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LETTER FROM THE EDITOR

Dear all,

As things go, there seems to be a sense that there is more light at the end of the tunnel with the lifting of pandemic restrictions. After all, massive effort has been expended in curbing, ring-fencing, vaccinating, persuading... Just as we dare to think that we might be over the hill, a new shadow looms, a new variant, casting uncertainty all over again. Does it feel like whatever we do would never be enough to bring all this under control? All this will pass, someday, the question is how long? In the meantime, are we unconsciously in the “Pause” mode? Surviving, but not quite living? How do we find meaning in the work we do?

Recently, I came across a quote from a 3rd century philosopher and theologian, St Irenaeus, who said, “God’s glory is man fully alive.” It struck me that it has been a while since I felt that way – fully alive. How glorious it must be to feel fully alive! Activity and social interactions are often the ways that bring on that sensation, and since much of that is not possible externally, can we ‘come alive’ from within? Coming up with an idea, a plan, a poem, a surprise for someone, a dessert, anything... to ‘create’ something, to share a piece of ourselves in its expression, that can really make us feel alive!

So, in this issue of our Medical Humanities newsletter, we invite you to take a closer glimpse of how the creative arts bring life and meaning to healthcare practitioners. Four experts in the field of humanities will share their experiences and thoughts in the areas of research, collaboration and mental health. Meanwhile, dabble in some creative exercises of your own. I do mine with scissors, trying to make the flowers in my tiny garden bloom...

Dr Janet Ong Kheng Hwee

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Literature, Philosophy and Healthcare: Gaining new perspectives

By Michelle Chiang , Assistant Professor of English and Co-Chair of the Medical Humanities Research Cluster at Nanyang Technological University

I would like to share my experience as the principal investigator of a clinical study that looks at healthcare professionals' lived experiences of caring for stroke patients in Singapore. From this phenomenological study, not only will the team uncover challenges that doctors, nurses and allied health professionals face daily, but also their understanding of quality care beyond its textbook definition.

As a literary scholar, I work in the intersection of literature and philosophy, and my research interest lies in literary representations of a two-fold loss: loss of something/someone and being at a loss because of the former. I stumbled upon the medical humanities as I was grappling with a recent death of a loved one, and as a result examined the portrayal of temporal experiences in memoirs written by the dying.

During the course of my research, I learnt that more could be done in terms of raising public awareness about end-of-life conversations and the importance of the lived experiences of patients at the end of life. My work caught wind and I was given the opportunity to speak at a several symposiums and met many like-minded healthcare professionals. However, I soon realised that as a non-clinician, conducting research in this field meant that I had to “start from scratch.” Of particular importance was the recognition that patients needed to be protected emotionally and psychologically if they were to share freely about deep personal experiences.

To learn more, I audited my colleague's module on research methodologies, attended workshops to pick up transcript coding and interviewing skills, designed a study that would involve non-vulnerable participants as part of my training, and finally received a grant to conduct this study involving healthcare workers caring for stroke patients. It has been three years since I embarked on this steep learning curve, and I have learnt much more than I thought I would.

After many hours of interviewing, transcribing, coding, and identifying themes, a conceptual model eventually emerged, clear as day — our participants' perspective of quality care for stroke patients in Singapore. Our research article is being peer-reviewed right now so I shall not give too much away. What I would like to draw attention to are some discoveries I made along the way. I realised that while my understanding of phenomenology and hermeneutics informed my analy-

sis of the transcripts, my training as a literary scholar was invaluable in the identification of codes and themes. Nope, there was no beautiful prose to appraise as in the novels of Marcel Proust, no poignant use of metaphors to provoke this reader's sensibilities as in the poetry of W. H. Auden, but our participants were able to articulate through humour, pauses, hesitancy and everyday words the tension between wanting the best for their patients and the limitations they were experiencing.

The pattern which emerged through their words illustrated a narrative that was not dissimilar to what I was trying to investigate – how to improve patient care in spite of the challenges faced. However, there was one important difference: healthcare professionals must wrestle with challenges on multiple fronts under graver circumstances daily. Their predicaments began to preoccupy me more and more. As a result, the study's objective now is as much an attempt to improve stroke patient care as it is to bring to light and give nuances to the challenges faced by healthcare professionals and the effects on their well-being.

