

Developing a Personal Art of Living Toolkit: a medical humanities case study

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Abstract

Background/objectives

Since a few years, the Peninsula Medical School offers special study units in medical humanities throughout their medical curriculum. The purpose of these longitudinal modules is to create greater resilience in students in the face of complexity, ambiguity and the unknown; cultivate empathic intelligence; and manage their own physical, emotional and mental wellbeing, while balancing the high demands of their profession.

Methodology

This paper presents the approach, process and outcomes of one of the modules called 'Build your own Art of Living Toolkit'. Meeting with the students throughout the year, as well as giving in between assignments, created an ongoing inquiry into personal values, fears, hopes and dreams, and a chance to explore their worldviews and frames of meaning. This module was based in experiential learning, rather than classical delivery and drew inspiration from Socrates' applied 'Art of Living philosophy', various arts and movement practices and (shamanic) tools for personal growth.

Results

Aside from a reflexive piece, each student created a personalised toolkit with three regular practices to stay nourished and resourced on a daily basis throughout their future careers. They furthermore created a piece of art which would help them 'remember' and strengthen these practices in times they would forget. Finally, all students presented their work in a conference, so they also benefited from the insights of other groups.

Conclusion

For many students this was the first opportunity to engage with personal reflexive practices, and they found it beneficial to manage stress and address a healthy work-life balance. It also enabled them to place the patients' journey in another perspective, establishing more empathy and compassion through seeing the person behind the patient.

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Paper

Abstract

As above

Context (Introduction & Background)

This paper presents a case study of a medical humanities course that I designed for and offered at the Plymouth University Peninsula School of Medicine last academic year 2015/16.

Under the visionary guidance of Sam Regan de Bere, who has made a strong case for including medical humanities throughout the five-year curriculum, each year students can choose from a range of modules. Topics include creative writing, painting, dance, contact improvisation, poetry, working with homeless people or people in recovery from addiction, acting, drama and performance, comedy improvisation, and mindfulness meditation.

All of these share the same objectives: to create greater resilience in the face of complexity, ambiguity and the unknown; cultivate empathic intelligence; and encourage students to manage their own physical, emotional and mental wellbeing, while balancing the high demands of their profession. All tutors address these qualities, in various ways.

Students specify their first, second and third choice, and are then allocated to a tutor, with whom they work throughout the year. The groups are small, usually ranging from between 4-9 students. For each of the four students that were assigned to me, this module had been their first preference. On average there are 10 tutors, some of whom have offered their modules for several subsequent years, and might also offer their work to the various year groups. That means that a student can choose to do a writing module in year 2, and work with the same tutor again in year 3 or 4.

This paper presents the approach, process and outcomes of the module I designed from scratch, called 'Build your own Art of Living Toolkit'. I drew on a range of approaches and techniques that have been helpful for me personally in negotiating the demands of an often fast and multi-faceted life. I have had the privilege of working with some amazing teachers in dance, embodied consciousness and shamanism. My biggest source of inspiration for this course however, was my professional training in Movement Medicine, which is a form of movement meditation that focuses on creating a greater sense of awareness, alignment and agency (Kieft, 2013, Kieft, 2014, Darling Khan and Darling Khan, 2009).

Art of Living

In a nutshell, "Art of Living" is neither an art, nor a profession, but more a practice in which one's views, actions and mode of life are in harmony with each other (Nehamas, 2000: 8). This "applied philosophy" goes back to Socrates (who died 400 BC) but was also contemplated by philosophers such as Montaigne, Nietzsche and Foucault (Epictetus and Lebell, 1995, Nehamas, 2000).

Art of Living is an attitude of practical wisdom that reflects on "What constitutes a good life?" or
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“How should I live?” Where Socrates and Plato claimed that there is one single, universal type of life best for all people (Nehamas, 2000: 9), I join more recent philosophers in acknowledging that the answers to these questions are highly personal, and therefore cannot be taught or imitated. There are however guidelines to help discover our relationship to and understanding of concepts such as quality of life, authenticity and ethics, values, control, autonomy, morality. It requires skill to take care of oneself and one’s environment sustainably, and this is never a finished product, but always a work in progress.

