

WEEK 3 MEDICINE & THE ARTS – MIND, ART AND PLAY
IN DIALOGUE ABOUT MIND, ART AND PLAY

Susan Levine

I hope you've enjoyed these three talks as much as I did. This week's focus on play really gets to the heart of, for me, this course. It's a very playful course. It tries to intervene with the strict and structured modes of teaching at the university. We've tried to bring people from different backgrounds and different disciplines together in quite a playful and provocative way.

And so I hope that the talks speak on multiple levels, both to the content of the speakers' own disciplines or practices, but also on a metanarrative speaks to the core project of the medical humanities - which is to broaden, which is to deepen, and to think quite critically about the everyday that we take for granted. People play. We all play. But how to think about that in an intellectual framework, or a framework based in neuroscience, or occupational therapy, or in performance might open up various different kinds of questions, which we now have a chance to open to the speakers.

So one of the overriding themes that has emerged alongside these three quite different, but overlapping, talks are the obstacles and barriers to play. And these are the kinds of issues of technology, of late modernity, of estrangement from the self, and the significance of healthcare practitioners and people in contexts of teaching, in families, of bringing play back into a framework where we really begin to unpack the relationship between health, well-being, play, and survival.

So we now have some time to ask questions. And we look forward to the answers.

Elelwani Ramugondo

So in my work, I not only draw from occupational therapy as a profession, but a discipline called occupational science, which is really about the study of what people do, the form that it takes, and the role that that doing is in society. I'm sure if you're an anthropologist, you'll be thinking I'm also talking about you. So interdisciplinarity already starts coming into play. So if one were to think of occupation as that which occupies, as human beings, we are occupied. We're occupied in terms of our personal resources of time, capacities, and everything in between. And when one begins to look at what that being occupied does for one's health, the link between what we do and health becomes crystallised.

So my work as an occupational therapist is from that perspective, where people can influence their health through what they do, and often as a collective. So within families, within communities, people are doing in ways that either undermines their health over time or promotes their health. So play, for me, is a powerful example of that occupation. Children are occupied primarily more in play than adults. But it doesn't need to be in such a way that adults are completely removed from that space. Because adults have a lot to gain from the play that children engage in. So the article that I have linked to this session, which is occupational consciousness, is published in a journal of occupational science. And as you read it, you will see how many different disciplines and professions can play a role in understanding that which occupies.

Mark Solms

I think that it probably works both ways. I think that there are ways in which the virtual world of our electronic and social media kind of era, there are ways in which it actually enhances that as if way of thinking and way of being. Even just having a cell phone or mobile phone conversation with somebody, there's an as if quality to it. We're so used to it now we overlook it, that it's as if the person's next to you when, of course, they're not. They can be on the other side of the world.

But more pointedly-- in internet relationships, and video games, and so on-- there's an expansion of the possibilities of this imaginative, playful, virtual reality way of thinking, which in itself has both strengths and weaknesses. Because it's not as if this testing of the boundaries of reality, in an unconstrained way, is something to be idealised. I think that there are problems with not being constrained by reality. But the positive side is it's this expansion of possibilities and this overcoming of unnecessary constraints like distance and so on.

On the other hand, what's lost? I think that the physicality of the real world is not a detail. It's not a sort of nice-to-have or an add-on. I think there's something fundamental, in relation to the way that the brain and the body are designed, that you have needs. And you have needs which can only be met in the real, outside world.

Hunger can only be met by finding an actual apple. Sexual desire, in the deepest sense, you really need to have a sexual partner. A real one, not a virtual relationship over the internet. I think if you think about it all biologically, there's something that's lost if you don't have an actual physical relationship with the world, with the real world.

So this whole fantastical, virtual, playful thing has ultimately to be brought back to bear on physical reality. I think-- if you widen the focus, as you did in your question-- it's not just now in our electronic era, but also the whole sort of trend of industrialisation, urbanisation, and so on.

