes University. Updated March 2021

Heart of the Matter - Stethoscope Contemplation – Zoom Script

Welcome

All have stethoscopes.

Introduction

In this process, we'll be using an example of an instrument involved in everyday clinical practice and emblematic of healthcare whether one is a practitioner or not - the stethoscope.
And again, this process has been adapted for zoom, as always there's an experimental aspect welcoming in curiosity and feedback!

So, before we start the contemplation, we'll take a few minutes now to see how these work.

Using the stethoscope
I'll explain how to use it as all may not be familiar with this.
Don't put it in your ears just yet or…you won't be able to hear me!

Guidance on how to use the stethoscope to listen to one's own heart:

The first thing to do is to take the end of the stethoscope (diaphragm end) and place it in the palm of your hand like this, so that it warms up a bit. Then, at the same time you will notice there are two sides, the flat diaphragm side and a more cup shaped bell side with a small hole in it (most stethoscopes have this, one or two not). You'll be able to turn the tubing like this, to open and close the hole. Please close this hole now.

We are going to listen to our own hearts and before we place the earpieces in, I'll show you where to find a good loud beat.
We'll take few minutes to make sure you can all find this.
First of all, if you feel in the dip of your neck, between the two collarbones there's a V-shaped notch called the sternal notch. Either side of this you will feel the bump of the ends of your collarbones. Let you fingers run over this bump on the left-hand side (slightly side-ways and just below the bump, to the left) dip 1 (between the ribs). Then feel the next bump down, a rib and slip your finger into dip 2 below this. This is a good loud place to hear the heart. Just on the left of the breastbone, the sternum. You may also listen about 2 inches (6cm) below this – you'll also hear quite a loud beat down the left side of the breastbone.

Now coming to the <u>earpieces</u>, make sure they are pointing forward. Some of the stethoscopes are already like this, others will need to be turned and angled forwards a bit so they are in line with the direction of your inner ear. Once in your ears, touch with care or you'll hear your fingers moving loudly on the stethoscope. If you tap the diaphragm now, you should be able to hear it. Place the diaphragm on the area I've just described. Move it around this area a bit until you find a good loud beat. You may need to press reasonably firmly or slightly alter the angle of the earpieces. Let's do this now to check everyone can find it.

(Brief time for trouble shooting)
Has <u>everybody got a good loud beat</u>? **Any questions?**

* * * *

So…
We can examine a heart technically, listen to it, measure it and record its mechanical workings. But how about another dimension to our stream of thought? What are our inner thoughts, feelings, sensations, images, imagination etc? How about wonder and poetic depth? What happens when we pay attention and

'listen' to these in a deeper way? What arises with deeper contemplation? How are our own hearts stirring? This contemplation is an invitation to enter an aesthetic experience in the way we did with the item from nature. So, paying attention to, and becoming aware of our powers of perception and the arising imaginative dimension.

Because we will be listening closely to the heart, and you may not be able to hear me clearly, I'm going to outline the guidance ahead summarised in this slide.

Can you see this?

So as with the 'item from nature' process there are these stages… R E A D S L I D E. This is a guide only, and each part may flow into another, or overlap.

Again, it will be in silence, so everyone will be on mute. It will last about 5 minutes. I'll guide the start including stage 1. and then you can go through stages 2-6 at your own pace, and towards the end I'll speak again and guide you back in. (Lead from the practice)

4 mins….

So, coming back now from anything imagined, back to the heart beat itself …
….and when you're ready, gently taking the earpieces out and transferring your attention to a few breaths….
..and expanding to attention to the whole body breathing now, here as you sit…
Noticing feet on the floor….
Seat on the chair…
Hands om lap or at the desk…
…and widening awareness to the space around you, back into the room...
...and to the screen and the next few moments of this session.

Maybe…as we are coming back…taking a moment to reflect on what you experienced. (Pause…)

(iii) Sharing experiences, reflection and discussion.
So now, would anybody like to share what they experienced? What they noticed? If you prefer to keep this to yourself, that's ok too. In this part try and describe the experience as it happened. We can talk 'about' and reflect on this in a few moments.

Finally, having shared some of our experiences would anyone like to reflect on or discuss what happened?

Is there anything we can take from this that may be helpful in informing clinical practice or our experience of healthcare?

Any comments on the zoom process?

May end with this…or add if there's a silence…. or under the hour…

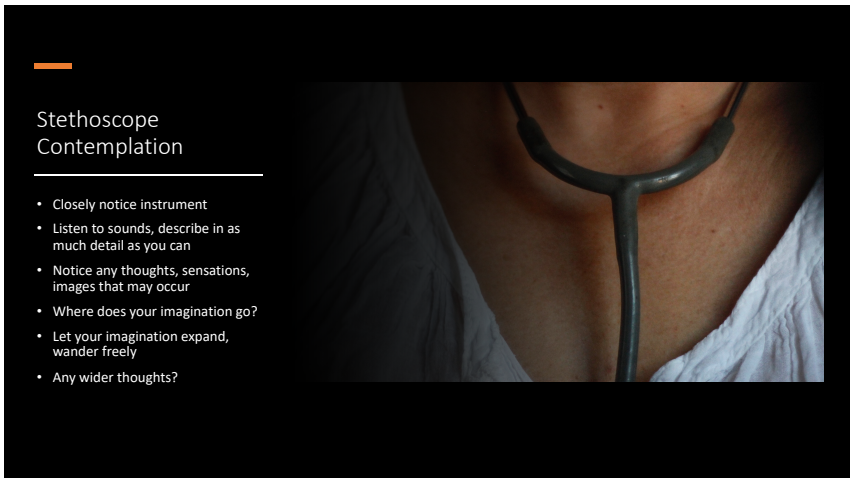
In 'The Thought of the Heart and the Soul of the World' James Hillman (1992) writes about his use of the word 'aisthesis', linking it with the heart:

