

Art and Wellness Speaker Series
22 October 2020 Transcript
Agnes Etherington Art Centre

Welcome, welcome. I'm going to jump right in. And I'll start with the land acknowledgment. Before we begin, I wish to acknowledge that Queen's University and Agnes Etherington Art Centre are situated on traditional Anishinaabe territory. To acknowledge this territory is to recognize its longer history, one predating the establishment of the earliest European colonies. It is also to acknowledge this territory's significance for the Indigenous people who lived and continue to live upon it. People whose practices and spiritualities were and are tied to the land, and continue to develop in relationship to the territory and its other inhabitants today. The Kingston Indigenous community continues to reflect the areas Anishinaabe and Haudenosaunee roots. There is also a significant Métis community and there are First Peoples from other nations across Turtle Island present here today. This beautiful land, the trees, the three waterways nearby, the animals, the birds are an inspiration, and a solace during these difficult times. And we are grateful and privileged to be able to live, work, play, create and heal in our communities on this land. And I urge you all to spend some time researching and reflecting on the land that you are coming from, and to consider your own positionality on this land and how you can contribute to the work of decolonizing your institutions and minds. There is still a lot of work to be done. So, welcome to the Art and Wellness Speaker Series. We are thrilled to have three special guests today. We will be going from one person to the next, and then at the very end we'll have a short 15 minutes for Q and A. So please if you do have questions for any of our panellists put them into the Q and A box or into the chat box. We also have some of our tags here in the chat box, so if anyone wants to tag us, we would love that. Again we are coming from the Agnes Etherington Art Centre in Kingston. So, I will begin by welcoming our first panellists Eve Blouin-Hudon. Eve is a positive psychologist and an expert on creativity and imagination. She is a university instructor at Carleton University in the Department of Psychology where she teaches courses on creativity, play and innovation. She is also the founder of Bevy Creative, a consultant agency delivering evidence-based workshops, talks and one-on-one tools to both individuals and organizations. And Eve will speak to us for about half an hour. Welcome, Eve. Thank you so much for having me. Sorry I was on mute. It's the new era now of I'm on mute during Zoom calls. So thank you so much for having me. And I'm happy that this series could still happen, even though it's online. So I'm glad that you could pull it all together and have us here with you today. I'm going to share my screen with you. And we'll see if that works. There we go. So now I'm going to go full screen. Can everybody see that okay? Yeah. Awesome. Okay, so my talk today is on creativity and its link to play and well-being because I can do any of my work without plugging in the importance of play. So the big focus here is on creativity, cultivating a creative practice for wellbeing, and then I'm going to talk as well about what a playspace is. How to open up a playspace. And how to cultivate that as a creative hygiene in your everyday life. So creativity is a very broad concept. The way I look at it, and the way that I've conceptualized it from the research that I engage with the most is that it's a generation of new and meaningful ideas. And so, when we're talking about meaningful ideas, sometimes it can be very subjective. And so there is this idea of big "C" and little "c" creativity. And so big "C", you will have big ideas meaningful to other people in the world as well. Those meaningful and new ideas might add to an existing domain or they might even modify that domain. But when we think of little "c" creativity, a

meaningful idea can simply mean something that is you know aesthetically pleasing to you as a person, subjectively it could be meaningful to your identity, to your growth, to where you want to go in your life or what you want to explore. So when I'm talking about new and meaningful ideas, it can take on different a different breadth depending on how you look at it. So in some cases, creativity leads to the implementation of these ideas into the real world. So you could have these new and meaningful ideas and then transform them into a play or into a new business or into a workshop or into a painting. But that's not always the case. With creativity here, we can see there is a close link to innovation. So innovation is the process where you take creative ideas or you take the fruit of the creative process and then you implement it into the real world. So this is the creative process that I teach to organizations and that I teach to my students as well at Carleton University. But it is in no way the only creative process. Some of you might look at this and say this is a very simplistic look at the creative process. There is actually more steps to it. Or there's less steps. And so today, I want to present this to you because it has been distilled from research from Theresa Amabile and her colleagues at Harvard Business School. They have looked at the creative process mostly in workplaces, and in a link to learning and to personal growth mainly when it comes to you know, entering the flow state, being motivated to engage in different tasks. So it does look at the creative process in relations to how you engage with the external world, and less how you engage, you know in a personal art practice for example. And so, here we have the first stage which is problem identification. So at this stage you might not have a goal yet. You might not have an audience, if that's what you're creating for. You might really know where you're at. And then you have the preparation stage where you seek inspiration from external sources, where you're being very open to experience, you're trying new things. You're eating new food. You're collaborating or you're talking to people, you're reaching out to people that are not necessarily in your inner circle, so you're really broadening your horizons here. Then with idea generation, it's when you go back into your own little world and you start to enter the divergent process. So the divergent process is where you generate as many ideas as possible. You're not editing yet. You're not censoring yourself. You're really just engaging with your mind. And here it's important to be alone because you don't want to be influenced by other people telling you than an idea is better than another. So when in preparation you're engaging with other people quite a lot, in idea generation, you're more by yourself, and then finally, you have idea revision and implementation where here you're putting your editor hat on. You're editing through ideas. You're polishing things off. And there is a dash implementation because here when you're done this whole process and you have gone through it multiple times, you might be ready to then put your idea out into the world. So this process I'm showing it to you in a linear way, but it is by no means linear in real life. So you can be bouncing from one stage to the other at any given time, and the way I teach this process is that you should be engaging in these stages at least a little bit every day. So you should have a little engage with these little nuggets of these each stage every single day, and that you might actually cycle through this quite often before you're ready to release your ideas out into the world. So now that I have talked about creativity a little bit, I'm going to talk to you about wellbeing at a very broad level. So wellbeing at its broadest level, or how it is defined in positive psychology, is the interaction between your physical health, your social environment and the choice of the activities or tasks that you do. And so, depending on what that is - depending on the interactions of your physical, social and choice of activities, you might benefit from higher mental clarity, vitality, satisfaction with your life, fulfilment and a sense of purpose. So you can see that these are pretty high-level concepts

here, satisfaction with life, fulfilment, and purpose. And so on any given day, you might not be feeling like you're always fulfilled or satisfied or purposeful, but when you look at your life in general, someone that expresses high wellbeing will report these. And so, creativity and well-being are highly linked or they can help feed off each other quite well because they both help us understand ourselves and our environment in a very intuitive way. So if I'm asking you, you know, what brings purpose to your life or why are you satisfied in your life, you might just say, well it's a feeling, you know? You might be able to pinpoint exactly what those - what is leading to that feeling, but it's still very intuitive. And creative thinking and engaging through the creative process will require you to tap into that intuitive side of you. It will require you to step out of your logical thinking or your frontal lobes and go into other places where your consciousness lies in your body. It helps us because it's so intuitive, they both help us be more aware of our beliefs, our emotions and our perspectives with creative thinking, it's very important - you know as you cycle through the creative process, it's important to adopt other perspectives or to be exposed to other ways of believings and seeing the world, and oftentimes when we are exposed to these new things, it kind of puts a mirror in front of us, where we see oh, well this is my perspective then, I guess I see things this way, and this person or this culture, if you're travelling, sees things another way. And because of that, because you're exposed to a lot of perspectives, you're more aware of yourself. You can better adapt to change and complexity so that's part of flexible thinking, being able to see things in new ways, and also use things that have worked for you in the past, in new situations, and by default, it helps you grow your skills and your self confidence. And so, with creativity as well, like I said, with the different perspectives, with creativity, it can be quite nice or creative thinking, because yes, you can go and explore the world - the physical or external world, but you can also explore imaginary worlds. So, creativity when we think of creative thinking in terms of imagination as well is quite interesting because you can create alternate worlds, you can adopt different identities, you can put yourself in these different situations. Even sometimes I ask people - we do a little flow meditation where I'll ask them to think of their creativity or think of you know their motivation or their work, and to give it a colour, and then they cycle it through their whole body, and I ask them, okay, well how does your creativity now feel? Does it smell like anything? Does it taste like anything? Does it feel like anything And just through mental imaginary, people can start to assign these more you know - these more sensory-based aspects to their creativity, which sometimes we think too much in our logical brain. Imagination can be neat to connect these things together. Creativity and wellbeing, they are personal. They are unique to you. Even though I just gave you these really broad definition of creativity and wellbeing that are supposed to like encompass everybody in the world, really, at the end of the day, I could talk about this for much longer, because wellbeing and creativity are personal. They are unique to you. They are unique to your own motivations, and when you become aware of that, when you become of aware of the things that motivate you, when you become aware of the things you want to express, things you want to work through, that can help you increase your motivation to persevere through difficult themes, and oftentimes, when we are doing introspection, especially for wellbeing for growth, we have to we have to work through difficult themes. You know? Nobody has - everybody has some shadows to work through. So approaching it with a creative lens or through a creative practice can be very helpful to kind of take of the pressure off exploring those themes. Because of that, it helps us develop empathy for ourselves and for others, it can foster a deeper sense of personal presence or a feeling that you are grounded after you have done maybe an hour of your creative practice, a lot of