I think that there have been similar losses there, too. Just even such mundane things as us living in cities, and us living cooped up in apartments, and not being able to have that free, abundant, rough and tumble kind of play that you can in the open countryside, or

more so if you're a monkey. There is a loss there. And I wonder-- and not only I - colleagues are actually studying this sort of thing. Not with any conclusive results yet, but it's certainly a reasonable hypothesis that perhaps the epidemic in, for example, ADHD, Attention Deficit Hyperactivity Disorder, that this has something to do with the constraint on physicality, the loss of the possibility of physical exuberant rough and tumble sort of biological life.

So like with so much, it's kind of a funny old mixture of good and bad, losses and gains.

Malika Ndlovu

So to be more specific around the applied arts, the context in which play and creative expression as an integrated approach, I understand that when you're dealing, for example, in the context of trauma-- physical, or psycho-emotional trauma-- when you're dealing with language barriers, when you're dealing with conflict resolution, when you're dealing with a context of grief, where people are really grappling to find a language for their experience or to articulate what it is they're going through in the moment-- the various artistic media are the opportunity to invite other languages, other forms of expression and self-understanding to come through.

And for me, this is also where the relationship with-- thinking about a clinical approach-- that it's a patient-centered approach, in the sense that there's already an inherent understanding that says, if creativity and play is part of our humanity-- it's accessible, and resource inherent to our humanity-- then this is something that a person would be given permission to, by the facilitator, to access. And also to access their own wisdom in that expression.

So for a child who might not have the words to say, playing with paint, playing with puppets, playing with body movements, playing with characterisation or role play, all allows the opportunity for those indicators of what it is that they want to say, to be conveyed or communicated in a way that is most comfortable for them. And that the person or patient themselves takes ownership of the storytelling, of a medium they feel most comfortable in.

For some that might be remaining absolutely still, a process of writing, or weaving together beads, and being able to simply speak out loud in the process of doing. And again, here's another element to the methodology around applied arts, that I understand is connected with free-play or free-write or roleplay, one is that it is connecting with the mind aspect, a sense of a mental distraction from the gravity or complexity of the actual issue and trauma.

And in those moments of focusing purely on the activity of painting or beading or telling a story, or putting on a costume, you are given a physical distress-- even if it's for a short period of time-- a sense of relief, not having to focus and interrogate and analyse what it is that you're experiencing or carrying in the body.

It's also the opportunity to discover that you are separate from the situation. Because using a medium means your focus is on creating a sense of an output-- you're getting engaged in a process that is going to take you to an unknown destination. And that, in itself, is something that's about feeling productive and empowered, and being a source of information, and a driver, a teller in the story, as opposed to a passive victim who is being diagnosed and analysed and informed as to what it is that's exactly gone wrong with you, and what we'd recommend you do as a consequence.

So, I referred also, to the specific media having a particular impact. And I wanted to zone in specifically on role play or characterisation, and the opportunity that that creates for us to step out of the skin of the immediate situation, step out of the gravity, and get into that element of play.

When I think about a therapeutic context, or a situation where there's a conflict that needs to be resolved, this kind of theatrical performance of role play, playing someone other than yourself, playing with yourself, and potentially even laughing at yourself, laughing at the situation. We all know the cliché that laughter is the best medicine. For me there is an element of truth to that, absolutely. In that moment, just like sneezing or yawning or coughing, your entire body gets involved in the process of laughter.

It has a vibrational impact, it has a mental impact in the sense that you are interrupted from your intellectual trail of thought. You are resonating with something else that has taken your attention away from the issue.

And for me, these are parts of the toolkit that the applied arts brings to a situation, integrating art, play, and the mind. Because it is a very conscious methodology to decide and diagnose, what is the most appropriate medium to offer the person that you are engaging with?

Is this something that works better for individuals? Is it something that works better for young people, for inter-generational groups? Is it something that could help transcend, as music or movement or visual media would do? Installations, film, & photography. Are those the kind of elements that we need to use because we have a language barrier or a language divide that we need to transcend?

So it's very exciting to think about it as this resource and toolkit that can be applied in a range of context, but that is very strategically used, not a random, let's see what toys are in the toy box, and let's just play-- but a strategic way of looking at what each resource can bring, and what impact it might have for the benefit and well-being of the people you're dealing with.



Susan Levine, Elelwani Ramugondo, Mark Solms & Malika Ndlovu, 2015

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