"We can respond from the heart, reawaken the heart. In the ancient world the organ of perception was the heart. The heart was immediately connected to things via the senses. The word for perception or sensation in Greek was aisthesis, which means at root a breathing in or taking in of the world, the gasp. 'Aha,' the 'uh' of the breath in wonder, shock, amazement, an aesthetic response to the image presented. In ancient Greek physiology and biblical psychology, the heart was the organ of sensation; it was also the place of imagination…The heart's function was aesthetic….The heart's way of perceiving is both a sensing and an imagining: to sense penetratingly, we must imagine, and to imagine accurately we must sense." (Hillman…)

Adapted for Zoom. HF 15 March 2021

Guidance for Stethoscope Contemplation

Guidance Slide



Methods of design and delivery, documentation and analysis:

As described before in the overall format in table 5.2. Stethoscopes were posted to those who didn't own one. In the online session, I gave a brief introduction that included an outline of my design of this process including several images. In the first group it felt quite hard to get the discussion going so in groups two and three I read a short piece of my own lived experience from my reflective journal as part of the poetic intervention.
15 took part in three groups of five (plus each with researcher as participant observer).

Process 4. Stethoscope contemplation - examples 6.12-6.6.15 from healthcare group feedback on links with practice

The patient has a rhythm and the fact that you have a time in order to do what you need to do [food diary work] - their rhythm and my rhythm may not coincide. I am aware of that and irritated by that – but equally I have got a job to do. I need to not push them too far – so it's a conflict. To juggle - for sure **Example 6.12 Dietician** [In trying to get a balance in time given for best practice]	"It represents a connection with the patient – Which may be being lost now with other technology, Now I use it in psychiatry more – when I take a blood pressure, I listen at the brachial artery It's a fairly basic method It is a connection with the patient". **Example 6.13 Psychiatrist**
"This commonality between us Spaciousness from the opening beat Listening to the heart – soft, muffling, resonant, How did my patients feel? It's not just a checklist – [listening to the heart] Did they feel listened to? Like an inner sound A private relationship" **Example 6.14 General practitioner**	[Describing 3 osteopaths holding triplets] "Not a heartbeat– but a sense of rhythm and a sense of tide connected these triplet babies. As a meditative practice But using the stethoscope... ... gave me something to focus on and could be really useful as a meditative tool - bringing attention to listening -we all sit and listen to patients and we do listen - of course, But this is really active listening as opposed to accidental sound - you pick up on certain bits and not on others. This forces you to actively listen. **Example 6.15 Osteopath**

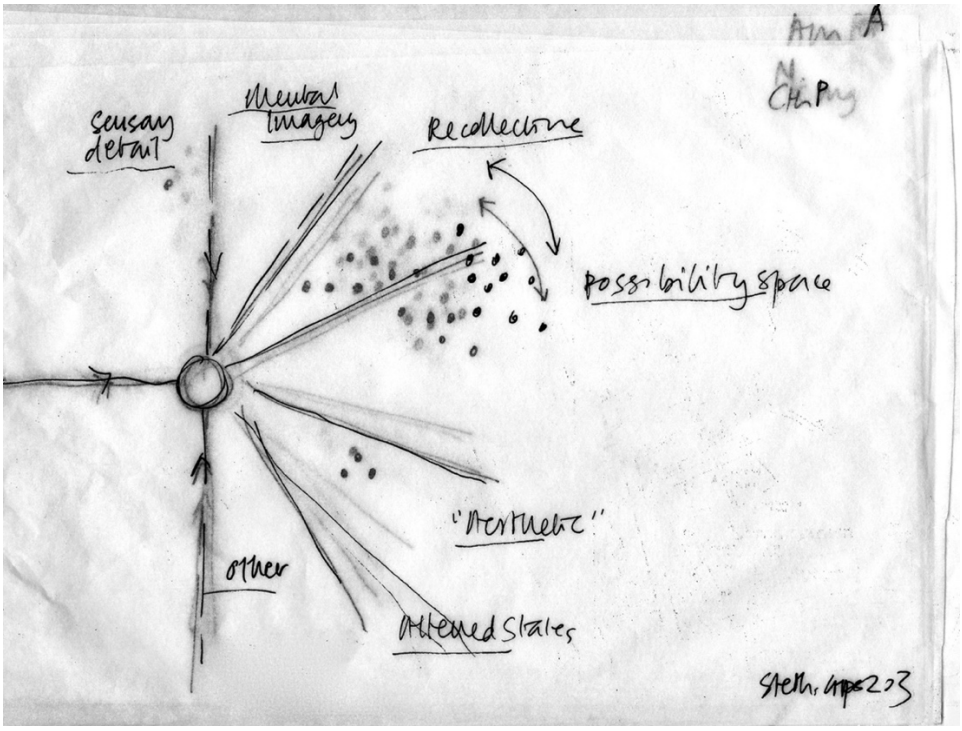
Methods of analysis: As previously described. To simplify the diagram further, participants' words and phrases written in found poem format, were also represented as a dot in relation to components of the imagination from Abraham's framework (Box 7, p91)

