

Living Stories: An Arts-based, Relational Research Framework Directed To Transformative Change In Healthcare

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From “mirroring” to “making” ... finding our way, *poetically*

Over the course of our careers we have both found ourselves drawn to explore something somehow beyond our grasp, which we have often found difficult to explain or articulate. Chafing at the constraints of a modernist research paradigm directed to illuminating what is “true” (Gergen, 2015), we have, time and again, found ourselves challenging accepted understandings and unexamined assumptions at the margins “of things” ... which led us to explore more creative, participatory approaches to inquiry, and find our way to each other!

Shotter (1998) has argued that becoming aware of the usually unnoticed background flow - within which we relate to others and our surroundings, and experience our lives through others and otherness - offers an opportunity for the development of new understandings. Recognizing that our responsive actions are inherently relational and creative, he suggests “that it is in the functioning of the poetic and playful, the singular and disorderly, in the only once occurrent event, that we can originate utterly new forms of life between us” (p. 34). Further, he writes that “aspects of this previously ignored, everyday background of activity can be brought to our attention, and characterized - from within the activity itself,” through *poetic* methods (italics added) having “to do with novelty, with processes of creation {Gr. *poiesis* = creation}” (p. 34).

Pakes (2004), among others, has noted that art is generally recognized as a means of making available “a distinctive kind of knowledge not available in other domains and inaccessible to other (more traditional) modes of enquiry” (p. 1). For example, Bakhtin (1984) observed that art contributes to the “seeing and discovery of something new in life” (p. 30), (that artistic form) “does not shape already prepared and found content, but rather permits content to be found and seen for the first time” (p. 43). Likewise, Shotter (2016) suggests that “in their expressions, in their ‘works’” artists attempt to “arouse in us momentary movements of feeling within which we can ‘get an anticipatory sense’ of how our expressions can bring the structure of our circumstances to light, (which) can work to *characterize* the nature of our circumstances, while our circumstances can bring the *meaning* of our expressions to light ... a step-by-step process of mutual illumination” (p. 149).

Toward an aesthetic, relational framework for healthcare research

In 2015, concerned about limited awareness of the lived experience and significant challenges faced by those impacted by head and neck cancer, both within and outside the healthcare system [1], we serendipitously developed a relational, arts-based approach for illuminating the myriad of struggles and emotional challenges faced by patients and their family members through their treatment and recovery journeys [2]. To enhance understanding, catalyze support, and shape the contours of a better world for those whose lives have been impacted by head and neck cancer, we embarked on a collaborative, arts-based project we called “see me, hear me, heal me” (see www.seemehearmehealme.com) [3]. Core aspects and principles informing our arts-based, relational research approach are listed below:

1. **Relational, social constructionism as a guiding perspective.** Recognizing that social and cultural processes both inform and constrain what is known and can be experienced, and that insight and understanding develops and evolves through dialogic processes, we aim to develop new meanings and understandings that support the emergence of new possibilities, and new evolving realities (McNamee, 2010, 2014; Raboin, Uhlig & McNamee, 2012).
2. **Inquiry as embodied, transformational intervention.** Inquiry approaches and processes are directed to realizing generative outcomes and catalyzing transformational change to create a better world (Gergen, 2015). Inquiry is aimed at promoting awareness and responsiveness to unnoticed or unacknowledged aspects of the lived experience of illness and disease, leading to new meaningful understandings, enhanced relational capacities and responsiveness, and construction of new practices. Aligned with Shotter's (1998) social poetics, methods focus on coming to know "from-within," or "immediate, embodied, first-person, responsive reactions" (p. 38; also see Katz & Shotter, 1996).
3. **Triadic, co-researcher collaborative structure.** Founded on a participatory, triadic, co-researcher structure, encompassing patients/family members, noted and emerging contemporary artists, and health researchers. This triadic structure is informed by interconnected, fluid roles and interdependent relationships, supported by respectful relational processes. Mutually respectful, reciprocally influencing relationships built early on, continue to develop over time.
4. **Co-created, evolving, reflexive arts-based inquiry approaches and processes.** Contemporary art practices, along with other methods and approaches selected or uniquely crafted to best meet the aims of the inquiry. Breadth of expertise, perspectives and experience across co-researchers supports a greater collective intelligence, or "communal rationality" (McNamee, 2014) that informs evolving processes and novel approaches. Ongoing, open, democratic inquiry processes offer a space for dialogue and exploration across difference.
5. **Creative, multi-faceted, future-forming approach to sharing inquiry outcomes.** Contemporary artwork created to draw attention to not-before-noticed aspects of the stories out of which they are created to evoke reflection on, inquiry into, and imagining of other possible worlds and better futures. Art exhibitions provide a dynamic means for engaging multiple, diverse audiences. Project websites, scholarly publications and presentations, dialogue events of various kinds, media coverage, etc. provide portals for dialogue, new insights and enhanced understanding, and change.
6. **Expanding matrix of relationships.** Relationships with a wide range of individuals and organizations continue to develop over the course of a project, helping to build awareness of, and expanding the reach and impact of the project through new opportunities for sharing and dialogue. We also recognize the opportunity to support the development of relationships between individuals and organizations *across projects*, oriented toward inspiring new narratives of belonging, and understanding of relational being (Gergen, 2009).

