Experiments in Art and Technology

Methods

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Alternative visualizations in medicine

A master class session in artistic methodology, EAT Sweden Research course, K3 Malmö University

Henrik Enquist

Introduction

The aim of this master class session is to tap the creative potential of the participants in order to invent and construct alternative visualizations of given medical conditions. This creative processes will be performed using a free combination of two methods – Synectics and Method acting. The aim is not to use the two separate methods in their original form, rather to combine selected elements from these two into a fruitful and practical symbiosis. Due to the limited time assigned for the session (two hours), the implementation of these methods will be brief and incomplete but this should be sufficient to inspire further use and experimentation.

The synectics elements of this combined methodology is used for two reasons, to organise the work flow and to facilitate collaborative work and evaluation. The part of the methodology taken from Method acting is used for engaging the participants personally in the medical conditions examined by simulating a doctor-patient meeting. This part was only partly implemented due to lack of time.

The number of participants was nine (five male and four female) with backgrounds from visual arts, engineering, creative production, film making, and other related fields. The session was held at the Malmö School of Arts and Communication (K3), Sweden and lasted for two hours.

The work flow of the process was as follows:

1. Initial comments (by author)
   a. Time factor and efficiency
   b. Introduction to methodology
2. Defining the problem (full group)
   a. The problem as given
   b. Analysis of the apparent
   c. Inversion of the apparent
3. Solving the problem
   a. Individually
   b. Separate groups
4. Presenting the results of the group work (full group)
5. Finding common denominators (full group)
6. Evaluation of the session (full group)
Initial comments

Time
Since time was short, it was important to stress the importance of keeping time and being productive in the different stages of the process. It was also necessary to clarify who will have to leave early in order to optimise the work process. Luckily, all participants were present during the whole session.

Method
The synectics methodology was described briefly to establish an understanding among the participants of the sequence of the different steps as well as what was expected from them during the session. The parts extracted from Method Acting was not explained but rather used covertly.

Synectics has proven to be a useful tool in problem solving, for example in the fields of design and management. The intention is to see whether it could be used within artistic problem solving. It is a complete problem solving method and consists of two major phases: exploration and development where the exploratory phase makes use of metaphors and analogies in order to develop insight into the problem. Synectics is divergent in the sense that it stimulates creation rather than the selection of ideas. The specific steps of the method are: task headlines, analysis, springboards, selection, ways and means, emerging ideas, itemized response, possible solutions and, finally, next steps. Not all of these were implemented during the session and some of them have been renamed for the sake of adaptation to the specific situation. Some qualities of the method is that it taps into the intuitive thinking of the problem solvers and that the discrete steps of the method could be used as stand alone tools. This makes it easy to extract and implement the elements of interest for the specific task at hand.

It was important to stress that, unlike brainstorming, the goal is a single solution rather than many. Although brainstorming is though a part of the synectics method, especially in the springboard step.

Defining the problem
The problem as given
The theme of the problem is visualization from a patient perspective. How could images and visual concepts be used to help and emancipate the afflicted individual? A short introduction to medical diagnostic image techniques were given as well as a discussion of the almost non-existing use of images in the dialogue between doctor and patient.

The assignment of the group was to create novel visual representations of health and the criteria for this session were:
- how to visualize health or illness?
- which function could the image have? (image as actant, see Latour)
- the format should be free, inspiring, relevant and interesting
- anything goes
Analysis of the apparent
To introduce the topic and to define the area of interest, a collective brainstorming session was conducted. During this step, the aspects of what is considered to be already given was put up on a whiteboard. This included a list over associations concerning medical images, the demands on the involved individual in a medical situation such as previous knowledge, ethics, emotions and matters of format, usability, intention, appearance etc.

Inversion of the apparent
Using the map of apparent associations as a springboard, the participants were told to turn the apparent aspects into their opposites, literally and conceptually. This could be facilitated by making the familiar strange or using a range of analogies and metaphors to spark creativity and formulate ideas. It was important to keep the mind open for divergent ideas and spontaneous associations and put all ideas on the springboard no matter how strange or far out they might have seemed. This part of the methodology has the character of a brainstorming session, meaning that there is no such thing as a bad idea. This step has a divergent character, introducing spontaneous and sometimes surprising elements.