Box 10. Examples of connections and links with practice

Example 6.16 Consultant Paediatrician
"What a lovely exposition about the stethoscope and having one's heart listened to and listening to someone else's. It made me think about the act of listening and how it in that moment connects you with the other person, and what an act of kindness and caring it is to devote one's complete attention in that way. It made me think that I should try to be a better listener in other ways too."

Example 6.17 Physiotherapist
"Deep thought level, emotional
The shape in of the figure 8 made me think of a continuous life cycle,
Calming – to think about the life cycle of birth, life, death,
We don't always think about our own heart beating –
If one took a step back in a busy street -
You don't know what all those people with beating hearts are going through – stress etc
Need imagination".

Box 11. Using template from figure 5(e) Quick diagrammatic representation of participants' feedback comments. Drawn on planning paper and superimposed to show feedback of experience at a glance as different components of the imagination. Collective maps for Groups two and three



Box 12. Process 4. Examples of themes of participant feedback from healthcare groups

Examples of feedback comments ranged from appreciative connection with their own hearts, its consistent, and insistent beat, awareness of the value of life, how easy it was to take this for granted as hidden and the transience of life. Connections were made with others - family members with heart issues, participants' own fears about ill health and awareness of the close and privileged connection with patients, the awareness of commonality of humanity between patient and health carer, the need to really listen and understand as a healthcare practitioner and similarly to hope that when ill, their own doctor would really listen to them. Memories of practice came to mind one example was of rushing around in the heat of the Accidents and Emergency department, trying to save lives. One noticed a feeling of status the stethoscope may bring. Wider imaginings such as images of caves, blow holes, waves, steam engines and the connection with other non-human organisms with a rhythm. Awareness of aesthetic experience in this process brought connection with the self, others, the value of life and how the state of the heart can be taken for granted yet is precious and wider imaginings.

Process 5: Corridors of the Mind. Healthcare groups

Methods of design and delivery: This was previously called 'Hospital Corridors' and was the first scoping study where the overall format was described. The series of photographic images was presented lasting about seven minutes, followed by a short meditation on the breath and time for reflection, feedback on experience and discussion. The guidance in this process was minimal as by now all the participants were familiar with this. The script for this process can be seen below.

Methods of documentation and analysis: As before. I aimed to reduce this to be brief and practicable, yet to reveal the richness of the imaginative component. Components of the imagination were shown in the diagram represented by words and then a version with just a dot for each word or phrase assigned to sections adapted from Abraham's categories and can be seen in the text of chapter six. The analysis was done as a quick pen and paper exercise as to which phrase fitted which section best. As Abraham said, there can be some overlap.

Results: Eight took part in one zoom group. Transcripts from all demonstrated that they were immersed in aesthetic experience during the process.

Process 5 - Corridors of the Mind (Hospital Corridors) Healthcare participant invitation

OXFORD BROOKES UNIVERSITY

Faculty of Technology, Design and Environment / School of Arts / Social Sculpture Research Unit

'From Anaesthetic to Aesthetic'

You are invited to view and contemplate on a series of images related to the clinic.

'My eye went in as the sensor, this time I had the camera and kept it as close to my eye as possible, to record what I was seeing and the way I was seeing it…'

How to participate in this process:
During the online Zoom session there will be a brief introduction, a short (7 mins) visual contemplation of a series of photographic images relating to the clinical environment followed by sharing of feedback, reflection and discussion.

What is the research about overall?
Medicine is full of emotive and soulful images, not only those we witness with our eyes, but those we perceive with all our senses, including thoughts, feelings, and the imaginative dimension. Overall, this research is to explore, design and develop 'connective aesthetic' processes that increase awareness and deepen attention to this, ultimately in relation to everyday aspects of healthcare.
What happens when we pay close attention to this? Can reflection on 'aesthetic experience' bring deeper insights and link with wider issues and values about care giving in more connected ways?

This is one of a series of experiential processes that have been designed for use by healthcare practitioners, healthcare students and those in related fields for reflection and feedback. Each process includes a short experiential and contemplative component followed by a sharing of reflections on experience and discussion. Sharing of experience is voluntary. Your feedback is very valuable for further shaping the design of the processes.

Helena Fox. Oxford Brookes University. Updated May 2021

Process 5: Corridors of the Mind (Hospital Corridors) Script. Healthcare groups, adaptation for Zoom

In this process you are invited to view a series of photographic images that were designed as part of a Masters in the Interdisciplinary Arts. Subsequently, this was trialled as part of a scoping study with healthcare workers and allied fields at the start of this PhD.