people a lot of people report being - feeling more grounded or feeling more fully seated in themselves. So this is what I usually do when I'm with people. And this is what I had planned. But if I was to be in person with you, but I still kept it up here. We're not going to do the free writing together but I would love for people to write in the chat before I go on to the next one, what are your some of your barriers to creative thinking? And or in the questions maybe. I'm not sure Shannon if the chat is being monitored or not. I guess I can't really see it. But I would love for you to think about this. What are your barriers to creative thinking? I'm going to go through some of the main barriers that I have heard from people, and from my students, but after that I guess I can't see it, but after that in the Q and A would be great if anyone has other barriers. Wait I do see it. I do see

Well, I could read them to you, if you would like.

I can see it on my phone. So this is great. Okay. So time and focus. Okay, time, so I have two - I have time and focus and I have time and I have deadlines, which is also time. Task-oriented schedule based and lack of time. Okay, so a lot of times here. You're feeling like there is maybe there is other deadlines that need to be met. It's difficult to take the time to sit down and engage in your creative practice. There is also self judgment and critique. Absolutely. So you know, I'm not creative. That's a very common one. The I'm not creative mindset. Other people are creative, I can't be creative, but you know, if you're human and you have a brain a full brain, then you are creative. You know, you have the full ability for creative thinking. Perceived expectations. Having a result, absolutely. So a lot of us will engage in the creative process because we want to produce something and that can be quite hard because creativity and I'll get to very play soon, but play can help us feel like we can engage in our creative process without having to have a result. I see more times, feeling exhausted after work and burnt out. Absolutely. The beauty of this sometimes though is that engaging in creative thinking can be rejuvenating. Expectations too high, fear of failure, all of the above, lack of ability to centre myself with or without other instructions, concerns for criticism by others, self criticism. Yep. Having to operate within systems and structures that have other priorities. Yeah, and need to bounce idea off of others. That's a great one. Need to bounce ideas off of others. That's a clear path to a solution, that one. So you'll see that what you said it resonates with a lot of people, that I have talked to, that I have consulted in workplaces and with my students. So there is a lot of self-consciousness. There is a lot of guilt. Guilt because you're not spending the time doing something quote on quote productive or too much focus on time. Being outcome-focused. So thinking that you need to engage in a creative practice or creative thinking to produce something of value instead of just being centred around the process, taking time to be in the creative process itself for its own sake. And then attachment to roles and high hierarchy. This is something I haven't seen in the chat, but in workplaces that's something that is a little more prevalent, where people, if they are in a manager position, they'll feel very attached to that role, versus if they're in an employee position, they feel they have to ask permission to enter creative thinking at work. And so that's some of you might resonate with that as well. And so, play is important for creativity and well-being. I encourage everyone to think - at least think about how you can make play a bigger part of your creative practice. So play offers us this safe space for imagination so we can really kind of deconstruct the whole world. We can - play gives us permission to be a little more imaginative. It can help us frame problem in new ways and because it removes the constraints of daily life, helps us be comfortable with uncertainty because sometimes with play, you know you know anything can be possible in a playspace. Again, you can help us understand problems in an intuitive way. Play is usually experienced as

pleasurable and rewarding, if you're not having fun, then you're probably not playing. So that's already look a good indication that you're not in a playspace. And when you're playing, you don't really have to be productive or performance-based. And now here I am talking more about play in a broader sense, not games. Because I know some people get very competitive when they are playing board games. And I get this question a lot. So, here I'm talking about play in more of mindset, a mindset of play where you're going to finger paint, where you're going to play with Lego blocks or play dough or maybe you're I don't know you're dressing up and you're doing improvisation or theatre with other people. So something a little more open with less rules. But the playspace and to know that you're in a playspace, it still has defined by a goal. Right? So you have to enter a playspace and even if your goal is to say, well this is my playspace, and none of my constraints about being productive or time or my roles or anything applies in this space. And so you have set this rule for yourself. I also tell people if they have a big focus on time, you can set a timer so if you want to start doing like 30 minutes, you can set a timer for 30 minutes, or an hour, if you have an hour to block off. And you know when your timer rings, then it's over, but until it rings, you don't have to look at the time. You don't have to worry about it, because you know that your timer will let you know when it's over. And so I find the timer is very freeing for a lot of people to get anchored really into the flow state and really get anchored into the creative process. I see, dancing is a great way to play for me. Absolutely. Dancing is a huge one for me as well. It's very playful because you can just dance and let your body move. I know Shannon probably feels the same as well for dancing. And someone here says a very helpful book art and fear. I second that. Absolutely. Art and fear is a very good book to help us move through that. I have already talked about this, so I think I have talked for almost half an hour already. So my closing remarks here are that you - I encourage you - I don't want to say should, but I encourage you to make time for creative hygiene. I call it a creative hygiene because it's something you take little bites of every single day, or at least, you know, four or five times a week. Like you would a workout routine, like you would flossing your teeth or brushing your teeth. And so we have a lot of hygienes, right? We have these little routines that we do. So when you make time for the creative process in your everyday life, you're kind of telling yourself, this is normal. You know? This is something what I do. The more you engage in it, the easier it becomes. It becomes part of your habit. Understanding creativity as a process. So this helps you move away from that the outcome based, like producing something of value or that's aesthetically pleasing that doesn't really matter when we explore creativity for wellbeing right. You're engaging in the creative process to express yourself or to connect to that intuitive side of yourself. And so remember, creativity is a process with different stages. I didn't break down how to hack into each stage but if anyone is interested, you can always reach out to me by, email. I'm happy to elaborate more on that. There is this importance of self-awareness and reflection. And so you'll see - you saw here, I had a slide here on free writing so I encourage people to do a lot of free writing to open up their playspace and so close it up. And so free writing is really you set your timer for 3 or 5 minutes. You give yourself a prompt. What is my goal today? And then you write and you don't lift your pen, until your timer starts to ring. You literally write what is in your mind. So I'm hungry, I'm tired today and I'm exhausted. I can't really focus on this prompt right now. You know, write it down. That's the whole point of free right writing. That helps you open up the space, and when you do it after, your place and times, it helps you make meaning out of your session, you know? What did you learn? What came up for you? What surprised you? A lot of times we surprise ourselves. It helps us, right, the more you engage with your creative practice, it helps you

make more choices that align with your most authentic self. And so that goes and feeds into your wellbeing directly. There is this importance of non-linear ways of thinking. We're so - with a lot of us, with work, or if you're studying in school, we think with our rationale brains and our logical brains because that's what's conditioned for us in school, and then in the workplace. And so we're conditioned to think this way, but there is a lot of power in our own intuition. So tapping into that can be quite beneficial. And finally to create a psychological playspace where you don't put so much pressure on yourself. And you really have fun. You can enter the flow state a lot easier that way as well. So that's it for me for today. Thank you so much for listening and for engaging in the chat. I'll stop sharing my screen.

Thank you so much, Eve. I love that. I love that you mentioned intuition. I think intuition is really a mysterious place. A lot of people are very curious about intuition and you know, that when we open up our senses that we can really connect into our physical body and that's often where intuition lies. So, thanks for touching upon this. I think that whole issue with time, which is one of the things that I put in trying to make time for my creativity, I think when we do make time for it, it allows us to expand our time, so we're more we're less stressed out and we're more able to be effective in our day-to-day. >> Absolutely. And if anyone is interesting in learning about the flow state and how that can alter your perception of time I encourage you to Google it and look it up.