Arts-based, relational research: Social poetics and transformative change

Shotter (2016) states "we cannot begin our inquiries into how to act for the best in our lives from 'good ideas', or 'concepts', or knowledge' we already possess. Citing Hannah Arendt (1959), he suggests that such an approach "leads to our being imprisoned within 'the limitations

of patterns [we ourselves have] created (p. 261)” (p. 150). Although “information transmission,” or assumed direct representation of an entity corresponding to a predetermined ideal, was never an option, “see me, hear me, heal me” helped us appreciate that the transformative potential of our inquiry was realized - in large part - by the inherently open, *relational* nature of contemporary art. Pakes (2004) describes the work of art in relation to its ability to “move us beyond a subjective reflection on themes by artist and viewer and towards a common participation in the work’s play-structure, which in itself has the potential to reconfigure perception and the world” (p.xx). Likewise, Heidegger (1971) viewed the visual indeterminacy of artistic creations as providing a means for ontological transformation, pointing to possibilities through non-objective (non-scientific) thinking inspired by inclusion of the “alien in the sight of the familiar that surprise, estrange, or mystify” (p. 226). According to Robiadek (2016), for Heidegger the more “‘open’ a work, the more it prepares its interlocutors to be ‘ready for the unforeseen’ by extending inquiry into the unknown” (p. 390). Robiadek refers to Heidegger’s appreciation of the power of art in provoking reflection on, inquiry into, and interpretation of phenomenon, and thus its “potential to transform human existence ... (by pointing to) possibilities for communal relations to change” (pp. 390-391; also see [4]).

By challenging accepted understandings and traditional boundaries through the visual literacies and practices of contemporary art, we continue to work to enhance understanding and responsiveness to those impacted by head and neck cancer, through relational, aesthetic means. In relation to outcomes, the stories of patients and their family members, translated through contemporary art media and practice, has comprised the heart of our “see me, hear me, heal me” project. Following from this, a significant outcome, of course, includes the powerfully evocative artworks created by artist co-researchers on our team, which offer an opportunity for aesthetic, embodied responding to the lived experience of head and neck cancer. To date, exhibitions of *FLUX: Responding to Head and Neck Cancer* organized in Edmonton, Alberta (Canada), and Chicago, Illinois (USA) have been viewed by nearly 10,000 people. Additional international exhibitions are planned. A book/ catalogue is currently in press (Brett-MacLean & McTavish, 2019). Many of those who participated as co-researchers - artists, patients and researchers - contributed essays to this text, offering additional openings for reflecting on, and responding to, new understandings regarding the possibilities of arts-based, relational research. As the project progresses, emergent invitations and opportunities continue to inspire us to direct our efforts to achieving increasingly ambitious goals.

This inquiry has transformed us all. As valued team members, co-researchers with lived experience of head and neck cancer reported a growing sense of empowerment in their roles, and shift in self-perception from being “a patient” to being “an advocate.” Over the course of the inquiry they developed a support network and participated in regional research priority setting exercises, among other activities. Artists involved in the inquiry, appreciated having an opportunity to learn about the lived experience of illness directly from patients and family members. Health research collaborators reported heightened appreciation of, and sensitivity to the significance of relational processes, and collective, relational capacities as a complement to individualist-focused “patient engagement competencies.” ... Recognizing that it is difficult, to comprehensively inventory outcomes of our “see me, hear me, heal me” project, we anticipate the outcomes that have been, and continue to be, realized will be both beyond measure, and imagining.