This is the first time it has been adapted it for online sharing (by zoom). This is because of Covid times. In addition, because of this, I envisage the content may also take on an even more poignancy.

As I mentioned in the introductory talk, bureaucracy and objectivity risk deadening or 'anaesthetising' healthcare practice where human *connection* is at the centre of care and crucial. How do we leave space for the human 'being'?

When I made this piece, I wanted to explore the depth of aesthetic experience *as it occurred* in an environment one would normally ignore or take for granted as a healthcare worker. For example, one may walk down a hospital corridor, or some such place, every day and not even *be* there, as one is already in the next meeting or even in a different time and place altogether in mind. What happens if we *notice at the time?* Can we see in new ways and develop new insights? This may be painful at times, but can it bring us back to being mindful of humane practice, feeling and responding to what our patients need and what we ourselves need to care?

I made this piece at a time when two sets of contrasting images became imprinted on my mind's eye.
Firstly, I accompanied a friend for support who was visiting a very sick relative in hospital. While they spent time talking, I wandered through the hospital corridors where, being neither doctor, close relative or patient - and I had experience in being in all these 'positions' - but in this instance, I had time to reflect in a place of my own neutrality (bracketing).
Secondly, my mind's eye captured my home environment each morning – the tenderness and vulnerability of our surfaces - of human skin, of sheets enfolding our limbs, 'the cool kindliness of sheets' (Rupert Brook) – touch, a book, a ring, the small flaws such as wrinkles, cuts, a bruised thumb, a monogrammed sheet – all revealing connection and life. The contrast between these two sets of images moved me.

Over the next seven minutes I will present a series of images for silent contemplation and reflection. I invite you to notice thoughts feelings, emotions, images and imagination as this occurs and maybe expands.
At the end of the images, there will be a brief pause to focus on your own breath or, if you prefer, another sensation such as feet planted on the floor, or on hands and also a moment to reflect in silence.
I'll guide you through this and then there will be time for sharing what occurred.
Questions and discussion after. As in previous processes. Optional example of the making process can be given:

'My eye went in as the sensor, this time I had the camera and kept it as close to my eye as possible, to record what I was seeing and the way I was seeing it.

I am a capturer of images rather than a photographer. Certain images seize me, bring me up sharp, mark me curious. Those that are poetic and a little strange. I stick with them and re-view them in my mind, noticing closely. In this way, they inhabit me and I them. Through this form of dialogue, deeper and hidden meanings may emerge. Can these images also act as a vehicle for the imagination and reflection of others?'

Experiences – what happened?

Reflection including:

Did these images evoke and experience that could be immersed in more than talking 'about'?

What can this type of aesthetic awareness bring to practice?

Other comments/discussion

Updated from MA and early PhD work and adapted for Zoom

HF May 2021

Box 13. Process 5. Examples of connections and links with practice

Example 6.18 General Practitioner
"I recognise that we are seeing through your eyes but what I reflect on is that there's more to see than I notice – it acts as a prompt to me to look more".

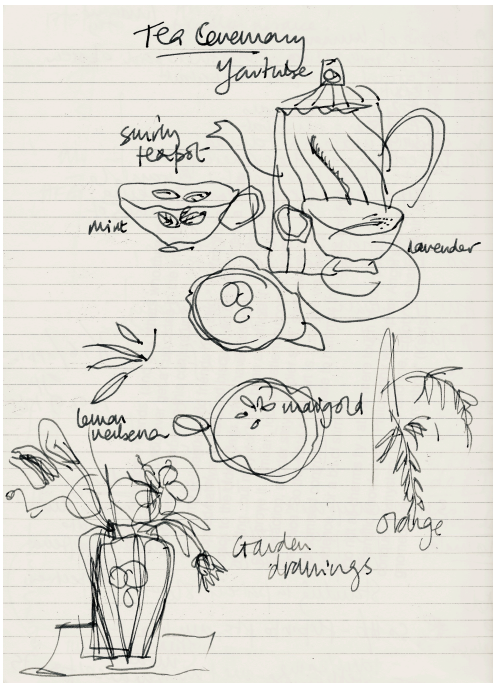
Example 6.19 Psychotherapy researcher
"Looking at these images, I felt cold
Artificial, everything in order, very clean, all in order
But not a normal life.
No chaos or randomness or warmth,
Strong white light – always makes me uncomfortable,
I like a warm light.
What else?
The net – I didn't understand its purpose? Safety?
Sheets - many shades of white, easier to connect with them
A variety of experiences people have during their stay in hospital – or maybe in their entire life,
So, that expands my imagination –
It's like a margin of a page that has been written full of that person's life, yes.
That was my experience.
Everything seems amplified in the hospital environment
Steps, times, smell
Everything seems to be larger than real life.
Feeling of time – hospital space, mono-colour, simple way of design – purposefully delay – feel time is frozen to some degree there.
....
I only realized later how hard it is to create aesthetic experience in a hospital! And for that very reason, how precious those thoughtful touches are..."