Thank you, Eve. So if anyone has any questions for Eve we will have about 15 minutes at the end and we can have a Q and A there. So, our next special guest is Allison Morehead, and Allison's talk Thing Provocations will be happening in a moment. So let me just introduce Allison. Allison Morehead, PhD, is an associate professor of Art History and Cultural Studies at Queen's University. She studies the link between modern art and the medicalization of modern life. Her pedagogical practice including work in the critical medical humanities emphasizes first-person encounters and interactions with things in the world, both art and non-art. Welcome Allison.

Thank you so much Shannon and you can hear me okay? Great. Okay, so let me share my screen. And just for, can everybody, wait hold on a second. Sharing screen. There we go. Shared I hope. Good. Great. And let me apologize for ambient noise. I'm as far as I can from the construction happening in my vicinity but you may still hear it. Thank you so much Shannon for that introduction, and thank you to the Agnes Etherington Art Centre for inviting me to be part of this art and wellness speaker series. Thank you to Shannon again, to Charlotte and to Maddi for organizing everything so well. And I also want to thank my fellow panellists, Eve Blouin-Hudon and Max Montalvo and our audience members. It's a really enormous privilege to be here thinking creatively together with you all today, even if sadly we can't be together in person. So before we begin, I want to acknowledge that I'm speaking to you today from Tkaronto which is the traditional territory of many nations including the Mississaugas of the Credit, the Anishinaabek, the Chippewa, the Haudenosaunee and the Wendat peoples. Today it's home to many diverse First Nations, Inuit and Métis. This land is covered by treaty 13, which is an 1805 treaty long contested by the Mississaugas of the Credit and only settled in court in 2010. Thankfully, my daughter who's almost 14, knows much more about this long contested treaty than I did as a white settler at age 46. Before treaty 13, I have learned that these richly resourced lands were subject to many agreements, including the dish with one spoon treaty among the Anishinaabek, the Mississaugas and the Haudenosaunee. This treaty bound peoples together to care for and share the resources around the Great Lakes area in peace. Those resources of course, include the hydropower of Niagara Falls which

enables us to Zoom in together today. So I want to take this opportunity to express my gratitude to be able to live, work and play on this land. And in doing so, to recommit myself publicly to this spirit of the dish with one spoon treaty, to care for and to share the resources of this land in peace. So, I also want to - so I would like to situate myself within the context of this speakers series which brings together just a fantastically diverse group of participants and audience members. So there are artists, there are storytellers, art therapists, medical professionals, museum educators, mediators, curators and researchers. It's incredibly rich. As Shannon said, I'm an academic, I'm a professor here at Queen's or there, since I'm not physically there right now. As she said, a historian of art, and also a historian of the psychology sciences so that's psychology, psychiatry and the psychics sciences which were all sort of bound up with each other in the 19th century and I'm also a historian of medicine. I work as Shannon mentioned as well in an emerging interdiscipline that is often referred to as the critical medical humanities. And I have a long history of working with museums, both art museums and for lack of a better word, I know this is very awkward, non-art museums doing both curatorial and pedagogical work. When I teach my classes on Queens on art and medicalization of modern life, we regularly use collections both from the Agnes Etherington Art Centre and the Museum of Health Care in Kingston to provoke conversations on the modern medicalized body. And in mentioning this, I want to point to a divide that tends to exist in the museum world, between museums for art and museums for lack of a better word, non-art. And here however, I should say that the Agnes is something of an exception with its long tradition of doing really fascinating and often artist-led collaboration with other museums, including the Museum of Health Care in Kingston. As part of my research, I also curate exhibitions that combine art and non-art, and I am current working on an exhibition that will show the work of the Norwegian artist Edvard Munch author of this work called "The Scream" in conjunction with objects from the history of medicine. So I'm curating this for the Munch Museum in Oslo. In emphasizing that I work with both art and non-art in my teaching and research, I wanted to highlight something that emerged I think really powerfully in the talks given by Steven Legari and Melissa Smith in this series a few weeks ago. Namely that art and art museums can have a special power to heal and to bring people together, but that they can also exclude people who do not feel they have the requisite knowledge to bring to an encounter with art, especially within the space of an art museum, which is a culturally loaded and colonial institution. Using wonderful examples, and research-based analysis, Steven and Melissa detailed the various ways in which they work with their colleagues, their institutions, and different community groups to overcome those barriers, in order to make art and the benefits of art and artmaking more broadly accessible. Steven and Melissa also were highly aware of the fact that there's still much to do to facilitate equal access to their art and wellness programs. They acknowledged for instance that in these COVID times, a shift to the digital has in some ways expanded their reach. They can Zoom in to people all over the world, but of course, the downside is that people who do not have the privilege of stable, high-speed internet access are potentially being excluded from those kinds of programs. So in my work, in both my research and my teaching, I try to break down some of the barriers between art and non-art in the name of accessibility. And for the sake of fostering new relationalities, new relationships among people and new modalities for care. For the purpose of holding discussions, which are often difficult discussions, centred on questions of health, wellness and care itself. To do so, I often discard this awkward terminology I have been using of art and non-art, to foreground the word things. And here, I'm inspired by the Thing Theory of Bill Brown, and the reflections of Bruno Latour and

Peter Weibel on making things public. So, Bill Brown's Thing Theory encourages us to unfix our notions of objecthood and subjecthood, to allow for relations among humans and things, to be indeterminate, shifting, and even boundary crossing between the animate and the inanimate, which can bring some of this theory into alignment with Indigenous ways of knowing. Scholars who use Thing Theory often draw upon the philosophical work of new materialism and that's especially feminist new materialism to emphasize most obviously the materiality, the materiality of the stuff the world, but also the potential animacies of matter, the way that material to be animated or even animate itself. And the universe - this is another aspect of feminist new materialism that animates thing theory, if you like. Many of these thinkers emphasize the universe as profoundly entangled, and here, I'm using the words of the feminist theorist Karen Barad. Reflecting on their own exhibition-making practices, Bruno Latour and Peter Weibel highlight the potential of things and the processes of making things public through exhibition as community building. In emphasizing the democrasizing potential of bringing people together around things, they take inspiration from the Scandinavian languages in which the word "ting" is both a thing and a gathering, traditionally around a round table. This use of ting comes down to us today in institutions such as Norway's Stortinget which is the word for the country's Parliament. Stortinget literally means the big thing or the big gathering. Stor is the word for big, ting and the et at the end is the simply the definite article. So Stortinget Parliament is the big thing. Taking this inspiration from this conflation of thing and gathering, Latour and Weibel go on to define a thing as a quote archaic assembly that binds all of us and gathers around itself a different assembly of relations. So by now, you have been looking at this image on the screen for way too long. And I have done this deliberately in the hopes that in looking at the slide, you might begin to be drawn to the things projected on whatever screen you are using. Out of curiosity or perhaps just out of boredom. The photograph you see is a of a vitrine in an art museum. If my memory serves as the Metropolitan Museum of Art in New York with various objects, various things, of modern design. Now, these things, of course, by virtue of being in an art museum, are liable to take on the label art, but their identity as art or not art is very much fluid and contingent on context. I could go on forever about this this photograph. It's play of shadows and reflections. But what I'm really interested in is the way in which the dark egg-ished shaped thing in the vitrine provokes and can be made to provoke. Provocation of course being the second word of my title that need some explanation. This dark brown eggish thing is artist and designer Isamu Noguchi's radio nurse designed in 1937 and manufactured by Zenith as an object to support wellness. It is essentially the first baby monitor commissioned in the wake of the widely reported kidnapping and then killing of the Lindberg baby. The sleek design of the radio nurse, which was designed to broadcast from the guardian ear at the baby's bedside, seems to me both comforting and disturbing. A thing that, reminiscent of both a nurse's head and a robot provokes for me at least somewhat ambivalent feelings. Now of course I am not suggesting that everyone is moved to have the same feelings about this thing as I do, only that in contemplating this thing, it might be thought of as provocative, and that in telling you something about this thing, I can perhaps provoke a reaction in you. So from the Latin pro meaning forth and vocāre meaning to call, a provocation is a literal calling forth. But a calling forth of what is a matter for discussion. When I use this word provocation together with things, I encourage the broadest of views on what might be provoked by provocation, but I suggest keeping two things in mind; one, that provocation can connote the calling forth of both affect, feeling and action, including physical reaction to stimulus; and two, that in general usage, the affect or action provoked are often imagined or assumed to be