These findings and lessons learnt would not have been possible without the open-mindedness of my co-investigator, a clinical nurse who agreed to go on this cross-institutional research journey with me as well as my colleague, a clinical psychologist who believed in the value of synthesising my expertise with my qualitative research training. As I soldier on to my ultimate goal of improving the dying patient's experience of care in Singapore, I look forward to more cross-institutional collaboration and more opportunities to yield new or unexpected perspectives from healthcare professionals who try their best daily to make illness, disease and dying a little more bearable in an uncertain world.

Michelle Chiang is an Assistant Professor of English and Co-Chair of the Medical Humanities Research Cluster at Nanyang Technological University. She doesn't look like it, but she's a technophile, and has a great sense of humour.

A Dreamer's Note: The World Will Live as One

By Tammy Lim

Senior Music Therapist, Assisi Hospice

Collaboration is inevitable for a music therapist who works in a clinical setting. Playing music with others, which can also be considered collaborative work, is natural for any musician. I cannot imagine how it would work if I were to play the guitar and sing for anyone, without working together with any other clinician – that would be peculiar and ethically wrong!

So, there is not much difference between the way we collaborate with others within the same organization (internal collaboration) compared to collaborating with other organizations (external collaboration). It is also common for music therapists from different organizations to come together for collaborative work.

This song comes to mind:

“Imagine all the people
Sharing all the world, You...
You may say I'm a dreamer
But I'm not the only one
I hope someday you'll join us
And the world will live as one”

- Imagine (song) by John Lennon



Source: jimwarren.com

As I would like to think, collaboration is natural and inevitable, here are five reasons why collaboration is necessary for a creative arts therapist:

1) **Tapping different skills and sharing ideas.** It usually makes a difference when individuals with different skills and ideas come together for problem-solving. Although it may take a longer time to arrive at a decision, the process and the results can be beyond expectation, and it may also help open a whole new world in patient care.

2) **Learning new skills and techniques through collaboration.** No one person within the field can know everything about healthcare. Everyone has something unique to offer. Learning new techniques and putting them into practice forces us out of our comfort zones. For example, integrating the use of music in patient care by collaborating with a music therapist would help the clinician approach patients from a different perspective.

3) **Expanding your network.** You will thank yourself in the future for the connections you've made through collaborative relationships, as these connections can be helpful for your next career opportunity or adventure.

4) **Receiving helpful feedback and constructive criticism.** Two minds are better than one. External collaboration allows us to see the blind spots as some external collaborators may have similar experiences or see issues through a different lens. Growth usually occurs when we are open to honest feedback and constructive criticism.

5) **Trying new coffee/BBT or food.** Well, you know what I mean, especially if you are in Singapore. It sounds like a good idea to me to try out a new café or restaurant as the meeting venue. However, because of the pandemic, making a new drink/food recommendation could at least enhance the collaborative experience.

If you are ready for collaboration but unsure how to begin, you may use the following questions to prepare yourself before you reach out or accept an invitation for collaboration:

- 1 What's my expertise?
2. Which platform can I use to share my expertise? (e.g. conferences, webinars, etc) Who is the audience?
3. What are my interests that require collaboration?
4. Who are my potential collaborators? How can I reach out to them?

5. What's the expertise of my potential collaborators? How would my expertise benefit them?
6. Do I have enough resources (e.g. time and manpower) for external collaboration?
7. Do I have permission from my organization for this potential collaboration? Is there any conflict of interest?