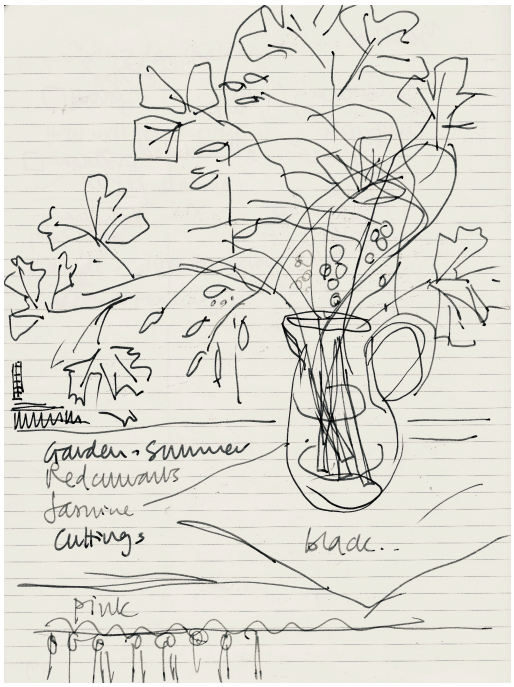
Process 6: Tea Ceremony for Ward Rounds

(i) First-person exploration.

Methods of design and documentation: I slowed the video down to watch and closely notice the tiny happenings during this action. This included arrangement of material aspects such as the china and linen as well as pouring and offering the tea with care, warmth, gentle placement of china or carelessness such as slopping tea, clunky and clattering noise. I could see tiny actions that added to or detracted from taking and offering care. Following my thoughts and imagination, I wondered, 'what if' and 'how might I' design a contemplative process to share with others.

Process 6. Tea ceremony for ward rounds. First-person design images


Tea Ceremony
Yantuse
swirly teapot
mint
lavender
lemon verbena
marigold
Garden drawings


Garden - Summer
Redcurrants
Jasmine
Cuttings
black..
pink

Process 6. Tea ceremony for ward rounds. Pilot study

(ii)Pilot studies.

Methods of design and delivery: From this, I imagined a contemplative process for others to share that could bring attention to the details of taking care with respect, thoughtfulness, giving and receiving care, in the relationships between each other. And how could a process be designed to embody this itself?

Designing a portable piece that fitted into a doctor's Gladstone bag, I took care with crockery, linen and fresh teas. The aim was to discover what would happen for other participants sharing this experience in a group process. Could this simple action including a contemplation and close noticing bring awareness to expansive aesthetic experience for reflection on care giving?

A pilot process was shared with groups of PhD contemporary artists, face-to-face, pre-covid. I took care setting a table for my 'guests' using fine white bone china cups, saucers, teapot and hand-embroidered linen. I carefully chose 'materials' from home and recycled from charity shops. This added an attractive and poetic 'twist'. For a seasonal link, (as in the Japanese tea ceremony), I added fresh garden herbs as the 'tea'. I was aware that some participants may not want a caffeinated drink. I had no control over the evening sun and it coincidentally slanted in low through the windows during the piece, so the translucency of the china cups added considerable beauty.

I guided the process lightly, simply inviting participants to contemplate the experience of taking tea together. I filled the teapot then invited them to share by offering it to each other as wished. I offered the first cup, then others followed suit. After this, they were invited to share their experience and reflections in feedback, followed by discussion.

Methods of documentation: I noted down their comments as in other processes. A few photographs were taken at the time (below), but I felt this felt false and intrusive during the process.

Methods of analysis and results: Afterwards I reviewed my notes against my brief checklist of components of aesthetic experience (can be seen above in Process 1 - Healthcare groups) to see if this had been activated.

Eight postgraduate artists from a regular PhD study group in the multidisciplinary arts took part. Of these, six participated and two chose to observe. All gave feedback relating their experience. In total, there were 32 comments over 10 minutes.

There was a slowing down into the experience. Participants began to offer and make tea for others, some mixed the herbs, others savoured the individual flavours. Smalltalk, developed into further conversation. Examples of reflections from the group included: "We were just having a cup of tea (fresh herbs), no caffeine to

wake us up. Yet this can lead to what carries people through, to important conversation. Just being here together – a sense of community," and "It's the intention that counts (offering tea to each other) - it broke through all the sediment of the logical daily mundane stuff."

Box 14. Pilot feedback

These included: a 'spiritual' feeling; the enjoyment of personal daily rituals such as making coffee in a certain cup described as 'space' for a quiet contemplative time; the enjoyment in handling the 'materials' – 'using bone china cups and hand embroidered linen is unusual now'; respect, care, welcome and hospitality were sensed and felt to generate calm. The ceremonial aspect and materials gave a feeling of care taken for the participants. The use of plants from my garden gave a feeling of 'being special.' One person felt slightly uneasy about the 'precision' of the British tea ceremony and preferred to observe, another preferred the certainty of 'what was expected' in the Japanese tea ceremony with which they were familiar yet here was comfort in cupping the warm teacup in hand.

Slides used to show pilot group images and summary

Care, share, offer, receive

Practice demonstrates…

The 'Tea Ceremony' is experiential, relational and includes the opportunity for aesthetic appreciation. It provides a micro-environment to experience many of the competencies needed to be an empathic doctor. It's also refreshing, revitalising and can be bonding and connective for teams.