negative. We often talk about somebody provoking somebody's anger. But earlier usage of this word was much broader. An affect or action might be negative, positive or even much more complex. I started to think about the possibilities of using thing provocations to reconfigure my teaching in 2013-2014. When I taught two courses on dada. Dada and its effects and dada, gender and sexuality. As some in the audience may know, dada was an of a avant-garde movement of the 20th century that responded to the horrors of the First World War and society's ills more generally by radically questioning the nature of art, by incorporating found objects and the every day into art practices such as collage and assemblage, by embracing chance and play and I really enjoyed Eve's discussion of the playspace. I hope what I'm doing here is creating playspaces for my students and by engaging in provocations ranging from sound poetry to early performance art, to exhibitions entered through public toilets. More than anything, I think of dada as a call for new relationalities among people, among people in the state and among people and things. In the 1950s and 1960s in the wake of another world war, artists looked back at dada for inspiration, again rejecting many fine art practices such as painting and sculpture to embrace performance art, collage, assemblage, happenings out of which practices such as conceptual art and institutional critique emerged. The neo-dada group Fluxus for instance emphasized everyday materials, actions and relational practices such as mail art. Sending each other things in the mail to creative new and radical forms of relationality and hospitality. When I started preparing these courses on dada, teaching them using a fairly straight forward pedagogical approach, assigning reading, sitting in class, having a seminar discussion seemed to me very much counter to the material. And risked I felt deadening it, relegating it to the past when I hoped students would become aware of the long histories of dada and dada politics in art and life of the 20th and 21st centuries. And so I invited my students to learn about dada by critically engaging with the practices of dada itself, by doing. Each week, a small group of students was invited to offer to the class a provocation which I suggested could be a set of questions, a piece of sound poetry, a performance, or an activity, or a game inspired by that week's readings. Students seemed initially very wary of this style of learning. But after placing myself in a risky, uncomfortable position, dressing up in a cardboard tube like the dada artist Hugo Ball and reciting a nonsense poem, they embraced the provocations as they we went through the term and began to see the deep possibilities of dada play. Drawing from dada's focus on everyday things rather than high art, student groups invited their fellow students to sit on the floor and make collages, to participate in performance art, and even at the end of term, to engage in a collective - oh, here is some performance art for you. And at the end of term, to engage in a collective public performance at the Art Gallery of Ontario. We visited the exhibition of work by the Chinese dissident artist Ai Weiwei, himself an artist very much inspired by dada, wearing signs wearing signs that said things such as untitled. The results of this kind of teaching I would argue are newly embodied forms of knowledge and new relationships. In being encouraged to take risks, and to build community through play, through making and doing, the students themselves foster the kinds of brave spaces advocated for by pedagogical scholars such as Brian Arou and Kirstie Clemons. Inspired by my students' ability to embrace these new kinds of learning opportunities, I started to expand and introduce dada and Fluxus practices into other courses as well. In particular, a series of upper-year and graduate seminars around art and medicine topics. Last year, for my graduate seminar bodies medicalized, students chose individual things from the collection of the Museum of Health Care, and were asked to provoke on their thing in anyway they wanted. In offering my instructions on thing provocations, I asked only that students make things provoke or themselves

provoke something about the thing. I give some examples, a set of questions, a performance, bring in a work of art, etcetera, but I try not to be very prescriptive in my instructions. Some students, and this is always fine, remain in a more academic mode while others push the boundaries. For this class one student chose a small booklet from the museum's collection called the Saga of Mental Illness published by the Ontario Department of Health around 1969. The booklet uses rhyming, verse and illustrations to present a history of psychiatry designed to justify the then current state of psychiatric care. One student wrote additional verses for the book performing them for the class in a way that encouraged everyone to think creatively and critically about the significance and meaning of this somewhat odd thing. Spaces, places and the conditions of encountering things matter. The great advantage of working with non-art things, in non-art museums, is that we can often touch things. But this has both advantages and disadvantages. As you can see from this picture, this space here to encounter these things and to do thing provocation was tight. I think we had 12 or 13 around a small table. Of course such awkwardness can be to the good. There is a forced intimacy among people and things. But it also determines what kinds of experiences, and provocations can happen. We were not for example going to get on the floor and start spreading out all the slides of the stereoscopic skin clinic for example. In 2017, I encountered an ongoing project in Norway that gave further impetus to my pedagogical experiments with thing provocations and encouraged me to expand this practice into my research and curatorial work, in particular with the workshop last year called Doing Medical Humanities with Art, Non-art, Objects and Things. Led by Heinrich Trimo of Teknisk Museum which is the Norway's museum of science and technology which includes under it the national museum of medicine. Trimo had started this project called the Tingenes metode, the method of things, which took the museum's role as a what they call a tingesteader or place of things. Remember that I mentioned earlier that Latour and Weibel defined thing as an archaic assembly binding us together and that they played on this concept in the Scandinavian languages of ting as both thing and gathering. As part of Tingenes metode project, Trimo and his colleagues installed a laboratory space in a central location of their museum with transparent doors, transparent glass walls and doors, reconfigurable areas and yes a round table that enabled different publics, including community groups, to participate in various exhibition projects, really from the get-go of the exhibitions organizing. Projects especially centred on frankly problematic parts of the collection, for instance, a collection of objects from Congo, and an extensive collection of human remains from the medical museum. Trimo and his colleagues' project did not involve art, but I saw the potential of introducing art into the mix as another kind of thing thereby bringing art and non-art museums into closer dialogue. But perhaps more importantly, bringing the of avant-garde art practices I was using to generate new relationalities in the classroom into an interdisciplinary research conversation. For me, this was also a way of experimenting with the combination of art and non-art for the purposes of the exhibition that I'm curating for the Munch museum which I mentioned will combine Munch's work with the objects from the history of medicine in provocative ways. With the support of a social sciences and humanities research council connection grant, doing medical humanities with art, non-art objects and things was a three-day workshop for art historians, historians of medicines, medical humanities scholars, curators and graduate students held in Oslo at the Munch museum, the Teknisk museum and the university. Participants were assigned things from outside their areas of expertise, instructions were given to simply prepare to provoke and with again a few examples, and when participants arrived, they were placed in small groups focused on one thing, and asked to prepare over the course of half a day a

group thing provocation. Graduate students were assigned to each group as record keepers, relays and participants. Elements of chance, serendipity, risk and failure were all part of the process. Experts in different disciplines had to use non-expert language to communicate with each other, and thus fostering interdisciplinarity. Let me share two successes, one from our day at the Teknisk Museum, the other from our day at the Munch museum. So Natasha Ruiz-Gomez, an art historian who you see on the right, that's me on the left, who works on late 19th century French art neurology and medicine, she and I were assigned the thing blood bath shower gel which is exactly what it looks like. It's a gag gift that is often found in medical museum gift shops. I came prepared for our day having done some reading on the psychology and sociology of jokes thinking about how things such as this could both unite and divide people through humour and discomfort. Natasha had gone beyond. She purchased blood bath shower gel and she invited members of her family to use it. Then she interviewed them about their experiences using the shower gel. Combined, our mock series provocation was an ethnographic study of blood bath shower gel that invited people to reflect on the meaning of gift-giving, what it means to give such - this gag gift which also has such a strange relationship to our own health and bodies. Right? You're showering with blood. That's weird. Before summarizing the thing provocation based on Edvard Munch's 1902 painting *On the Operating Table* I should reiterate my point about how different places and spaces determine how people interact with things. While the laboratory space of the Teknisk museum was a real playspace with transparent walls, round table and flexible space, and it was designed specifically for these thing methods we were trying out, the Munch museum on the other hand with its high security vaults, cameras and ever-present security personnel is probably the exact opposite of a playspace. A great deal of negotiation and trust was involved in having our small groups enter into secure spaces, into the vaults, in order to work with the art things by Munch that we had selected. Those spaces of surveillance, I think, were perhaps even counterproductive to the kinds of practices we were trying to encourage. Nevertheless, I have to say, participants rose to the occasion. And this is one example here. Using found objects including the cookies provided to us in the auditorium, this group presented us with a kind of absurdist performance of Munch's operation scene. This painting on the left is based on Munch's own lived medical experience having a bullet removed from his hand after a quarrel with a lover. The group bravely acted out the struggle and the operation raising profound questions about reality, representation, and the emotional charge provoked by the painting. To say that it was a provocative performance, and that it created new relationalities among the participants is I would very much an understatement. Now, I'm terrible myself as social media, although I'm getting better. And fortunately, but fortunately some of the participants were better at it than I. Felicity Callard is a key theorist and the critical medical humanities. She has written extensively about the every day challenges and the emotional labour of doing interdisciplinary work. So I was very gratified by her enthusiasm in the workshop. Her tweets, although it wasn't retweeted that much, it was small event, but her tweets have led to an opportunity to further expand the project in partnership with what's called the Northern Network for Medical Humanities Research, and the Wellcome Collection in the U.K. Funded by the Wellcome Trust, a charity that funds research and biomedicine and public understandings of biomedicine, the Wellcome Collection is a unique institution that houses and collects objects from the history of medicine, and art, including contemporary art. Keen to ensure that early career researchers or ECRs have opportunities to use their collections, the Wellcome is now funding the project *Thinking Through Things: Object Encounters in the Medical Humanities*, to foster new research on health and