“Opening to” ... *Living Stories*

Inspired by the success of “see me, hear me, heal me,” we recently introduced *Living Stories* as a research framework that we hope will inspire other similar projects both at the University of Alberta and elsewhere - yet another generative outcome of this collaborative project!

Like “see me, hear me, heal me,” *Living Stories* offers a research approach aimed at helping to foster, or provoke enhanced understanding and responsiveness to hidden aspects of the lived experience of illness and disease. Aligned with Shotter’s (1998) social poetics, the *Living Stories* research framework aims to open to an attentive, slowing down of meaning making, through the process of recognizing and responding to “arresting” or “striking” moments that help one to reflexively see things anew, both as we respond to each other, and through responding to diversely rendered artworks, created through relational processes. *Living Stories* recasts health research as a human-centred, aesthetic, relational process that can lead to new, responsive “forms of life” and better futures.

We welcome others interested in learning more about our experience, or who may be interested in adapting our *Living Stories* framework for their own relational, research projects to approach us, or simply move forward in exploring their own questions. It is our hope that outcomes of these inquiries will not only enhance awareness and responsiveness to the needs of patients and family members, but will also inform patient-centered research, and “make new forms of human being/ becoming possible” (Shotter, 2016, p. 153).

We look forward to how things will continue to evolve!

Endnotes

- 1 - Given the highly visible location of the disease around the facial area and the high proportion of late stage diagnoses, individuals diagnosed with head and neck cancer often experience disfigurement, even after multiple restorative surgeries, as well as physical impairment requiring ongoing rehabilitation, which all too frequently results in psychological disturbance, social disturbance, and isolation.
- 2 - In addition to our interest in ways visual metaphoric language and artistic processes can point to subtle, layered, often conflicting aspects of illness experience, several emergent trends led us to explore the potential of a relational, arts-based inquiry approach for informing and catalyzing transformative change in healthcare. First, recognition of the expertise of artist-researchers, and contributions of *research-creation* in advancing understanding of individuals, groups and societies (Picard-Aitken & Bertrand, 2008) has led to an expanding body of collaborative, interdisciplinary inquiry into medicine and complex aspects associated with the experience of health, disease and disability. Second, within the domain of health research, recognition of insights afforded by exploration of embodied subjective experiences of illness has led to increased interest in both arts-based inquiry (e.g., Fraser & al Sayah, 2011), and patient engagement (e.g., Carman, Dardess, Maurer, et al., 2013). In relation to patient engagement, it has been suggested that “by encouraging a diversity of patients to tell their stories, new themes may emerge to guide research” (CIHR, 2014, p.6); however, tokenistic, prescriptive and instrumental approaches to patient engagement have been identified as concerns (Deomecq, Prutsky, Elraiyah, et al., 2014). In addition, the emergence of communities of scholarship “that find value in beliefs, assumptions and standards centered in relationships and co-participatory engagement” (Raboin, Uhlig, & McNamee, 2013; p.7) has led to recognition of *relational*

research as an emerging social construction research paradigm in healthcare and other research domains (also see McNamee, 2010, 2014).

- 3 - “see me, hear me, heal me” team members, all recognized as co-researchers, include:
Researchers: Minn Yoon (Lead), Pamela Brett-MacLean (Co-Lead), Lianne McTavish, Suresh Nayar, Jana Rieger, Helen Vallianatos; Patients/ Family Members: Ken, Leslie, Bernie and Pat, Kim, Sharon; and Artists: Ingrid Bachman, Sean Caulfield, Jude Griebel, Jill Ho-You, Heather Huston, and Brad Necyk, with Bahaa Harmouche and Kyle Terrence (see www.seemehear-mehealme.com).
- 4 - Robiadek (2016) outlines Heidegger’s understanding of artistic thinking by contrasting it with his understanding of modernist, scientific thinking. For Heidegger, scientific thinking objectifies and delimits understanding of an entity in advance. It does not recognize alternatives; that is, an entity “is no longer considered according to its possibilities as possibilities; as having incalculably manifold aspects; or, as embedded in a referential context of significance” (p. 368). In contrast, thinking evoked by art works, or artistic thinking, is non-objectifying; rather “it is meditative, responsive, or inventive in pointing-out entities as intelligible in manifold ways, full of possibilities” (pp. 388-389).