(iii) Healthcare groups

Methods of design and delivery: The overall format was as previously described in table 5.2 (b) with the set up as in the pilot above. The invite (below) contained a quote including a question about sharing a few moments like this in the workplace. The brief introduction in the online process described some details from the design stage including a couple of images. Next, participants were invited to make a cup of tea in silent contemplation in their own kitchens whilst noticing what they sensed and what arose in imagination and recollections of making and sharing tea at work. Then returning to share their drink on zoom, to reflect on the process together, with feedback as before.

Methods of documentation: As in table 5.2 (c). They were also asked to reflect on whether any aspects of this process were of value in relation to their work practice.

Methods of analysis: As in table 5.2 (d). Here awareness of sensory detail and the imaginative dimension also brought themes of care to mind.

Results:13 participants chose to take part in two separate groups (of six and seven) along with the researcher as participant observer.

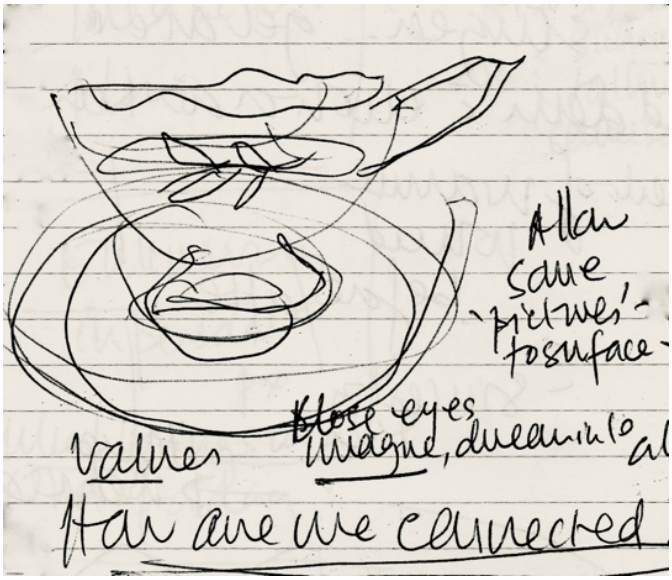
Box 15. Examples of feedback from healthcare group

Example 6.20 Senior Nurse

"Also, about 'accepting' a cup of tea. My own experience in my nursing career - doing a bereavement visit when you've been involved in the family in the community for months. Often at the visit the first thing they say will be. 'Can I offer you a cup of tea' and it's almost rude to say, 'no, I'm alright thanks.' What I think would be much better would be to say, 'that would be lovely' and to sit down and accept the cup of tea so you are there sharing the moment, it's not just a cup of tea".

Example 6.21 Psychotherapy researcher

"Tea drinking is more about work-place culture, social contact with colleagues. Tea tables outside in the yard, under the jacaranda tree and purple flowers. Very, very beautiful. People just liked to hang out there the whole morning talking about work. Our work was about talking to other people. More like a work method to drink tea, coffee, discuss ideas".



Process 6: Tea Ceremony for ward rounds: Invitation for Healthcare groups to online process

OXFORD BROOKES UNIVERSITY

Faculty of Technology, Design and Environment / School of Arts / Social Sculpture Research Unit

'Tea Ceremony for Ward Rounds'

You are invited to make and share a cup of tea for a zoom contemplation.

'We might have stopped half-way through for tea and biscuits…so old fashioned. It may have been good for team building but maybe not an efficient use of time, I can't prove it by seeing patient outcomes…yes, the staff may have been happier and kinder...if the tea was nice…'

How important is aesthetic experience when sharing a few moments like this in the workplace?

How to participate in this process:
Please bring a cup and saucer, or mug of your choice that is related to a moment's break in your working day in some way.
After a brief introduction on Zoom, there will be a few minutes in the session to make a drink in your own kitchen. We will bring the drink back to share this together in the zoom group. This will include a short contemplation followed by reflection.
What is the research about overall?
Overall, this research is to explore, design and develop 'connective aesthetic' processes that increase awareness and deepen attention to this, ultimately in relation to everyday aspects of healthcare.
What happens when we pay close attention to this? Can reflection on 'aesthetic experience' bring deeper insights and link with wider issues and values about care giving in more connected ways?
This is one of a series of experiential processes that have been designed for use by healthcare practitioners, healthcare students and those in related fields for reflection and feedback. Each process includes a short experiential and contemplative component followed by a sharing of reflections on experience and discussion. Sharing of experience is voluntary. Your feedback is very valuable for further shaping the design of the processes.

Helena Fox. Oxford Brookes University. Updated April 2021

Process 6 - Tea Ceremony Script for Healthcare groups. online Zoom May 2021

Welcome. *Does everyone have a cup, mug etc?*

I'll give a brief introduction and background to this process then we'll enter the process.