wellness, and new research networks through encounters with things, including art, in their collections. The project kicked off earlier this year, with a number of events, including a workshop at the Welcome Collection in London for an interdisciplinary group of ECRs, curators and archivists brought works out from storage and gave fascinating overviews of the collections with one of the goals of workshop participants being to choose a selection of things that would form the basis of thing provocation workshops to conclude the project. One of the researchers suggested that throughout our day, we conduct autoethnographies, recording our feelings, thoughts and experiences. This I found to be an enormously helpful exercise revealing to me a key component of working with things in collections that I had long sensed but not articulated. Namely the barriers intentional and unintentional to archive and collection encounters put in place by expertise. The curators and archivists who presented the collections to us were generous with their time and expertise. But in and of itself, that time and expertise acted as a barrier to our own engagement with things from the collection. We listened intently to their views, we followed their lead in looking at things, and we happily imbibed the fascinating information they passed on to us, gleaned from years of intimate contact with these collections. But while the people in the room were experts, researchers with advanced degrees, our lack of familiarity with the specific things on the tables combined with the presence of people who knew these things so well, actually kept us from really engaging with those things. The day was over, and we'd hardly had a chance to look with any concentration with the things brought out specifically for the group, so that 30 seconds that Shannon mentioned earlier that people often spend in museums, it's real. People move on. So this is provoked for me some intensive thinking about accessibility to collections, and how I as a teacher, researcher and curator can create radical conditions of access in the classroom, in archives and collections or in museums spaces. How do you invite people to think about things, including art, when the barriers are as much mental as physical? Do I have the expertise? Who is this person in the room with me, with expertise? Is there a right answer? These are real experiences that need to be negotiated with care. Okay, I just have a couple minutes here. Sorry I'm going a bit late. Also needing to be negotiated with care is a radically changed world in which the thinking through things project is going ahead. This group cannot now get together in London or Manchester to create community as they had planned through thing provocations, and we can't even access other than through a screen, the things we had chosen to create these thing provocations. And moreover as the project overtly acknowledges, the precarious work conditions of early career researchers in the U.K. has been exacerbated by lengthy and ongoing lockdowns. To think through some of these challenges, we've gone back to some of the touchstones of my thinking about things, to dada to Fluxus, to Thing Theory to entanglement and to things as an archaic assembly that binds us. I will be - oops - I will be taking off the project with a talk next week, but more interestingly, it will be followed by a series of workshops. This can be made available if you're interested and I can make the website available of course to you. So you don't need to read everything on the screen. But I wanted to point to you to some of the wonderful workshops that might colleagues have organized. There are workshops on creative writing on objects as desiring, on making zines and curating the every day by inspired by the scrapbooking process of Audrey Amiss, on making masks, and there also will be a series of reading group workshops. The project - whoops, the project will then conclude with a thing provocation exercise inspired by Fluxus mail art and the event scores of the artist Alison Knowles. Each participant will receive an archival box with a set of postcards reproducing an art thing from the Welcome Collection. And a set of very simple instructions along the

lines of live with these reproductions of this art thing for a while. I can't tell you what the workshop will be like for risk of spoiling the elements of chance and serendipity that my collaborators and I value in this process. I can only say that we will strive to create, even in the virtual space, the conditions for brave interdisciplinary and caring spaces from which truly critical humanities research on medicine, health and wellness can emerge. Thank you.

Thank you so much, Allison. So intriguing. Ever since we started talking about this, it's changed my way of thinking on so many levels. So I appreciate your talk. And I just wanted to let you know that Alexandra from the MOCA in Toronto said she took Dr. Morehead's gender and modernism class when I was a student at Queen's and I have to say it was one of the most eye-opening courses I ever took. >> Allison Morehead: Thank you. And when I was just thinking about encapsulating your talk, I think a lot about process and product, because I really come from this, you know the making of art as being as important as the outcome, but I almost wanted to say that when you were talking I was thinking about then from those things, or the products, it's almost like we're - I don't want to say we're going backward, but it's like the next step is provocation so wouldn't that be great to say, process, product, provocation? And seeing the work in museums as that kind of provocation.

And then it can be cyclical too, you can use that object to make more things. And increase the playspace of things. I will use this term all the time. It will be an iterative process and that's such a wonderful thought.

It really helps people to access these objects and things or products in such a in you way, that again, as you said, grows our understanding and our empathy and our connection to each other. Thank you so much. I am thrilled to now introduce our next speaker, Max Montalvo. I'll introduce you here, Max. Max Montalvo, MD is an award-winning visual artist and a practicing emergency room physician in Kingston, Ontario. He has directed and produced music videos for various Canadian musicians most notably The Tragically Hip earning the Much Music best rock/alternative video award, for the band's single, In a World Possessed by the Human Mind 2017. Further collaboration with the Hip, produced the short film Raspoutine, an inside-the-studio look at the band's album recording progress, and 161! an online visual poem that explores human perception. Montalvo blends his passion for the arts with his role as a physician. He is actively involved in the use of visual art, film and sound in medical education creating a series of short films used in the faculty of emergency medicine at Queen's. Several medical conferences have featured his workshops, guiding participants in the use of the short film genre as a novel method of medical teaching. Montalvo appeared as a guest on CBC's White Coat Black Art in the episode where Art and Medicine Meet. And we welcome you, Max, for your talk, the Physician as an Artist. Before we move into your talk, we wanted to let everyone know that one of the films Max will be showing does have a nude model in it, as art often does, so we just wanted to give that as a little you know something so just in case. I wanted to let you know that. So welcome Max, and thank you for being here with us. Thank you. It's a real privilege to be here and to follow such great talks by Eve and Allison. I think I am always amazed by how things overlap although we work independently and then you see themes come through that I think are common to all our talks. So, I'm going to start off - I would like to show a short film, and that will introduce the talk. I'm not the most technically Zoom savvy, so let me know if there is problems seeing it. Just give me a wave if it's not working there.

It's not up yet. Or at least I'm not seeing it.

Okay, give me a second here.

So Max just make sure on the bottom, there is the screen share tab and you need to click that arrow at the bottom of the Zoom screen. There we go.

Okay so you can see my desktop there, now yes?

Yes.