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References

- Bakhtin, M. (1984). *Problems of Dostoevsky’s poetics* (C. Emerson, Trans.). Minneapolis, MN: University of Minnesota Press. (Original Russian publication 1963).
- Brett-MacLean, P., & McTavish, L. (Eds.) (2019). *Art+medicine collaborative practice: Transforming the experience of head and neck cancer*. Edmonton, AB: University of Alberta Press.
- Carman, K.L., Dardess, P., Maurer, M., Sofaer, S., Adams, K., Bechtel, C., & Sweeney, J. (2013). Patient and family engagement: A framework for understanding the elements and developing interventions and policies. *Health Affairs*, 32(2), 223-231.
- Canadian Institutes of Health Research (CIHR). (2014). *Strategy for patient-oriented research: Patient engagement framework*. Retrieved from <http://www.cihr-irsc.gc.ca/e/48413.html>.
- Domecq, J.P., Prutsky, G., Elraiyah, T., Wang, Z., Nabhan, M., Shippee, N., Brito, J.P., Boehmer, K., Hasan, R., Firwana, B., Erwin, P., Eton, D., Sloan, J., Montori, V., Asi, N., Dabrh, A.M A., & Hassan, M. (2014). Patient engagement in research: A systematic review. *BMC Health Services Research*, 14(1), 89. Retrieved from <https://doi.org/10.1186/1472-6963-14-89>.
- Fraser, K.D., & al Sayah, F. (2011). Arts-based methods in health research: A systematic review of the literature. *Arts & Health*, 3(2), 110-45.

- Gergen, K.J. (2009). *Relational being: Beyond self and community*. New York: Oxford University Press.
- Gergen, K.J. (2015). From mirroring to world-making: Research as future forming. *Journal for the Theory of Social Behaviour*, 45(3), 287-310.
- Heidegger, M. (1971). "Poetically man dwells." In *Poetry, language, thought*. Trans. A. Hofstadter. New York: Harper & Row., pp. 213–229.
- Katz, A.M., & Shotter, J. (1996). Hearing the patient's 'voice': Toward a social poetics in diagnostic interviews. *Social Science & Medicine*, 43(6), 919-931.
- McNamee, S. (2010). Research as social construction: Transformative inquiry. *Health and Social Change*, 1(1), 9-19.
- McNamee, S. (2014). Research as relational practice. In Simon, G., & Chard, A. (Eds.), *Systemic Inquiry: Innovations in reflexive practice research*, Farnhill, UK: Everything is Connected Press, pp. 74-94.
- Picard-Aitken, M., & Bertrand, F. (2008). *Review and conceptualization of impacts of research/creation in the fine arts: Final report* (Social Science and Humanities Research Council of Canada). Retrieved from <http://publications.gc.ca/site/eng/9.838333/publication.html>.
- Pakes, A. (2004). Art as action or art as object? The embodiment of knowledge in practice as research. *Working Papers in Art and Design*, 3. Retrieved from https://www.herts.ac.uk/__data/assets/pdf_file/0015/12363/WPIAAD_vol3_pakes.pdf.
- Raboin, E., Uhlig, P., & McNamee, S. (in press). Research worlds in healthcare. In D. Dole, E. Raboin, P. Thomas, et al. (Eds.), *Social Construction in Action: The Taos Institute's Silver Jubilee*. Chagrin Falls, OH: Taos Institute Publications.
- Robiadek, K.M. (2016). Worlding versus worldview: Heidegger's thinking on art as a critique of German historicism. *Monatshefte* 108(3), 383-94. Retrieved from <https://muse.jhu.edu/article/633619/pdf>.
- Shotter, J. (1998). Social construction as social poetics: Oliver Sacks and the case of Dr. P. In Bayer, B.M., & Shotter, J. (Eds.). *Reconstructing the psychological subject: Bodies, practices and technologies*. Thousand Oaks, CA: Sage, pp. 33-51.
- Shotter, J. (2016). *Speaking, actually: Towards a new 'fluid' common-sense understanding of relational becomings*. Farnhill, UK: Everything is Connected Press.