Working with a different party is like traveling in a new country – full of excitement and uncertainty. You may take these songs with you as an inspiration as you embark on this new adventure:

Heal the World by Michael Jackson

Imagine by John Lennon

Let's Work Together by Canned Heat

Nothing's Gonna Stop Us Now by MYMP

One Love by Bob Marley and the Wailers

We are the Champions by Queen

We'll Make It Through by Ray LaMontagne

We're All in This Together by High School Musical

With a Little Help from My Friends by the Beatles

Wonderful World, Beautiful People by Jimmy Cliff

A closing remark

The world is getting smaller and smaller as technology overcomes the physical gaps due to geographical locations. Different time zones and even languages and cultures can also be overcome now. We are not lacking in ideas and resources, and we have the potential to flourish with the right mindset, philosophy, and values. Collaboration helps us think out of the box, critique current beliefs, and step out of our comfort zones confidently and strategically. Living the world as one is no longer a dream. Nothing is impossible if we all come together to make things happen. Healthcare is transforming, and collaboration is the key to the transformation. Let's make sure we are the ones directing its future.

Ms Tammy is a senior music therapist (MT-BC, US) with a specialty in music psychotherapy and palliative care. She pioneered the Music Therapy Program at the Assisi Hospice in 2016. Her work has been featured by the Temasek Review, the Straits Times, and Lianhe Zaobao.

Sustaining emotional wellbeing - The role of art for professional carers in stressful climates

By Grace Ong, Qualified Art Psychotherapist in Private Practice

Introduction to art therapy

Art therapy in medical settings has been used in supporting the emotional well-being of patients, family members, and professional caregivers. A non-judgmental space where one is accepted for who they are is the basis of the therapeutic relationship that facilitates the creative process in art-making. The creative process in this therapeutic relationship then provides an avenue for self-awareness and insight that could lead to catharsis. This is the essence of art therapy.

Depending on the circumstances and objectives, art therapy could be used in two broad categories. The first is art as therapy where art-making activities can have therapeutic outcomes such as stress relief, breaking the rhythm of negative thoughts, self-expression, etc. The second being art psychotherapy where art is used as the medium for communication through symbols and metaphor. However, these two categories are not wholly dichotomous and often exist as a continuum of practice with art as therapy at one end and art psychotherapy at the other. Practicing with a person-centred approach then allows the therapist to move from one end to the other depending on the needs of the participant(s) (Van Lith & Fenner, 2011).

In art therapy, participants are encouraged to make their own art, although at times visual references might be provided as an initiation into the creative process. A distinction needs to be made, between personal art-making and art which is made by others, which is looked at or upon for the discovery of self and other. The "gazing" of artwork made by other artists can have a powerful way of evoking emotions and thoughts to bring epiphanies that traverse both professional and personal. However, while the act of gazing upon the work of others and gazing upon work created by the self seems similar, the process provokes differently. Distance exists between the image and the self when looking at another artist's artwork but the self can never be divorced from one's art. In the former, there could be insightful surprises but the latter brings about a deeper revelation of one's emotional landscape if permitted to.

Therefore, more meaningful and profound connections are made as the experience slides further along the continuum towards using the art as a space for reflection and communication. According to Theresa Van Lith and Patricia Fenner, the continuum

of practice may shift according to the needs of the person(s) through the different sessions or within a single session (Van Lith & Fenner, 2011). This journey is at times accompanied by a complex myriad of emotions that depart from the usually anticipated pleasures of art-making. This requires personal investment and is not often an experience that one would risk delving into initially.

Planning for staff support sessions

Hence, when planning for staff support sessions, the key consideration was to identify the point along the continuum to start with the palliative medical and nursing team. This would then guide the structure of the sessions and the types of interactions amongst group members. Understanding the current work environment, stress levels, emotional/psychological needs were important in framing these sessions.

Work environment

Palliative care is a field of work that is replete with rich experiences but the road to follow this call is also fraught with the possibilities of compassion fatigue, burnout, and physical exhaustion. The rewards and satisfaction of the job can insidiously give way to disenchantment and frustration. Having to manage Covid-19 on top of the current responsibilities has created yet another dimension to this undulating landscape.

Current needs at the start

Based on the conversation with the team and understanding the current needs, the very first session was to be a place where participants could retreat from the current environment. Instead of processing experiences of work, the focus was to create an experience where staff could gather to learn a skill as a means of reprieve from the usual routine. Along the practice continuum lies art-making with an emphasis on skill development and mastery" (Van Lith & Fenner, p.19) where the focus is on functional support of art materials. This application is indicative and not meant to define the session, allowing the therapist to work with varying interpersonal complexity depending on the needs of the participants.