All right. Here we go. (Music). (No audio). So, I want to start off by saying that Shannon mentioned I'm both a physician and a visual artist. I grew up in Mexico heavily influenced by arts. My mom is a fine arts artist who essentially had a wonderful environment in which to absorb art, music, art, and really grew up watching her work late into the night, many many nights and learned I don't have formal training in art per se, but really it was through the years of growing up with her that I was exposed to this. Now about six years ago I received a birthday present from a friends Leslie and Rob to take a drawing and painting class with Dan Hughes. It was really an amazing experience. I had not formally done a drawing class. I have done it ever since. Dan and I have become good friends, and he's - he is a wonderful role model and influence as far as my art development goes. And it was really that very first session that we did that the very first thing we did was gesture drawings. And to me, I started immediately making connections between what I did as a practicing physician and drawing. You know, it became apparent to me that especially following Allison's talk on objects, that we - you know we both object identify the human body, so as you are drawing, I really learned to as Dan would say blur out your eyes so you can see where the light and the shadows are, don't worry about too much fine detail, but to get really the essence of the dynamic pose that the model gets into. And within gesture drawing, we would do exercises where they would be either done very very fast over say a minute or two, and sometimes longer longer poses. And you know, in medicine we certainly also object identify the body to better understand the function in terms of when the patient comes in, we develop an approach very much leak a drawing approach, an approach to patients who can certainly in emergency medicine can present with anything, and so you need approach to be able to try much in the way that you try to get the essence of the dynamic pose in that drawing is that we try to get the essence of why the patient is there. And so, this is a video I now use actually as one of my teaching methods. So one of the sessions we do is that medical students who are doing their last year in medical school called the clerkship, the clinical clerkship, they are rotating through the different - through many different departments, and doing rotations is a two-week rotation I think they are with us. One session that I do with them, is that I will have two students at a time, who go in and assess a patient. I give them feedback in terms of their assessment, and I now start the session with this video. It's interesting asking their their opinions in terms of what they think when they first see that prior to going and assessing the patient. And I have heard things like saying, you know, well it's the art of medicine. Medicine is more objective and art can be more subjective. We discuss what is art, you know? I think I would certainly look at Dan's beautiful sketch of Paul, and I would call that art. But at which point does it start translating into when you call it art. Because I'm sure that Dan's original drawings were quite different than what you see thereafter years of experience, of doing that. Some of the other things that to me overlap between the two fields, we think of them as very different, is that they both require an approach, and certainly the approach to drawing as I think Dan showed beautifully there, is that he is not drawing the body from the top down, starting with the head and moving all the way down to the feet. If you notice, he was sketching out the proportions at first, and one of the things I learned in terms of when you're looking at an upright posture of a model is that there are fairly consistent proportions that the body would be seven and a

half heads tall for example, when you start sketching out a pose, and that by focusing on three lines at first, in terms of where the shoulder position is, the pelvic position is and the spine, that gives you the core of the pose. And then you start filling in the rest through hundreds and hundreds of repetitions and learning different techniques to do that. But, that approach is analogous to what we do in medicine which is when we see a patient there is a traditional approach in the clinical interview, which is the cornerstone of clinical medicine where medical students learn throughout - before seeing patients, they will simulate patient encounters and they learn a structure of starting out taking history, getting the details of what brought the patient in, starting to formulate what we call a differential diagnosis of a list of possibilities of what could be going on with the patient. Then we use a clinical exam to almost rearrange that list of what we think is going on by looking for evidence that may support one or another diagnosis. It's really based on all that we then go to order tests and is try to rule out certain things. Sometimes in the end, we may not know precisely what is going on. But our goal in emergency medicine is to try to rule the worst things that it could be and approach it that way. So, I want to show you another film now, which is I will talk and narrate over. And this is based on a session that we were fortunate enough to do at the Agnes with Shannon's help. And it was where we brought in our emergency residents to do a three-hour session on life drawing. Now Shannon, can you see my - are you seeing this box or should I be -

Not yet. Again go to the screen share button at the bottom, and with the arrow that is pointing up and then you'll get into your screen share.

When I showed you the first one just out of curiosity, did you see the whole screen? I see the panellists at the very top but I'm not sure if that's what everyone is seeing as well.

People will see different things. Hopefully they are on speaker view. Then you're on the right-hand side for me.

And you see it there now?

Yes.

All right. So there are schools that have done this very thing. They've brought in medical student to galleries, to be exposed to drawing, and there are several studies out there. I picked one, wanted to talk about one in particular which was done by Jaclyn Gurwin, 2017. And they brought in one of the randomized medical students to either getting exposed to art drawing classes and the other half did not receive that opportunity. So, we recognize that observation and description are really critical to the practice of medicine. That's very much things that you do when you're you're learning to draw. This is not something explicitly provided in most medical schools. And they really wanted to have a look to see whether exposing students to learning how to draw may develop their observational skills. So there were - this was in Philadelphia. And there were 36 medical student who participated. Half of them were randomized into taking the art training and the other half did not. They were called the control group. And they were taught by professional art educators at the University of Philadelphia, six one and a half hour sessions over the periods of three months. And they got tested before and after in terms of how to describe works of art or look at patient's retinas, photographs of retinas as well as photographs of diseases that you can appreciate by looking at a patient. They wanted to look at how good were they at doing this before and after essentially. So they would grade their descriptions of how good the student were able to both describe and as well as assess especially retinas, and some art pieces as well. They noticed that the students who actually took the - who were exposed to this performed significantly

better. That's statistically significant better than the control group who had not been primed to do this. So, the conclusions that they came up with is that for first year medical students they actually can improve their observational skills as measured in this study that they did. And that there are principles from the approach to learning art that can definitely be applied to medicine as well. Most medical, if not all medical studies finish with a comment that further studies or further studies are required to examine the impact of this training on actual clinical care. And the year after the study was done, I arranged with the great help of Shannon at the gallery an opportunity to have the students come in, and have Dan Hughes lead a session on drawing. And so, it was a done right at the Agnes and a room where we normally have the classes there. Some of them -- Paul who you see on the screen there is actually - even though he hasn't done formal training really was it amazing to see what really little direction what you know naturally what he could do. So after the first hour, that without any direction, they were drawing the model, then the model was approached really from the point of view, how Dan will guide somebody through it. And one of the things that I noticed, not only were they the technical aspects of all this, but it was a good team-building experience as well. You know people can feel isolated in medical training and overwhelmed and oftentimes, you know, the feelings there people don't know enough or there is still so much to do. But this was a really interesting exercise to almost unearth a little bit of introspectively find out how the residents were, although they were in a in a setting they were unfamiliar with, how they reacted to it. And they were certainly very very engaged and both individually and as a group, we had a session after to debrief and they found that they really felt like they were being taken out of their comfort zone in doing this. Which is again something we do in emergency quite all the time. And it was a way to reassure them that although when they walk into the department, and see a patient with a particular continue, no one expects them without an approach or experience to actually manage that patient. And so, it was very well received and a really great exercise to share with them. So, what I have shown you so far is an example of what for me, you know, drawing is like, life drawing is like. Try to show it with Dan drawing Paul. And an environment which is very peaceful, devoid of any distractions and really focusing on the essence of obtaining, you know the essence of that pose. That's not really how it works for real life for us in emergency. I want to share with you the next video which is about four minutes long. And, I am just going to play it, and discuss a little bit after here. Shannon I may need your assistance once again here. Oh no.

No problem. We can see your screen.

I'll get it.

Is it on this page here?

You can see it, there? Land of greed? Yes.

Okay. All right. (Speaking in French). (music). ♪ I'm not afraid to know ♪ ♪ This is the land of greed ♪ ♪ Don't be afraid to read ♪ ♪ This is the land of greed ♪ ♪ I'm not afraid to know ♪ ♪ This is the land of greed ♪ ♪ The more that everyone needs, the more than everyone needs, the more that everyone needs ♪ ♪ This is the land of greed ♪ ♪ This is the land of greed ♪ ♪ This is the land of greed ♪ ♪ This is the land of greed ♪ ♪ This is the land of greed ♪ (music). (No audio).