Opening to the Possibilities of Interdisciplinary Collaboration

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Background/foreground

Dozens of times this past year, we have attempted to lean into and shape a concise dialogue regarding the possibilities of interdisciplinary collaboration. Each time, new insights and understandings resulted in an ever-expanding “horizon of possibilities” (Ricoeur, 1991)—limited only by the need to act! The night before our session at Taos 25, we wondered how we could possibly convey in a compelling or illuminating way any insights we had developed to that point. Having worked with David Diamond (Theatre for Living, Vancouver, BC; <https://theatreforliving.com>) during his various visits with the Faculty of Medicine & Dentistry at the University of Alberta, we decided to incorporate silent, sculpted images using our bodies to depict challenging moments we had experienced. We asked if anyone recognized the struggles we had depicted in our frozen images. We then animated each image by asking our “characters” to share their fears, desires, and secret thoughts (Diamond, 2007), and invited others to reflect on similar challenges they may have faced collaborating with others.

When we started writing this paper, we considered organizing our reflections in relation to factors (behaviours, processes, etc.) that had positively contributed to our various collaborations over the years. We soon realized this was only “the tip” of the iceberg. An ever-widening array of differing perceptions led to additional insights—such as how varying motivations at different points, as well as our values and yearnings regarding who we hope to be in the world, with and for each other, influence what we experience. Recognizing that possibilities for collaboration are ever-emerging and evolving, we came to appreciate the importance of reflexive dialogue as a form of practice artistry supporting “sensitivity to, and caring for, the world” (Bleakley, 1999, p. 328).

It has all, in unexpected ways, been productively supportive of enhanced understanding of the possibilities of interdisciplinary collaboration, and ... future-forming relational potentials. And so ...

Idea!! Drawn toward, tentative circling ... Committing **Minn**

Most of my research involves collaboration across disciplines. Taking the “*see me, hear me, heal me*” (*smhmm*) project as an example, I decided to embark on an arts-medicine project after meeting with a woman who had been diagnosed with head and neck cancer, and learning about the long-term, often isolating, impact of treatment interventions associated with this form of cancer. I wanted to expand understanding of the experience of head and neck cancer through contemporary art. I am a health researcher. I am not an artist. I am not even an arts-based health researcher. I knew I needed to involve others to realize all I hoped to achieve. I started by approaching different colleagues. I also cold-called and met with people over a number of months. This was at an early stage, when I did not have a fully developed idea for the project. Some people committed early on. Others begged off given other commitments. Sometimes they suggested other people to approach. Pam, your name came up a lot. When we finally met, you shared you were too busy to become involved at that time. When we met again about four months later, you were interested in learning how things had been developing but were still unsure about committing to the project.



Pamela

You are right, Minn. I was still tentative about the project when we met the second time. I was impressed by your ability to just reach out and approach people you didn't know, but thought might be interested in becoming involved. Your commitment to compassionately responding to those impacted by head and neck cancer was compelling. I was also curious about research-creation, and the possibilities of arts-based knowledge translation. There were many attractors! In addition, it meant a lot that colleagues we both knew and respected encouraged us to meet. Still, there was a lot to consider in relation to actually committing, such as the complexity and scale of the project. I was also aware that I would need to work with others I did not know very well, who I would need to rely on, and who would need to know they could rely on me.

Patrick

You have both referred to this as an “almost missed opportunity,” but I wonder if this is just how new relationships often begin. When I think about how I have entered new relationships, at work and in my personal life, there are usually several expressions of interest before any kind of commitment is made. I believe this happens because, for one, we are all pretty busy—also, things are left open to ensure a considered response. There is interest, but also the possibility that it might not be a great fit, that things might not work out.

Pamela

Right, along with curiosity and interest, there is also uncertainty—which is not, necessarily, a bad thing—you learn and grow by leaning into the unknown. Still, when you do not fully know what you are getting into, you tend to be cautious. Pragmatically, various constraints can also influence your ability to engage. When I first met you, Minn, I was worried about spreading myself too thin. Like everyone else, I juggle many responsibilities in relation to many different roles. When I am drawn to an opportunity, but feel concerned about my ability to contribute to it, I spend a lot of time thinking about how I might optimize conditions to help ensure successful outcomes. Ultimately, though, making a commitment (“am I in, or am I out?”) depends on

trusting the relational threads that have brought us together. I want to feel somewhat confident we are embarking on an emergent, living inquiry—that we will be able to figure things out together, following a “finding our ‘way around’” approach [1].