Although I highlighted the Greek roots of Art of Living, most traditions worldwide recognise the need for harmony, balance and ‘right action’. The Navahos for example, call it ‘the Way of Beauty’ (Gold, 1994). All of these emphasise alignment and integration of Body, Heart, Mind and Spirit, and aspire to a balanced ‘gestalt’, ‘haltung’, or attitude, that sustains and nourishes not only ourselves but, as they say, “all of our relations” as well, within the human and non-human worlds.

Methodology & Approach

The SSU: “Build your own Art of Living Toolkit”

This module was an introductory guide for students to find or expand on a personal framework of meaning, develop their own art of living attitude and build a “Toolkit” that will support them to stay well-nourished, resourced, inspired and healthy throughout their careers as medical professionals. It was also intended to help them place their patients’ journeys in a different perspective, and help their future patients discover their own forms of support during their illness trajectories.

Unlike most university courses, this module was not intended as an information-dense, classical one-way teacher-student delivery. Rather, the focus was on experiential learning, and my role as a tutor was more that of a guide, creating space for new experiences and offering certain tools to explore.

Using a combination of techniques and exercises, we worked with topics such as personal values, fears, hopes and dreams, and gratitude. Aside from meeting throughout the year, students were asked to keep a scrapbook to engage in an ongoing inquiry with these topics. Scrapbooking is a useful and creative method for self-reflection, in which various modalities such as text, images, drawings, poetry can be combined. Working from the freedom of a ‘blank page’, the result is often surprising, as patterns and connections appear that were previously not conceived cognitively.

I asked students to give themselves permission to learn in different, perhaps unorthodox ways. We also agreed on confidentiality to create a safe space together. Not only would whatever would be shared remain within the group, but also, it would not be revisited in the coffee or lunch break, unless the person who shared it would bring it up again themselves.

Expectations for this course included ‘trying some new things and learning new skills,’ ‘a greater insight into my spirituality and recognising that in others,’ ‘learning how to look after myself so

that I can continue to serve others for as long as I can,' and 'get a deeper understanding into what truly is important to me' (all quotes used with students' permission).

Structure

There were three contact weeks spread throughout the year, in September, December and March, as well as an end of year festival conference in which students would share and present their work. During each contact week, two days were allocated to the SSUs, of which at least half a day had to be an actual contact session with the tutor.

Each of my Art of Living sessions had a 'major' event and several smaller, related activities of which, mindful of time, I will highlight only a few. The first week we met two full days, the second and third week a full day each. As I mentioned before, an important part in between the modules was the scrapbook practice for which, every two weeks, I would send students a specific exercise or topic for reflection via our closed Facebook group.

September:

The first day we worked with 83 personal value cards that I downloaded from internet (Miller et al., 2001), which I asked them to organise in clusters of importance. This brought up interesting discussions, such as "I cannot *not* find world peace unimportant, but it just doesn't feel so alive for me at the moment'. The students admitted to never having engaged with values in this way before.

The second day we went on a trip to Dartmoor. I asked them to 'walk with a question' that they were grappling with in their lives at that time, writing potential answers they received from observing nature in their scrapbooks. We had an amazing home cooked lunch by a campfire, and a swim in the river. Throughout the day, we employed Socratic dialogue to discuss and unravel topics that arose spontaneously.

December:

After having introduced the concept of 'rites of passage' the previous time, I asked them to plan a *shared* activity they all agreed on, to explore something outside their comfort zone in a safe way. They hired a professional tutor for a two-hour pole dance session. They reflected on pre-existing ideas, views and assumptions of pole dancing. In their final essays, all four of them commented on this experience in relation to vulnerability, other people's opinions, and exploring something unfamiliar. One student wrote how he had felt victorious afterwards, 'proud knowing [he] had not only gained a new skill but also overcome [his] fears' (Student 4).