So in real life, they often think that it's really more like that, that we're although the essence of the structure of trying to get a this thing where you try to get a gesture from a model that we're trying to understand a patient that there's often distractors and some of those distractors are things we can't

control, like the environment, a busy environment. Sometimes it's our own you know, our own barriers we put up to ourselves, where there are you know, the different characters can represent both our conscience, our self doubt, and you know, the anything like that and so, I think that bringing the residents to expose them to the gesture drawing not only I think is a useful exercise to improve their observational skills and to keep the big picture in mind, not focus too much on details often, but that it's like that. And there was one - I don't know if you may have picked up on this or not, but as the video portion's about to start following the little vignette that happens in black and white in the café, a woman comes on and says, this is not Artaud's café. And that's analogous to René Magritte's picture of the pipe, this is not a pipe. In fact, to finish off the talk, I just want to touch on this. That although I asked the students to say when you come out of a room ask yourself whether you really captured a picture of the patient in front of you, whether you get a sense of what is going on. That happens not only through observation, but also through narrative, and it is really that much in the way the pipe the painting of the pipe, or this video is not what it says it is. It's a representation of it. So the pipe is a representation of a pipe. It's a painting. The same way every story that we hear and it is truly medical clinical medicine is storytelling, is we are hearing a story initially from a patient, not exactly what happened, but a patient's version of what happened. And the resident or student will collect that information and form you know, a picture of what they feel is going on, and form a narrative that then is passed on to us and then we in turn form a picture of that. I want to close off with a short exercise here, I'm going to share with you on this screen. Which is really inspired by a session that Carmen Papalia did last year at the Agnes in leading a blind tour of the Rembrandt exhibit that was there. I think it really highlighted to me what it is that we that we do. So. What I'm going to do right now is to describe a painting for you. I want you to picture it. Hopefully the screen is dark. But it's even more impactful if you actually close your eyes and just listen to the description. So this is a portrait which is oriented in a portrait orientation. The first thing that strikes me is it looks quite old like it was done a long time ago. It is a portrait of a woman sitting on a chair, looking at you the viewer. And I notice a number of things, is that first thing I notice is that she has no eyebrows, she has hairline that looks to be receding a little bit. Looks like the - you get a sense that her hair is thin. And her skin, it's hard to tell on the overall colour, because it looks old whether the paint has been affected by time or not but it almost has the whole painting as a bit of a yellowish hue to it. Her skin almost looks a little bit more yellow than the typical skin tone. I notice that on her left eye, just on the just adjacent to the eyeball on the nose, there is a little growth that she has there. It's on the skin. It's not on the eye, but just to the side of it. Her neck looks almost in looking at her anatomy like there is swelling on her neck. And as you move down, the other thing I notice is that on her hand, she has what appears to be a growth and the skin is smooth but it looks like this growth is protruding from the skin, between her index finger and her thumb, part of the hand, not the palm of your hand but the other side. She is sitting overall when I now look back at the whole painting is that she's sitting on a chair on a balcony and there's a landscape at the back. The landscape has a mix of colours. Towards the back it looks more like blueish colours. And as it moves to the front, there's more blues and greens. There is even a some detail on the landscape behind her, there is a little bridge of arcs. And her overall looks looks to be peaceful. Perhaps - and it's hard to tell whether she is looking sad or not. She is covered in a veil and is wearing a dress which is quite I would describe it as you know quite textured and elaborate. So, I'm going to show you the picture now. Keep looking at the screen. I wonder whether how close it is to what you pictured. In the spirit of what's been described already twice in the talk as the

average time that people look at a painting is about 20 to 30 seconds, this is about 30 seconds of probably the world's most recognizable painting arguably. If you notice on here - I have to say this is I read an interesting article by a physician who was waiting for an hour in front of the Mona Lisa. And I don't know if he was waiting to sort of go in or if he was there was a line-up to get out, but he stared a long time and he felt from his perspective as though she was ill. You can notice there what I was describing on what would be her left eye towards the nose that there is a little growth. There is a difference in colour there. That sometimes can be cholesterol deposits that can get in their eyes like that. So suggesting that she may have had issues with her cholesterol. Also described on the part of the neck that is closer to her right so the right side of her neck, there is almost a little concavity to that. Could be some fullness on her neck. He was suggesting that perhaps that might be a goiter or having low thyroid based on there not being enough iodine in the diet. That's can, that's one of the causes of that. You can see on the knuckle, it's not actually on the knuckle or just behind, there is a protuberance, a bit of a growth to the hand. And I think what this exercise really illustrated for me in that session is just how much we rely on other peoples words to frame our own picture of what we see as physicians and what that means, how important that is, because if I would have chosen to say this is a I could give you lots of clues to find out clearly that this is the Mona Lisa, but on purpose, I was withholding some of that and sharing some other things with you. Just to see whether you could picture it or not. Now I would love Shannon to be able to get to the chat to see if there is any comments on that. Or anything else, but I hope you get a sense from the talk that I think gesture drawing or drawing in self is although traditionally thought quite different and separate from medicine, it is actually not as subjective as people feel. It really takes the same sort of approach to mastering clinical medicine, its the repetition, understanding of proportions and having a definite approach, learning lots of different techniques that can then be.

Max I think you're muted.

Can you hear me there okay?

No, we can.

It doesn't show as muted. I'm going to write on the chat.

You're good now. We can hear you.

Okay. Anyways, that's what I wanted to wrap up with. I want to thank you, thank Charlotte, thanks Maddi, and Shannon as well as - it has been a privilege to share this afternoon with Eve and Allison as well. Thank you.

Thank you so much, Max. I love that exploration of at the end there. We had some comments.

Somebody, Erin said yes, I thought of Mona Lisa when you mentioned no eyebrows, which is great. And then Val said I forgot she had no eyebrows, my vision was a bit different. Somebody said they pictured Queen Elizabeth the first when you spoke of this. And it's so interesting, I don't know how many times I have looked at that portrait, and never really noticed those things that you did, so really, it does speak to how we are also individually biased in what we look at and our opinions of things. And I think that's one of the main outcomes with our study here at Agnes Etherington Art Centre where we're working with the School of Medicine on a program called the Art of Observation, and when I was sitting in the first of our classes, that really came up from the student that everybody has - everybody comes from such a different place, similar in so many ways, but we all have assumptions that we start with, and I think you know, we have as a doctor, you're reminded not to have those biases or places that you come

from that aren't you know open and general. So taking this type of course and bringing this into schools of medicine is really important on many levels, so thank you for bringing that up with us. So now we have about I would say 10 minutes, maybe 12 minutes for questions. And I would love to see if anyone has any questions in the Q and A box. We have lots of thank yous from our participants and viewers today. So thank you to all of our speakers. I love Eve when you were talking about the flow state. And I wonder if we can bring Eve back to speak more about flow states and how those in themselves are healing. We're doing a program with the surgical residents at Queen's. It's a double outcome. We're looking for to support hand dexterity for surgical students, and also talking about wellness for them, and relaxation. So, where does what is a flow state and how do we reach that?

Yeah, great question. A flow state is something that surprisingly most people will have experienced in their life. We just don't always know that we're in those states. So the flow state is characterized by when you're in a - you have a sense of timelessness or that time is doesn't exist at all or it's going by very fast or slowly but you're not focused on time. You're not you know, in thinking about tomorrow, or thinking about yesterday. You're really anchored in the present moment. And you also have no sense of self per se. You may be focused on your body or sensations in your body, but you're not thinking about your beliefs, your identity, your name, you're just purely again part of the present moment, and a lot of us have experienced this when doing an activity that we genuinely love, that we're intrinsically motivated to do. I saw dance in the chat. A lot of people experience with dancing or doing a sport that they love, like running or baseball or basketball, whatever it might be. You might have experienced it then. If you are a visual artist, maybe drawing gets you into the state of flow or playing music or listening to music can get you in the state of flow where you're just completely immersed in the present moment. That can be quite beneficial because it's really expansive when we're in those states. It stops time. It stops our sense of self. In the way that we usually experience it, and our flow of consciousness is usually full of me, I want this tomorrow, next year, I do this na na na this person told me this, so we're always relating this to time and self. So to be in those states can be very freeing. It can let that intuition shine through, and it can be quite restorative as well.

Wonderful. Oh, Allison, do you have something to add to that.

I wanted to ask Eve a question just a follow up question. I wanted to know the role of toys is in the playspace and in the creative process, just in your presentation.

Yeah, I actually even before I started talking about that, there is a really cool show on Netflix called Abstract. And there is an episode, I forget her name, but she is a toymaker. And I think everything I have to say about that is in that episode of her making toys. Because she makes open-ended toys like toys that you can you know, you don't have to they are not prescriptive right? They don't describe this is how it should look like. I think with creativity, if you're going to use toys, it's important that they be more open-ended or that you can use toys as stimulators for either - I love play dough because it smells like something. It smells like a lot of people's memories, it has colours, and it has like a feeling. It gets warm when you play with it. It can take on different shapes. So that's quite open-ended. It stimulates a lot of senses. Lego is the same. If you're not doing the same thing as the box. You can kind of just use the shapes and sizes and colours. Some bricks are clear. Some bricks are solid colours. And so, there is you know, spinning tops or skipping ropes that are a little maybe more physical, that you can use to engage your body, because I and I think I don't have to say that to this audience, but the body hold a lot of consciousness, right? You hold consciousness in different parts of why you are body, and so depending

on how you engage the different parts of your body, or that different that you imagine these different parts of your body can bring about different ideas or different feelings or different insights. And so I think the importance of toys in play for creativity is that they be more open-ended and less prescriptive like this is how you have to play with it.