Patrick

Pam, I really like the image of threads. For me, it conveys how we feel pulled together by things that matter to us, that relate to our deeply held values, or sense of purpose. We are drawn together by complementary concerns, interested in achieving a goal that can only be accomplished by working interdependently, that is possible only because of our collaboration. That is what helps us step into the unknown, and be open to new approaches to get to the other side of the problem.

Minn

I think our collaborative engagements have also offered both a structure *and* process for people with different experiences and expertise, who are motivated to work together—usually in highly fluid ways—to accomplish complex outcomes. What I have noticed, especially in relation to *smhmhm* over the past five years, is how a collaboration can evolve over time, often generating new relationships and partnerships. This has left me wondering, how do we know when we are in a collaborative relationship? How do we know all those we believe to be part of a collaborative project actually feel committed to it at any point in time?

Pamela

I am not sure. Sometimes a collaboration may be formalized, as might occur when different people are identified as having clear roles and responsibilities on a research grant or project. However, even these collaborations are rarely fully stable or transparent. People are involved in diverse ways, to different extents, at various points. We connect, disconnect, and reconnect again, and make sense of who we are together over time, as we seek or respond to emerging opportunities. I think that an ongoing collaboration feels generative and alive, or at least potentially emergent, at different points in time.

Early beginnings, and on ... *Hospitality and caring*

Minn

It is interesting to me how frequently we return to the idea of hospitality and caring as foundational to the success of complex collaborative projects. With respect to *smhmhm*, we began by closely listening to the stories of patients and family members through in-depth interviews, which led to an introductory workshop that began with a networking reception, with food selections made with the needs of those recovering from head and neck cancer in mind. Based on our interviews, we created posters about the impact of head and neck cancer, challenges related to eating, communication, relationships, etc. We displayed these along with posters about the careers and accomplishments of the participating artists. There were short presentations regarding the overall project, and role of contemporary art in society. The next day, image-based exercises facilitated by David Diamond offered a space for collective inquiry involving all of us—patients and family members, researchers, and artists. The one-on-one, “Walk and Talk with Me” exercise helped to promote open communication and personal connections between our patient partners and participating artists. Following the workshop, we organized additional opportunities for engaging with each other in both formal and less formal settings—such as meetings, studio visits, social gatherings, etc. We did this to build relational ties, concerned our patient partners truly felt part of our collaborative team. I think this also

supported relational connections across the borders of art-medicine, which helped us to be generous in relation to understanding the different worlds we inhabit.

Pamela

Minn, you are wonderful about tending to the many relationships that have been integral to *smhmhm*, through ongoing communication, explicitly appreciating the contribution of everyone, sending thank you cards, etc. I know your father was a strong influence regarding this, and know how meaningful this is to you. I admire, and am personally hugely appreciative of this! This is not a great strength of mine—I am not being modest. What I believe I am good at is being present in the moment, attuned to positive possibilities that may be arising, or coming into being—and to the best of my ability, following through on commitments. What I have noticed about you, Patrick, is how when you meet someone new, you ask a lot of questions about who they are, and how they became interested in exploring a question or area.

Patrick

To be honest, it is because I want to “open” to the other. Taking an interest in someone helps me to consciously counter any implicit bias or stereotypes I may have. Orienting to who they are, their cares and concerns, also leads me to caring about them and their world. It is worthwhile on its own, but also provides insights and understandings that can carry us through difficult moments. Inviting others to share their stories, and sharing stories in response also helps to develop a sense of interconnection, a sense of “being in this together,” which I believe has contributed to the success and many positive outcomes of our various collaborations [2].

Pamela

I agree. Certainly, for me, *smhmhm* reinforced how important it is to consciously construct processes that support a sense of community, or interconnection, through which we can explore ways of moving forward. I recall when we started to wonder about how the values we hold, and ways we are oriented to the world, open up opportunities for each of us. With respect to this, I often return to Pattison (2003) who outlined a vision of the medical humanities as an open “field at play,” involving diverse forms and approaches directed to exploring interrelationships between medicine, arts and humanities. Within this encompassing field, I most closely align myself with those who are committed to dialogue and exchange across diverse perspectives with a view to developing new understandings and insights directed to supporting a better future for healthcare.