March:

Having established a good rapport and a safe space together, something on which the students frequently commented, the last contact session was designed around the challenging topics of vulnerability, death and dying, and especially how engaging with those concepts may inform our living.

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We discussed Brené Brown's TED Talk on the power of vulnerability (Brown, 2010), exercised witnessing and being witnessed, and fed each other lunch, taking turns as carers and patients who could not speak nor use their arms. During the afternoon the students contemplated any unfinished business, wrote their will and funeral instructions, epitaph and obituary, after we did a guided 'dying contemplation' (as adapted from Levine, 1997). Although perhaps initially sceptical about this activity, they reported that it helped to highlight how they would like to be remembered after they have gone, which helped them focus on the contribution or impact they would like to make in their lives.

Assessment

Assessment of participation in this module consisted of four different elements. The two most important ingredients were a creative piece that would remind the students of strength and inspiration during times of stress and discomfort. They submitted a ceramic object, a poem, a photo collage and an encouraging letter to self. These pieces were presented at the final festival conference, which was mandatory to attend. They were assessed on the learning that students gained from it, rather than on their 'artistic' merit and, for this purpose, the pieces were accompanied by a brief reflective write-up.

The second important part of the assessment was, of course, their individual Art of Living Toolkit. Each of the four students designed a combination of several practices, to be performed regularly. Some specified this for daily, weekly and monthly practices. They included things such as 'daily reflection on successes and struggles', 'things I'm grateful for and things I want to work on', 'intentional eating with full attention to every bite', 'learning to rest and taking off at least one day a month to be alone to reflect and replenish', 'listening to music', 'playing the piano', 'do something challenging'.

Thirdly, their attendance, participation, overall understanding and reflective essay were assessed for: 1) knowledge & understanding; 2) style; 3) presentation; 4) contributions and constructive feedback; and 5) individual student learning objective (this was the personalised toolkit, which was assessed using SMART criteria).

Finally, each tutor filled in a 'professional judgement' form, with specific comments on time and workload management; dealing with uncertainty and change; identifying learning objects and effectively integrating knowledge; relationships with colleagues and patients; and ethical standards (probity).

Results

Out of the total of 69 students in their fourth year of studying medicine, four of them chose this Art of Living module as their first choice. I have no information regarding other students' choices, whether more students had given this their first choice, and/or chose it as second or third option, but were allocated to another tutor. Hence, there may be bias in the type of student that gravitates towards such topic and the importance they place on it.

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However, this small “sample” commented both verbally and in their reflective essays on the importance of developing artful living in relation to high stress and burnout levels for medical professionals, as well as in terms of connecting to their patients through their own insights regarding existential questions and spirituality. They expressed the view that when doctors themselves have healthy coping mechanisms and are well equipped in these areas, it supports the patient during their illness trajectory.

Overall learning and insights

All four students considered the opportunity of working with personal values as the most important thread throughout the course, especially discovering how much time they generally spent on things they had not rated as highly important in the beginning: ‘I found that the most important values to me I would perhaps overlook because of the pressures from my studies and those from society’ (Student 3). Each mentioned that they had come to realise how important family and relationships were for them, and that they wanted to consciously dedicate (more) time to this aspect of their lives. The course enabled them to start shifting to making choices that were more in alignment with their values.

Furthermore, the exercises in gratitude, contemplating fears, vulnerability and the dying reflection were mentioned most in the reflexive write-ups. An interesting “side-effect” of the work was that students started to reflect on different points of view, subjectivity, and also on the ability to change perception: ‘We each have our different *Weltanschauung*. I felt that this was also related to mental well-being and how we view ourselves or self-salience influences whether we internalise or externalise problems. [I also realised] that well-being was a subjective state, and thus your own wellbeing could be adjusted by altering how you view and react to the world’ (Student 1).

