

**Aesthetics and Mental Health – One Day Advanced Study Seminar
St Catherine's College, Oxford – Friday 13th June 2014-06-24**

Report and Follow ups

Inaugural meeting hosted by Professor Bill Fulford and Mr Ashok Handa and organised by Prof Michael Musalek and Dr Helena Fox.

List of attendees present - Bill Fulford, Michael Musalek, Helena Fox, Martin Poltrum, Kate Galvin, Guenda Bernegger, Vitor Pordeus, Emma Perry, Julian Hughes, Michael Bennet, Charlie Blowers, John Callender, Charlotte Green, Elena Cagnoli Fieconni, Colin Green, Naomi James, Lubomira Radoilska, Gervasse Rosser, Charlie Robinson, Jacinta Tan

Apologies: Ashok Handa, Shelley Sacks

The aim of this seminar was to commence bringing people together to share experiences of working in an aesthetic mode in Mental Health, to explore ideas including future collaborations and decide on the next steps to take.

Morning Session (Please see circulated biographies for full details of presenters)

Chair - Prof Michael Musalek from Vienna gave an overview of 'aesthetics', derived from the Greek origin of the word, meaning knowledge gained through sensory perception – a new epistemology based on fully embodied knowing of the world and reflection on this - as opposed to Heidegger's computational, calculative, logical thought alone. He referred to Baumgarten's "Aesthetica", Bohme's aesthetic atmospheres and Welsch's aesthetic thinking as complex and including a variety of different modes of subjective 'feeling' and thought such as the poetic, experiential, phenomenological, psychoanalytic etc. Thinking full of experience alongside intellectual, objective thought, not as dualistic. He outlined the concept of "Social Aesthetics" as a mode of being in the world that takes into account the inter-relatedness between self, others, place and situation, time, mindfulness, atmospheres etc. The enjoyment of the 'beauty' of this fully embodied engagement in life ie living an aesthetic life, is the principle for motivation, recovery and wellbeing from addiction in his clinic.

His colleague, **Martin Poltrum**, working as a psychotherapist and philosopher in the same clinic, gave an outline of how Social Aesthetics is offered clinically in the Orpheus Treatment Programme at the Anton Proksch Institute, Vienna. He outlined the range of therapeutic activities offered to allow clients to discover their aesthetic resources alongside other multidisciplinary team working. For example the programme includes clinical gardening, Qi-gong, yoga, painting, cinema and philosophical discussion aimed at exploring new perspectives for enjoying life through all the senses.

Guenda Bernegger, working with the above in the European Society of Aesthetics (one of her roles) gave a presentation about the Aesthetics of Atmospheres and how manipulation of these may have a crucial role in medical practice by having a deep sensory affect of – 'opening up or closing down' and making or inhibiting a space for 'possibilities'. She asked what 'actions' certain spaces may 'invite' and gave examples from waiting areas, the use of lighting and theatrical interventions such as clothing, gesture, for enlivening or deadening the sensorium, affect and imagination.

Prof **Kate Galvin**, working in Hull talked about her work using Gendlin's 'words that fit' as an embodied and aesthetic mode for conveying experience and making space for possibilities and understanding through language. She talked about a 'back and forth process' of choosing a word with a 'felt sense' that may deeply convey an experience with a lively sense of meaning and open up a place for imagination and empathy about the other. She is using this process in the education of nurses for enhancing an ability to 'reach into' the experience of carers for sufferers of dementia, in particular. She read two poems as examples of the work she is engaged in.

Afternoon Session

Chair - Helena Fox, Consultant Psychiatrist and PhD arts student, presented an example of her work in 'Connective Aesthetics' and medicine. Viewers were invited to enter an aesthetic mode by raised awareness to their experiences in response to a set of images taken in a healthcare setting. These had powerful and moving effect and demonstrated how visual imagery may 'speak' with immediacy and say more than words alone, bringing thinking that is full of experience and allowing space for reflection on how we may wish to deliver healthcare, and as Guenda Bernegger outline above, create an affective response.

Vitor Pordeus gave a dramatic account of his work in Rio de Janeiro. His clinic is based on the work of Nise de Silveira (1905- 1999), a psychiatrist, and student of Jung, who believed there was 'method in madness'. Pordeus works with direct democracy using poetry, drama, documentary and public performance by users and providers in his clinic as a way to express and work through mental illness. His talk was illustrated with photos and video clips.

This was followed by **Emma Perry's** account of how a past experience moved her to work as research project co-ordinator for the National Survivor User Network. Collaborating with Warwick University Medical School and the Theatre Studies department, she is using ethnodrama to explore the experience of service users and their families following a first episode of psychosis. She explained how 'dramatising the data' into a play provides a rich, visceral emotive rendering of research experiences which is then used as a platform for sharing and exchange and a deeper way of sense making.