Introduction
As you know, all the processes are designed to offer an opportunity to *slow right down* and *enter* an experience, paying *close attention to sense perception and the arising imagination and* so raise aesthetic awareness. Followed by a *space for reflection* on this and *what it my bring to practice.*

Background
In her book on 'Everyday Aesthetics', Saito states that aesthetic awareness of small everyday actions is 'not inconsequential…and can *affect daily life, the state of society* and *the world'* (Saito 2007 p55). She calls this *'the power of the aesthetic.*' Care taken in *everyday actions* embodies a *'respectful attitude…and the sensitivity for the wellbeing of people* (Saito 2007 p95)..and 'is a way of *expressing moral virtues and values of care'.*
In previous processes, we've explored how closely noticing sensing gives rise to an expanding imaginative dimension. In the contemplation with the item from nature it was possible to see how rich this aesthetic experience was and that it could possibly be a resource for new insights. This way of noticing was extended into everyday events in the clinic such as walking down a corridor, reading a sample of medical data, using the stethoscope…and noticing in mind what occurs beyond habitual thinking.

Slide 1. – Can you all see this?
This piece is called **Tea Ceremony for Ward Rounds**

Saito gives the Japanese tea ceremony as an example of expanding attention to detail and care in an everyday process. And we have a British tea ceremony….
Furthermore, there was a time when we used to stop for tea in, or after our ward rounds, or as part of our work, and share a short break with our colleagues in the team. But this seems to be a lost practice. Rushing in with a disposable paper cup, sucking through holes in the lid whilst some of the team have nothing appears to be more common now - insular and disconnected.
Yet, the work we are doing is often depleting. How can we stay refreshed, connected, attentive and 'present' for others whilst busy 'thinking' about our tasks and problem solving?

Could something be gained by retaining an opportunity such as sharing a tea or coffee break and through our interactions, refresh caregiving?

Slides 2-6 (These images are shown above in first-person methods)

In the face-to-face version of this process, the tea ceremony is laid out for participants when they enter. There is a choice of teas including various fresh garden herb teas (e.g. lemon verbena) and they are invited to serve and drink tea – and then they start offering it to on another….

Slide 7 - Guidance for process

Tea Ceremony

1. Making - 10 mins. Silent contemplation. Noticing; sensing & arising imagination in present moment and work
2. Sharing on zoom – still noticing
3. Reflection

The process:

1. Making the drink (in own kitchens) 6 mins. Silent contemplation - noticing sensing and arising imagination in present moment and expanding to work recollections.
2. Sharing the drink (on zoom) and moving into…
3. Reflecting together.

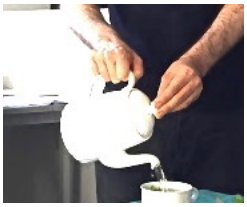
Feedback and links with care at work

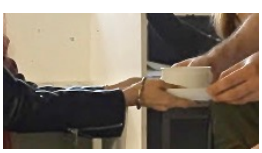
1. Reflections in experience first
2. Could something be gained by retaining an opportunity such as sharing a tea or coffee break to refresh caregiving through our interactions? As with Saito's views on 'aesthetic welfare' could paying attention to aesthetic experience in this way be linked to our values in the healthcare environment?

Slide 8 – my view so far…(images combined from pilot above)

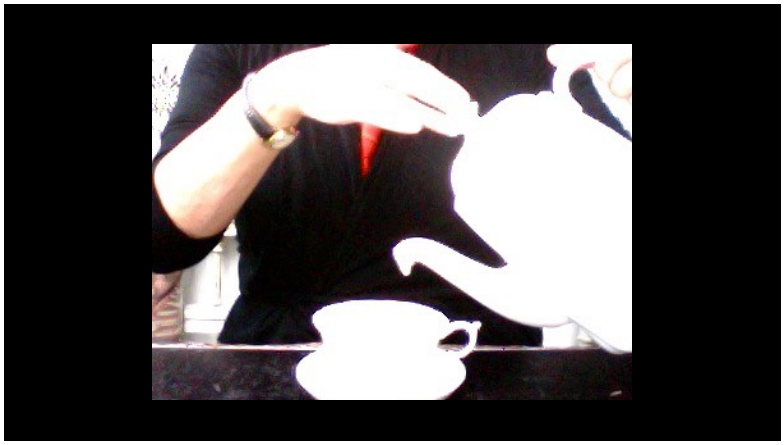
Care, share, offer, receive

A micro-environment to experience many of the competencies needed to be an empathic healthcare practitioner. It's also refreshing, re-vitalising and can be bonding and connective for teams.





Slide 9 - **Concluding**



Updated May 2021

Box 16. Two additional processes

Two further processes: A process called **'Gathering substance: Picturing a Day'** was tried. Participants were asked to review aspects of their day in list form and then visualise these to re-enter and closely notice further detail of what was sensed and imagined at the time. In short, the process was too verbal, too directive by the researcher and disconnected from direct experience. As a result, the design of further processes immersed participants in action so they could observe aesthetic experience as it arose.

Transferential Asylum Derive. This process was successful in a pilot study face-to-face participation. It was a form of derive that required participants to walk around the art school using a map of a Victorian Asylum. However, it was not felt suitable for the online processes as the researcher could not be aware of the actual space and safety of each participants' location, nor their emotional reaction during the derive. This could be developed in further research but is not described in detail here.
This arose out of a series of walking practices that have not been described here.