Practical output

Students created an art piece and a personal toolkit each. The toolkits consisted of three brief practices they could perform regularly, including activities such as mindful eating, reflecting on daily successes and failures, having a positive start of the day; weekly listening to music or playing an instrument; and trying something new or taking one day of solitude each month.

The art pieces were created to serve as a reminder of hope, wellbeing and resilience, for times when they would face stress and challenges. They were deeply reflective, personal and very moving.

Student 1 created an unfired clay and acrylic bonsai tree as a ‘windswept form which can be seen as fragile and shaped by elements of nature much like we all are in life,’ which reminded him of qualities such as transience and imperfection: ‘nothing lasts, nothing is finished, and nothing is perfect’. He was inspired by ‘the stoic philosophy of accepting the reality of life and not being caught up in trying to change what we do not have the power to change’. The tree included several other metaphoric ‘images’ such as a carp, a circle and blossoms that could only be seen ‘from a certain perspective reflecting the fact that you need to change your perspective

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to see and understand the message. This is to represent the fact to understand one's patient one has to see things from their point of view' (Student 1).

Student 2 decided to create something that validated and reminded her of who she is. She wrote: 'I first decided to write a song, which then turned into a poem and ended up as a letter. The more I sat with it, the longer it became. Apparently I had a lot to say to myself. I have seen people write letters to their past selves telling them about things that would happen and reassuring them that they would be fine. I wanted to write a letter to my future self, telling her that I had no idea what would happen but through it all, I would be ridiculous and lovely.' She did just that, addressing herself on a difficult day, when everything seemingly went wrong. With extraordinary self-insight she reminds herself that she possesses an unshakable strength, is surrounded by wonderful people that she loves and is loved by, and that all of her emotions are beautiful, and that somehow she can convince those around her that anything they dare to dream is possible (Student 2).

Student 3 wrote a poem about a conversation between death and a dying individual, reflecting on attributes he would like to have at the time of his passing. The poem was written on a canvas with colours blending from dark grey to yellow. These two colours represent death and the dying individual: 'The yellow shines out and causes the darkness to diminish. I wanted this to show how living a good life can have a big impact on everything else. This ties in with how the dying individual reflects upon having a good life which has touched others' (Student 3).

Student 4, who had worked intensively with fear of failure, and what he called his unhealthy coping mechanisms to avoid the fear, realised the unexpected, detrimental effect of this on his perception of medicine. He created a collage based on a journey in Nepal he had made a few years before: 'Although the journey was full of challenges and inconveniences, my love for travel and exploration is as strong as my love for medicine. During difficult times [this final piece] will remind me of my motivations and passion that compelled me to begin the journey. It will also remind me to maintain a positive perception and enjoy the journey towards the goal. The journey can be as equally satisfying as reaching the end destination' (Student 4).

Conclusion

Working with these four wonderful young people was an extraordinary experience for me. They displayed incredible care for each other and their future profession, and an unusual level of maturity and self-insight. Nevertheless, this module was the first time that they had an opportunity to structurally self-reflect on values, personal patterns and qualities, and how those informed their actions in the world.

A key element to success is the ability to create a safe space and establish rapport. This is facilitated by, but not necessarily limited to, small group settings, and indeed suitable for any situation where exploration of meaning and reflection are considered important. It also is not so much a matter of the amount of time shared, but rather of availability and openness, from both the students as well as the teacher. This requires a highly personal style of facilitation and relevant skills, being intimately familiar with the terrain (including comfortably facing the unknown which is part of the learning objectives), and a willingness to "show up" and be vulnerable. An advantage was that, as outsider teacher, the students had a different type of

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interaction with me, as I did not deliver any of their more outcome-oriented learning.

I believe this type of work not only to be essential for personal growth, self-confidence and resilience in medical professionals, but also for effective interaction with patients in their practice. It is relevant also for wider settings, within but also outside of academia, as it supports the development of joyful, healthy and responsible global citizens.

It was an absolute delight to 'teach' and learn from them, and I would happily have each of them as my doctor any time.

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