Limitations of the current environment

Another key consideration is/was the delivery of these sessions on a digital platform "zoom". Telehealth is not unfamiliar to art therapy and has since been offered two decades ago with ongoing use (Collie & Čubranić,

1999). Nonetheless, learning to adapt to the technological requirements while maintaining psychological safety and connection with the participant(s) was of paramount importance. There were also limitations in the presentation of art materials to participants from the usual face-to-face practice and eliciting responses to create a rhythm of exchange required some thought. The use of platforms such as Mentimeter and Kahoot was one way to provide flexibility and freedom in participation by allowing anonymity and safety.

Initial structure

This was the initial structure used:

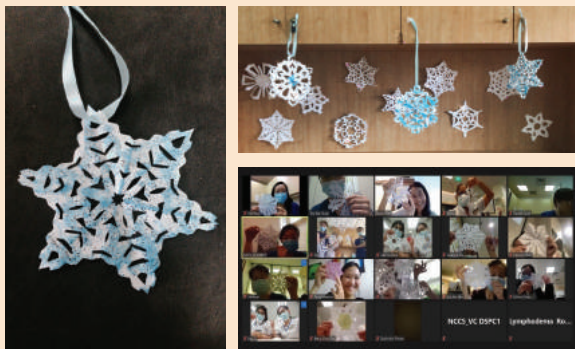
1. Check-in (Mentimeter, Kahoot)
2. Introduction/ Guiding questions to set the stage
3. Art-Making with directives – instructional videos made by facilitator if necessary
4. Opportunities for sharing per large group using Mentimeter
5. Check out (Mentimeter)

The Sessions

Session 1 – Theme: Winter Wonderland

Working with the theme of a retreat and focusing on skills, the team agreed on a snowflake cutting activity. The idea was to create the sense of being away on a holiday and focusing on an art skill that was done alongside each other. While it would not eliminate the distance felt, it could perhaps rekindle the sense of togetherness that was missing.

While the main activity was snowflake cutting, the final segment of the 2-hour session was generating a narrative about the work that was done. This was a simple one-liner or a few words. Narratives are not always necessary to the process of art-making but at times, a story of the work can provide an avenue for external expression to internal thoughts and feelings.



Some responses in this segment included how the art-making brought back memories, the personal and spiritual significance of a snowflake and a little short story on the journey of a snowflake. These revealed a

mix of contemplative and playful responses that perhaps also showed what it was that the participants needed - a place to ponder and to play. The art allowed becoming "playful" and led to personal reflections and musings.

Session 2 – Theme: Xmas Get Together

A close follow-up to the Winter Wonderland theme was the next session's Xmas Get Together. In a similar vein, Xmas Get Together was meant to invoke fun and light-heartedness as a year-end celebration for the team. During the check-in at the start of the session, some responses to the expectation of the session were to have "fun", followed by "escape", "depress" and "zone out".

The planned art directive was to create a Christmas tree by using a variety of repeated movements to "lace-up" a tree on a paper plate. Materials used were yarn, pom poms, glitter, and colouring materials available at the office. Once the individual Christmas trees were completed, the groups were encouraged to connect these trees to make a group Christmas tree.



In the closing moments, staff were invited to share a Christmas wish for themselves and their colleagues and many responses included good health and happiness. The takeaway feelings of many included peace, gratitude, and happiness.

Session 3 – Theme: CNY get together

In the spirit of festivities, the next session was held in February where staff came together to celebrate the lunar new year. The theme was on making connections. The team was invited to think about the connections they would like to make or maintain for the year. These were mainly related to self, family, and friends. The art directive was to create an artwork symbolizing this connection using recycled wine bottles, decoupage paper, and fairy lights. It was a stretch of the imagination and the creations that emerged were nothing short of unique and unassuming. Some surprised themselves and made meaningful connections to the outcomes and process.



Session 4 – Safe and Sound

In this edition of staff support, we invited a professional Gu Zheng performer, Natalie Alexandra Tse. Besides performance, she is also an educator and researcher who uses experimental improvisation in her practice. The session began with a short introduction to the workshop followed by a series of music that was played live. Participants were encouraged to listen with openness and to note their reactions and personal feelings that arose with the music. They could share these thoughts on the virtual platform with the rest of the group.