Portfolio of other presentations and papers given related to practice[29]

A list of scoping study presentations can be seen in PoP5. Other presentations are given here:

July 2014, Art of Compassion conference, Southampton. 'From Anaesthetic it Aesthetic in the Clinic: An arts-les inquiry into the role of connective aesthetic practices for enabling more attentive, compassionate delivery of healthcare'

November 2019. Advanced Studies Conference, Aesthetics in Mental Health Network, Sigmund Freud University, Vienna: 'Vitality and Wellbeing - Aesthetic considerations, concept and clinical practice'
Paper given entitled, 'Sense perception and imagination: Can the capacity for aesthetic awareness bring new vitality and personal sustainability to clinical work? An arts and practice-based approach.'

December 2019. Contemporary Arts Research Unit Annual Conference: 'What does it mean to research through Art?' Oxford Brookes University. Paper given

March 2020, The Faculty of Technology, Design and Environment's Research Methods Festival
Oxford Brookes University. Presentation: 'Close Noticing and Connective Aesthetics in the Clinic' Aa arts and Practice-based across discipline inquiry - Work in Progress'

August 2021 www. socialsculpturelab.com online, Kassel-21 exhibition - 'Connective Aesthetics in Medicine: Inspired and Informed by Social Sculpture How has the contemporary field of Social Sculpture inspired and informed my practice-based PhD research?'

August 2021 Online discussion forum, Kassel 21-Survival Room - outline of presentation based on three key words for future development in Social Sculpture in my field of research:

Aesthetic experience, Possibility and Sustenance:
Three areas for the future are related to the capacities for aesthetic awareness everyday clinic work

Key words/terms important for future working: (1) Capacity for aesthetic experience (sensing & expansive imagination); (2) possibility that can arises from inspiration & creativity; (3) Sustenance - human (through empathic human connection).

I am going to speak from my own fields of work between Medicine and aspects of Social Sculpture. This could equally apply to any organization where human connection is central. Here I will focus on human connection and of course humans are also in relationship with other beings and the environment. This short piece is only an outline.

[29] Not previously mentioned in Portfolio

"Art. You can do that in your spare time", my mother said when I was 18 years old and applying to medical school. "In Medicine, you have no spare time," I replied over 30 years later. But I had not yet fully valued my own inner world as studio space and time that had been present all along. Moreover, this was full of 'material' that I had been gathering. This material was invisible, yet a store of clinically related experience: thoughts, feelings, images, imagination all banked over the years - aesthetic experience that could be considered as 'form.' This had felt unimportant - at risk of being too subjective including poetic imaginings that felt very far from being the seeds of inspiration, actual creativity and outward possibility.

However, through the field of Social Sculpture, I came to value the transformative power of connecting with this inner aesthetic experience and I thought it had potential for use in the clinic as a new way of 'seeing' alongside traditional, objectified medicine. I began to think that this knowing through sensing and imagining was a capacity that may bring vitality, wellbeing, inspiration and personal sustainability to clinical practice. It could link paradigm continents of more fixed objective reductionism with aesthetic and poetic ways of knowing. By exploring with connective practices, I found that this inner aesthetic experience had been present in me all along and was already woven into aspects of my medical work. Now, my research continues at doctoral and transdisciplinary level in a practice-based arts PhD.

As a doctor working in mental health, I continued to paint in the little spare time I had. However, I wanted to stretch my artistic thinking beyond evening classes, copying and being a good draughtsman. Questions of my own were surfacing which I felt the need to explore more deeply at Masters and Doctoral levels. Something about the inner landscape. Inner and its relation to outer.

Now, I've worked in medicine for 40 years and in healthcare have experienced the numbing effect of constantly working under pressure, endless facts and competencies to be checked, little time to reflect, increasing bureaucracy, working as the computer interface, evidence-based objectivity, governance, risk assessment, resource management, whistle blowing etc. But amidst the importance of these where is the space for the human 'being' – patient and doctor alike? (and we can be both). And where is the space for intuition, imagination, and inspiration from the capacity for being aware of aesthetic experience? How does novel thinking or being emerge? The terms being the 'attending physician' and 'the art of medicine' have fallen into disuse.

In my arts-based research working in aesthetic mode, my methods include small acts of noticing related to everyday work in the clinic - looking, hearing, touching, re-enacting, recording often in a contemplative, meditative way and making participatory group processes for activating sensing and the imaginative dimension (aesthetic experience).

I have found that feedback may bring to light hidden, ignored, or denied deeper meanings that may emerge in an enlivened way through this deep sensing and that the imaginative dimension is expansive, rich and may bring ideas and possibilities for new ways of working – inspiration.

I have learned to value my capacity for being aware of noticing how perceptual and imaginal thought that arises in me and moves me; of how this can happen at the same time as appropriate with objective clinical practice; and how sharing this experience with others connects us more deeply with empathic imagination, deeper insights, understandings and possibilities of new ways of practice. In this field it is at risk of being lost. In summary, from my field, three areas for the future are related to the capacities for aesthetic awareness, the inspiration and possibility this brings with opportunity for creative action and human sustainability.