Patrick

Pam, we have talked a lot about how much our fields and disciplines share in common, as they are fundamentally concerned with problems and possibilities that relate to being human in medicine and the larger world. Learning about intersections between the medical humanities and design, both largely “invisible” fields with confluences with social constructionism, has provided me with valuable insights into healthcare and medical education, which I find myself drawing on daily in my work.

Minn

My research focuses on the oral health of underserved populations. Increasingly, I have been finding myself interested not so much to “what is,” but more so on helping create a better world. It has been great to begin working on evolving our *smhmhm* project to a larger “*Living Stories*” initiative (www.livingstories.ca) which focuses on catalyzing transformational change in healthcare through arts-based, and related research-creation approaches [2].

Importance of ... *space and generosity*

Pamela

It is amazing how our initial collaborations have led to ongoing lines of inquiry, “threads of continuity” which continue to lead us forward. Ricouer’s (1991) “horizon of possibilities,” interestingly, refers not only to inexhaustible potentiality, but also denotes “*an environment for people, where we could dwell*” (p. 453, italics added). As we move forward, I think it is important to both take time to appreciate the space that having met *we* uniquely constitute, and attend to an evolving understanding of our guiding questions, which we help each other to see afresh through our different perspectives. What is critical to this, I believe, is openness, a space of *not* knowing. I tend—not always, but often—to resist rushing prematurely to an understanding leading to a particular solution. Knowing how long to hold the space open can be challenging. Patrick, impatient for a particular kind of decision, I know you have at times considered me overly tentative. You have also helped me to become aware of the times I closed down too quickly on a particular “solution” to what I mistakenly assumed to be “the problem.” At various points, we could have potentially shut down, and ended some of our collaborative ventures, which thankfully, did not happen.

Patrick

It is different now, of course, but early on, I honestly did not understand or appreciate you were purposefully, thoughtfully, keeping the space open. I saw it as hesitation. What I misread as indecision, or lack of commitment to a particular direction, was in fact your commitment to dialogue, or *reflection-as-action*, which Bleakley (1999) describes as “a kind of ‘thinking with’” or “play of sensitivity *within a habitat*” (italics added), rather than through individual consciousness. He characterizes this form of reflection as “*eco-logical* rather than *ego-logical*” (p. 324). It was profoundly humbling when I realized my mistake. After all, generating and exploring concepts is what designers do. But, I was missing something. Pam, your patience and goodwill unlocked the meaning of an insight a wise, beloved mentor shared with me several years ago: “Creativity is important, but so is generosity.” I believe your generosity early on was crucial to sustaining our relationship, and the possibility of our ongoing collaboration. I would characterize it as a double or “two-fold” generosity. Holding space open involves effort, but doubly so when there is a struggle or issue to work through.



Pamela

I believe you always have to hold space open to some extent—space offers a well-spring of creativity and emergence. Of course, a space of “not knowing” can be uncomfortable. Still, as we bump up against our preliminary understandings (informed by our disciplinary positionings and unique lifeworld experiences), space offers opportunities for working through tensions, and exploring possibilities. Then there is a moment when we sense or recognize a shift—we recognize the space we constitute together, and opportunities this holds. That moment, I believe, provides an opening. And, yes, I think you are right, generosity is hugely important in relation to this, but I believe we mutually realize this together, as we respond to invitations from each other. Patrick, I am recalling that time I felt frustrated following many discussions that just went around and around, seemingly leading nowhere, and the parting comment you made that felt somewhat patronizing. When we later explored this, you suggested that we identify some articles that might help provide insight into key concepts and questions we were trying to communicate to each other from our respective fields. This helped us to develop a sense of shared understanding, which helped us move forward. To this day, we continue to share articles and books with each other!

Doing and becoming

Minn

Collaborating together has been hugely rewarding, leading to outcomes that I believe we all agree have been greater than anything we could have accomplished on our own. As wonderful as it has been, what we have experienced I think is somewhat uncommon. Academic culture is not always supportive of relational, collaborative research, given organizational and structural reward dynamics. At the same time, there are so many amazing opportunities to collaborate across faculties and disciplines, in partnership with members of our community.