It was interesting to see the array of responses that emerged from the same piece of music. The music appreciation set then moved on to a mindful exercise that segued to the experimentation of sounds. Each participant was invited to choose objects found in the office or at home. Natalie guided them into using these objects to create different sounds for free expression and play. The session closed with everyone playing their instruments while Natalie accompanied everyone on the guzheng. The general feedback from this session was that it was an eye-opening experience with layers of ambiguity and playfulness.

Session 5 – A weave in time



The month of September commemorated grief and bereavement, where a series of workshops and activities took place for healthcare workers in palliative care. As a continuation of these efforts across the institutions, a workshop with a similar theme was presented to the team. In this session, there was a sense that participants would benefit from a space where they could have more time for personal sharing.

Hence, the structure moved to:

1. Check-in through a virtual platform
2. Introduction/ Guiding questions to set the stage
3. Short art directive
4. Breakout rooms for sharing and making art
5. Large group sharing on zoom
6. Longer art directive for personal contemplation
7. Check out on a virtual platform

The session began with an introduction to the theme of grief and bereavement and a short art directive. Participants were invited to draw symbols that represented the different states of mind, heart, and body. The team was then directed into smaller break-out rooms to share their images. To round up the discussion, they were invited to make a fourth symbol that represented how they would like to manage difficult feelings when they arise.

The small group sharing led to a larger group sharing so that everyone could hear and be enriched by the thoughts of others. It was a thoughtful moment when some shared that they had not connected for more than a year. Some also shared about how they managed their grief and sought to find balance and solace within and beyond the workspace. The session wrapped up with a meditative weaving exercise that led to some insightful parallels to the act of weaving. Maintaining the right tension to create a smooth weave was a strong metaphor for the fragile balancing act of managing the physical, mental and emotional demands that staff has to manage at the workplace. In this session, the structure allowed more participants to be heard and more exchanges to be made within the group. There was also greater communication through the artwork and the creative process.

Summary

Over the 5 sessions across the year, the conversations had shifted amongst the team members, marrying a playful and curious approach with thoughtful insights, through the process of art-making. The willingness and openness of the team had allowed them to grow together as they became more comfortable with using a variety of art media that led to deeper sharing through the art. It has been an inspiring journey, watching their creative process in the art-making and listening to the exchanges. I have been very privileged to facilitate these sessions for the team.

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When Medicine Meets the Creative Arts – Discovering Hidden Note of Compassion

By Michael Koon Boon Tan (PhD)

“The most beautiful thing we can experience is the mysterious. It is the source of all true art and all science. He to whom his emotion is a stranger, who can no longer pause to wonder and stand rapt in awe, is as good as dead; his eyes are closed.”

– Albert Einstein



Source: *Op-Med* article

What happens when medicine meets the creative arts?

The creative arts comprise a variety of practices such as visual arts, literary art, and the performing arts, involving activities that engage various faculties of the body e.g. sight, hearing, movement, and imagination. The artefacts produced have lent themselves as resources to support learning, encourage reflection, critical thinking, and lateral thinking. Creative activities also provide opportunities that encourage the expression of ideas and opinions, capturing and communicating lived experiences. Appreciation for these attributes of creative arts is growing. In recent years, there is increased interest in public health to tap on the potential of the creative arts as resources and pathways to foster the wellbeing of individuals and communities [7-10]. Creative activities also present students with a unique space to reflect on the human dimensions of illness and medical care, developing empathy and enhancing awareness of the experience of patients [21].

Discovering Hidden Note of Compassion

The past year has been difficult for many people as COVID-19 derailed the familiar routines of many. For colleagues in the medical profession, the volatile and unrelenting grip of the pandemic has posed lots of challenges in their professional and personal lives.

I had a chance to connect with a clinician-educator

earlier this year who shared about the challenges of having to juggle clinic hours, teaching, being a parent and a caregiver. From the exchange, I caught a glimpse of the struggle to keep up with professional and societal expectations I find myself reminding this colleague, ‘Doctors are human too.’