Working as a Consultant in Old Age Psychiatry and Professor of Philosophy of Ageing at Newcastle University, **Julian Hughes** talked about Dementia and Aesthetics. He asked us to consider Keats 'negative capability' - the ability to tolerate uncertainty yet be receptive to sensations rather than seeking to explain them with concepts - as a way of experiencing that may remain possible in dementia. Aesthetic experience may still be enjoyed after logical thought is lost. Patients may be 'reached' through making aesthetic connections such as appreciating subjective, qualitative experiences and long-term memories in all sensory modalities. This would enable retention of an autonomous sense of personhood rather than a more dehumanised view of dementia.

Where there any common 'strands' to these ways of working in an aesthetic mode?

These stimulating accounts of working in an aesthetic mode in aspects of Mental Health all offer an opportunity for broadening of knowledge through deeper sensory connection with self, each other, community and environment. Each demonstrated relevance for working with the complexity of human experience, retaining humanising aspects of fully embodied sensing, subjectivity, personhood and what it means to be a human 'being'. All groups in the clinic - users, providers or those working at organisational level – share being human, encountering each other and their environment. In this way, one can begin to see how the aesthetic mode can add a more integrated approach to understanding by going beyond what words alone can say and, with immediacy, bringing thinking that is full of experience. This may provide new insights, an arena for fuller discussion and sharing of subjective experience, deeper understandings and empathy.

Ideas for Follow Up

Future Meetings

1. Further similar meeting within a year.... again in Oxford.

This meeting would allow other members of the group to present; it might also be a longer meeting to include time to talk more informally such as over an evening meal or walking in Oxford (Bill noted additional costs involved in extending beyond one day). A longer meeting would also allow more time for individual introductions and reasons for interest in the field; additional Interactive and participatory presentations also welcome, eg Prof Galvin alluded to a Haiku workshop she had given, Charlie Blowers' work combining arts psychotherapy with physical theatre Bill noted we have funding for further one-day meetings at St Catherine's.

2. Possible contributions to the INPP conference in 2015 in Chile (29 – 31 Oct). [Would Vitor Pordeus be interested?](#) Could also include Grant Gillett and [Giovanni Stanghellini](#)

3. Vitor suggested all to stay at Madness Hotel and do creative work

3. Michael Musalek re AEP and WPA philosophy sections

4. Presentations for European Society of Aesthetics and Medicine

Publications

5. Edited collection.

Explore a book perhaps for the Oxford IPPP series (International Perspectives in Philosophy and Psychiatry). Much interest was in this shown by feedback from the group.

Michael and Helena will progress with Bill and Charlotte

6. Publicity – ‘blog’ plus pictures for web sites and other outlets in WPA, AEP, Royal College of Psychiatrists, INPP

7. Do we need a website – could have a connection to (or section in) VBP website

Research

7. Ideas discussed for possible research projects on which members of the group might collaborate including:

- issues of race and mental health (including ‘whiteness’) – importance of diversity and democracy – Colin, Naomi
- similar re gender - Gervase
- Medical student support/training – Helena/Ashok
- Charlie Robinson – planning possible Masters dissertation on time and subjectivity in dementia

Noted that a historical dimension through history of art brings important dimension often neglected

Possible funding from Wellcome -Jacinta mentioned formal application. Jacinta re Wellcome Collection has funds for arts and public engagement

Group Name and Identity

Some discussion about a name for the group. Aesthetics in Mental Health is one possibility – makes acronym AiMH (pronounced ‘aim’). Bill noted difficulties about using ‘Oxford’ in the name.

Broadly, we proposed a step-by step emergence and unfolding of ideas rather than being too prescriptive at this stage.

But need to consider how we differ from Medical Humanities? We are discussing a deeper connection, engagement with the experiential, the sensory, beyond words – ongoing discussion about the ‘aesthetic mode’ to broaden epistemology, and include the subjective, phenomenological, experiential, full embodied sensing through different means – poetry, ethnography, drama, participatory work etc as access/‘opening’ to this aesthetic mode. Use of imagination for transformation..

We offer a platform for discussions, between disciplines – nursing, philosophy, psychiatrists etc

NOTE: Review literature to help locate where we are eg Staricoff report re ways arts are being used already

Possible Additional Members

The following were keen to come but couldn't or have made contact since the meeting – need to discuss including in the group

- Grant Gillett – philosopher and neurosurgeon – using [creative drama in New Zealand to open up issues in philosophy and psychiatry](#) - colleague of Bill's
- Jacqui Lorell - service user researcher who has been working with ideas close to our own and is very keen to hear more about Madness Hotel – she knows people doing similar work in the UK – also would be interested in any follow up events in South America
- Shelley Sacks – Professor in Social Sculpture Research Unit, Oxford Brookes, Helena's PhD supervisor
- Giovanni Stanghellini – phenomenologist and psychiatrist working with Bill and Michael

Helena Fox and Bill Fulford 22nd July 2014