Pamela

I believe our many discussions and work on different projects has helped to shape and reshape each of us. Engaging in this ongoing dialogue continues to open up so many things for me! I am more aware of my individual pre-understandings and orientation to being and doing which has helped me to open to the possibilities of more conscious, authentic engagement. I feel like we have created a new collaborative story. It is hard to know exactly when an old story begins to end, and a new story begins. It begins I believe even before we are aware of it coming into being, seeded by our hopes and desires. It can be messy—it can take time, and a lot of work—but very often holds huge rewards.

Patrick

I agree. I have a much richer understanding of design through our conversations, article trading, and work together. Further, our various collaborations have encouraged me to follow more creative, fluid approaches to design. Rodgers and Bremner (2011) have argued that as disciplines continue to merge, researchers who embrace creative, “issue- or project-based” practices will be best placed to address the complex, interdependent issues we currently face, which not only resonates with me but I believe aligns with our collective experience of collaboration.

Minn

I think it is really important to promote awareness of the future-forming impact of our efforts, guided by a sense of purpose, and openness to learning and being changed. Attending to processes which promote positive collaboration is hugely important. Humility, open-mindedness, willingness to embrace uncertainty, and being able to tolerate ambiguity, I believe, have been integral. Maybe it is simply the willingness to dissolve together into the process! [4].

Endnotes

[1] Following Wittgenstein, Shotter (2012) maintains most of the challenges we face have “to do with discovering how to ‘go out’ towards initially indeterminate aspects of our surroundings with certain expectations and anticipations . . . , appropriate to our finding our ‘way about’ and to ‘going on’ with them without (mis)leading ourselves into taking inappropriate next steps” (p. 6).

[2] See Brett-MacLean & McTavish (2019), also Yoon & Brett-MacLean (this volume).

[3] Menning (2017) notes that the root for *curiositas* “can be traced back to the Latin words *cura*, which means care and attention, and *curiosus*, meaning careful, attentive, inquisitive but also concerned.”

[4] Grounded in an ontological phenomenological framework, Bleakley (1999) defines “holistic reflexivity” as “reflection-as-action + aesthetic co-intentionality + ethical reflexivity (or ecological co-intentionality), within a house of being that is language at its limits as described by Heidegger and Wittgenstein” (p. 328). He relates ethical reflexivity, viewed as “necessary to complexify reflection-as-action into a holistic reflexivity” to Heidegger's notion of “care,” in “which each act is an apprehension collapsing history, presence, and future implications in the moment, embedded in an informing and intentional object world” (p. 328).

References

Bleakley, A. (1999). From reflective practice to holistic reflexivity. *Studies in Higher Education*, 24(3), 315-330.

- Brett-MacLean, P., & McTavish, L. (Eds.) (2019). *Art+medicine collaborative practice: Transforming the experience of head and neck cancer*. Edmonton, AB: University of Alberta Press.
- Diamond, D. (2007). *Theatre for Living: The art and science of community-based dialogue*. Bloomington, IN: Trafford Publishing.
- Menning, S.F. (2017). Tracing curiosity with a value perspective. *Nordisk Tidsskrift for Pedagogikk og Kritikk*, 3(1). Retrieved from https://pedagogikkogkritikk.no/index.php/ntpk/article/view/531/1945#CIT0057_531.
- Ricoeur, P. (1991). Poetry and possibility. In M. Valdes (Ed.), *A Ricoeur reader: Reflection and imagination*, pp .448–462. Toronto, ON: University of Toronto Press.
- Rodgers, P., & Bremner, C. (2011). Alterplarity: Alternative disciplinarity in future art and design research pursuits. *Studies in Material Thinking*, 6, 1-16.
- Pattison, S. (2003). Medical humanities: A vision and some cautionary notes. *Medical Humanities*, 29(1), 33-36.
- Shotter, J. (2012). More than cool reason: “Witness-thinking” or “systemic-thinking” and “thinking about systems.” *International Journal of Collaborative Practices*, 3(1), 1-13. Retrieved from http://lhc.ucsd.edu/mca/Mail/xmcamail.2012_09.dir/pdfajAMfjg0fI.pdf.
- Yoon, M. N., & Brett-MacLean, P. (in press). *Living Stories: An art-based, relational research framework directed to transformative change in healthcare*. In D. Dole, E. Raboin, P. Thomas, et al. (Eds.), *Social Construction in Action: The Taos Institute's Silver Jubilee*. Chagrin Falls, OH: Taos Institute Publications.