At that juncture, our conversation pivoted towards discussing spaces for vulnerability and self-compassion. Compassion fatigue is a significant concern in the profession. For me, this phenomenon calls attention to the interdependence and complexity of care which requires one to strike a balance between caring for others and caring for oneself. If care is a continuum that expands from self to others, wouldn't it be important, that we give due attention to care for ourselves? Cultivating self-compassion might be a good starting point toward caring for oneself.

Self-compassion involves acting the same way towards ourselves when we encounter difficult times, fail in our endeavours, or notice something we dislike about ourselves. As an exploration to direct attention towards self-compassion, I devised a creative activity involving blackout poetry. Blackout poetry is a fun and creative approach to create poetry by repurposing a found document (e.g. an old newspaper, old book, digital document). The activity, titled Hidden Note of Compassion (My gift to you...) was later introduced to a group of students and staff at a medical education symposium. The found text used was an excerpt from A.A. Milne's Winnie the Pooh. In this instance when medicine meets creative arts, the participants were given moments to play, explore and uncover the 'hidden' note of compassion in the found document. Einstein's quote at the beginning of this article- “The most beautiful thing we can experience is the mysterious” appropriately describes the reactions of the participants as well as their experience of this creative activity. Despite working with the same set of found text, the hidden note of compassion conjured is unique and differs among individuals. They were invited to share the hidden notes of compassion on an interactive online discussion forum.

This article outlines the potential benefit when medicine meets creative arts. As an exploration of new possibilities, I inquired about spaces for vulnerability and self-compassion in the medical profession and devised a creative activity involving the use of blackout poetry to direct attention towards self-compassion. To end my writing, may I interest you in a little experiment. I would like to invite the readers of this newsletter to have a go and try out Hidden Note of Compassion (My gift to you...). It is simple. To start, you just need to find a page of text to work on (a passage from a book can be a good start- make it random), follow the instructions below, and see what note of compassion awaits you! Feel free to share the hidden note of compassion you found with me via Twitter @Michaeltankb, #hiddennoteofcompassion.

Instruction for blackout poetry:

1. **Gathering words. Scan** the given/ found passage, **look out for**, and **highlight** any words or phrases that jump out at you. It doesn't have to make any sense at this point.

2. **Explore, develop, determine. Read through** the list of words and phrases gathered and **explore** the possible poetry emerging. What theme you are trying to convey. What do you want the reader to understand or feel after having read your poem? Your poem can be made up of single words or phrases. They can be single words, or they can be read like a story. It's totally up to you! *You may pick up or drop off new words/ phrases using the highlight, or if needed, you can form words by using individual letters in the text.*

3. **Blackout.** Once you have firmed up your creation, **blackout** the remaining unused text with the black colour highlight and **share** your creation with others!

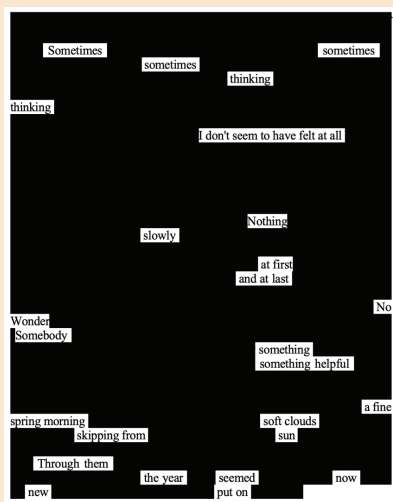


Figure 1. Blackout poetry created a participant at the Hidden Note of Compassion (My gift to you...) session.

Michael is a Singaporean arts-health researcher, artist, and educator. As a leading advocate for arts & design for health in Singapore, he has developed interdisciplinary research collaborations at the intersection of creativity and wellbeing with colleagues within and outside of academia to transform the landscape of care through his creative research, teaching, and public engagement. He is currently an Associate Professor at Lab4Living in Sheffield Hallam University in the UK- a transdisciplinary creative lab focusing on creativity and human flourishing. For more information please visit: www.michaeltankb.nett

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