Thank you. One of the things I was thinking of too with flow is that a really optimal state of flow is when you're doing something that's just slightly above your skill level, so you have a challenge. It's not too easy and it's not too difficult because when people really are high achievers and sometimes in medical schools, you know, you have students that really want to achieve, and so there might be this aspect of fear because you don't want to mess up or do it wrong, but getting to that place where it's just a little bit outside of your comfort zone will really inspire you and encourage you to be more in the flow. >> Eve Blouin-Hudon: Yeah that's a good point. That's really important actually to the flow state, you're not doing something too easy. Then you fall into like into boredom. That's the state you fall into. If it's did I have then you can fall into anxiety or fear. So it's that sweet spot between you know, there is a just a sweet spot outside of your comfort zone that is the learning zone. Then if you're too far out of that you are the panic zone so you want to stay in the learning zone.

I have another question here that's come in. Someone is asking, are there any existing museum education programs that you see exemplifying your work fostering this type of flow state, creativity play, and or thing provocation. If not, what types of programs do you envision would do this kind of work? And that's mostly directed at Eve and Allison. But I'm very curious about this too, because it would be incredible to get some thing provocation going at Agnes. Do you have any thoughts?

You know I suspect it has been going on in a lot of places without being named as such. I mean, I was drawing of course on this example from the Teknisk Museum. I think a lot of, I think it was so rich to bring together curators from art museums and non again I hate this terminology, but it suffices, because I do think that they do tend to program differently. And they think about engagements with collections very differently. And so I really this is partially what I really appreciated about the thing methods project, that Tremo was doing at Teknisk Museum and I what I try to work through in bringing art museums and non-art museums together. But I think, you know, museum educators and curators are so creative right now. This just been an explosion since - I don't know if Shannon what you would say kind of the mid-90s is maybe where I would kind of situate this, like the creativity that happens within educational programs, educational departments in museums is really this incredible well spring of creative ideas and how to engage all kinds of people differently with collections. You know, there were some great examples given again in a couple of weeks ago Stephen Legari at the Montreal Museum of Dine Arts. Melissa Smith at The Art Gallery of Ontario. I often you know there is again Shannon, I think this doesn't happen - I think university museums have this amazing role to play because they tend to be these laboratory spaces and curators and educators tend to interact a lot more. But in a lot of bigger museums, those departments don't always interact. And sometimes as an academic I don't get to connect with the educators as an art historian, I don't get to connect with the educators as much. When I go to museums I'm trying to like find out who the educators are so I can really try to get a sense of what they are doing. Again, I don't have any more specific examples other than to signal the talks that were given a couple of weeks ago, and my own encounters in Norway and with the Welcome Collection as well, this is a really fascinating museum/collection that really crosses a lot of boundaries both in its exhibition-making and its exhibition programming and the way it creates spaces. They have this amazing

library space for instance where collections can be really you can interact with collections in totally different ways. So yeah, those are the examples that spring to mind. But I suspect there are lots more that we're just not you know, just haven't quite sort of broken to kind of a broader consciousness, but are happening on the local level everywhere.

I think that's great to bring up. And I wanted to just mention Lincoln Centre education. Their work is based on the work of the aesthetic philosopher Maxine Green who talked about the space between the art work and the viewer as being full of incredible potential. And they have 12 imaginative capacities that they work on when students are and visitors are placed in front of art works and around art works, and I think that's really important for us to remember this unlimited potential that is in existence. And we just don't even know what that is until we stand in front of the work and allows these sorts of processes to happen. I'm just being mindful of the time. We have a question for Max. An artist performs and then achieves a goal, no matter what the outcome. A physician may look at the patient like an artist but needs to achieve a diagnosis as close as possible to the truth. Would you not need many artists in the room to approach the truth? Great question.

That's a great question. I think in a way that does happen similarly in that I'm describing at a very basic level the interaction between a patient and the physician. But more practically what happens is as a patient arrives to at least in the setting where I practice, they will initially share the story with a triage nurse, who makes some notes in terms of the version that she or he has extracted from what the patient describes, and it really starts there in terms of the flow of how we assess patients is you know, well, at that moment, an initial thought is started in terms of how sick the patient is and how quickly they need to see a physician in the emergency department. So sometimes, so that's an initial the initial assessment. And then, they are seen usually secondly by a nurse working in the particular part of the department where the patient is taken and to be assessed. Then sometimes by a student or resident, sometimes directly by us as attendings. And in fact we do collaborate quite a bit at work, where depending on the complexity of the patient's presentation, you know, certainly could be something as straight forward as a twisted ankle while playing soccer, and but it can be very very complicated sometimes. So really I think that the angle of approaching it in terms of careful observation and trying to really - because we are relying so much on the patient's narrative of what happens, and their own knowledge base around understanding what that is, and getting that picture that I go back to whenever I work with the residents or students, or for myself, as I'm writing my note, I'm asking myself whether I have got the right picture. Not infrequently, we will collaborate with other physicians who were there either through emergency saying you know, what do you think? If something doesn't quite fit. Or other times, we'll further refer the patient to a specialist where we feel like this is we have identified enough to recognize that although we may not know in that particular moment what's going on with the patient that they do require further involvement of other physicians as well. I heard a colleague of mine describe medicine sometimes like the old Polaroid cameras, that you take a picture and it's blurry and it takes a whole minute for that picture to become clearer. Patient presentations are very much like that as well. So I think there's many factors to certainly with a goal to try to consistently and every time trying to understand what is going on in the essence of what is going on with the patient, and it doesn't truly happen in isolation. Normally I think there are, depending on the complexity of the case oftentimes lots of collaboration and discussion around that. Great question.

I can't help but imagine the studio where we have all of the students around the model and every single person sees a different perspective. If we put all those pieces together, would we get the whole picture? Or yeah.

That's true. And oftentimes that's the fascinating part about collaboration through consultants. Sometimes it is very much like imagining taking a consultant who may not necessarily see the perspective that you are approaching at that moment, but having him come and see your perspective, walk around the room and look at her from the angle you're looking at it, and conversely for us to walk around and look at it from the angle they are looking at it. I think that really helps to foster a healthy collaborative patient-centred approach to medicine. I saw that the question from Bonnie Anthony in terms of are there any benefits of being an artist and a physician? That's sort of what I take from it, I think taking the pressure off that you need to sometimes step back and not feel like every single, like the fear of being wrong is really just it's taking a different approach and thinking I'm trying to really understand and capture the essence of what is going on with that patient, trying to minimize what happens in the second video, Dan with all the distracters and trying to think back to the first one which is to really focus on the thing on your approach and to trust that approach.

Well thank you everyone. I'm going to wrap it up now. It is 3 o'clock. But I just wanted to thank all of our viewers, and participants. People who have come from all over the country. This is the end of our series. I would like to thank our speakers today of course, Max Montalvo and Eve Blouin-Hudon and Allison Morehead. I would like to thank Queen's University for giving me this chance and allowing me to, me and the team to offer this series. The Agnes Etherington Art Centre of Course. I would really love to shout out to Maddi Andrews who has been our productive assistant and Charlotte Gagnier as well who has done such an incredible job managing all of the registrations and holding space here for us. I would also like to publicly thank our funding agency here the Community Foundation of Kingston who provided the funding for this series. Culture Days, we are associated with culture days and how important culture is for our country and for our communities. And just to list of our other speakers Jannis Timm-Bottos, Savneet Talwar, Melissa Smith, Stephen Legari, Elaine Kicknosway and Stephen Longboat. Thank you to everyone for being a part of the series we're really thrilled. It will be, it is being recorded. It will be edited and put up on Digital Agnes on our website. So please do go back because there is so much rich information from every one of our speakers. So thank you again everybody and enjoy the rest of your day. And may creativity and art and wellness be in your life forever. Bye everyone, thank you. Bye Allison thank you.

Thanks so much Shannon, Maddi, Eve everybody who's still here. Thank you everybody.

So nice to meet you Allison. Likewise, I hope we can be able to connect. Yeah let's connect. To everybody out there.

Absolutely. Thank you so much Shannon and Maddi and oh is she gone, Charlotte. Thank you. Bye.