Solving the problem
Individual work
This phase is about the creation of an incentive for the participants to emotionally engage in the task. Now, the author of this text acted as a doctor simulating the scenario of a doctor meeting a patient for the first time. The patients (the participants) were told that they were diagnosed as having a serious illness. Three were given multiple sclerosis (MS), three myocardial infarction, also known as heart attack, (MI) and three
breast cancer (BC). Some information were given concerning various symptoms, impairments, possible treatment and prognosis. This information was deliberately vague and insufficient in order to create insecurity and fear but also to avoid restriction of their imagination. The gravity of the illnesses was stressed and the patients were told to come to a second consultation a week later. This would let them experience a state of limbo until the next time they could see the doctor. During this time the participants would have been using some of the techniques used in Method acting, e.g. Affective Memory and Magic If. Due to lack of time (the session had to end the same evening), this part of the master class was omitted and the affective period was shortened to fifteen minutes. During this time the participants/patients were told to answer the following question: “What do I want to know about my condition and how do I want it to be presented?” The four aspects of information, communication, emotion and recreation were proposed as a possible angle to answer the question in order to help them getting started.

Although this was a crude and very simplified form of role play it was astonishing to see how disturbed the participants were to hear they had a serious, yet fictional, illness. The empathy and shock felt when getting a diagnosis was efficiently achieved since the participants were not prepared for this. There was no immediate need of instructing them in the method since the illnesses were so threatening that they did not have any problems to take the task and diagnosis seriously. This could be explained by the fact that they automatically and intuitively used some form of the empathic processes used in Method acting.

Also, the diagnoses were selected following a number of criteria. They should be serious or life threatening, afflicting ordinary life to a great extent. They should not be unusual for individuals in the age span of the participants. There should be abundant information about the diagnosis from a range of sources (internet, friends, system etc) and they should be more or less known to the participants. The diagnoses were given to each participant according to epistemological probability and presumed individual reaction. The diagnosis breast cancer was assigned to one male as an experiment to see if it was important for the methodology that the individual was able to get the diagnosis in real life.

For transcriptions of individual responses, see appendix 1: MS 1, MS 2, MS 3; MI 1, MI 2, MI 3; BC 1, BC 2 (male), BC 3 (notes not collected)

Group work

The participants were grouped after diagnosis (three groups of three individuals each). They were told to create a concept or prototype to visualize their ideas and questions in regard to their given diagnosis. As inspiration and help, kits of information and images for each diagnosis were handed out ten minutes before the group work started.

Group 1: Multiple sclerosis (one female, two male)
Group 2: Myocardial infarction (one female, two male)
Group 3: Breast cancer (two female, one male)

Material was handed out for inspiration and information:
- Patient related information about the diagnoses (ranging from
The patients were told to use the same system used in the first part of the session, i.e. use what they themselves considered apparent when getting the diagnosis, and create novel visualizations or concepts using transformation, inversion, analogues, diversion etc. The groups work was to be documented visually through a mind map, prototype or sketch including comments, images, ideas and other elements of interest.

Possible but not necessary issues concerning images as guidelines for the group work:

- Credibility, trustworthiness and acceptance
- Reliability and truth
- The need of the different persons involved (medical staff, patients, family, friends etc)
- Importance of form and material
- Objectivity versus subjectivity
- Images as language – complement or substitute?
- Content and message – a matter of interpretation?
- Possible contexts
- How can the communication process be changed?
• Sender versus receiver – can they meet and understand each other?
• What difference can they make and for whom?
• Which emotions can be delimited and which values can be questioned?
• What importance has quality, accessibility, presentation, explanations etc?

Group work results

Multiple sclerosis

This group came up with the idea of creating a game board for the patient's future life – an existential game. This is intended to be used by patients which are renamed users or players. The manual of the game is constructed by international support organisations and research departments in the fields from medicine to social studies. The purpose of the game is to let the player be able to construct hypothetical futures, depending on the specific mood or hope of the playing moment. With this game strategy, the group wanted to emphasize that there always are several possible outcomes, not only death. Also the tendency of modern life towards calculated risks (smoking, driving, food and exercise habits, genetics etc) was one of the reasons the group chose the game format.

Especially the notion of gaining economically was stressed (see appendix 1, MS 3).

The key issue of the game is social; how the individual with MS is affecting his or her surroundings and situation. Some factors taken into account when constructing and playing the game are:

• family
• friends
• social welfare system
• health (physical/mental)
• work
• education
• faith/religion

The format of the game sequence is:

your situation   ->   questions   ->   game board/story + manual   ->   play it

This means that the patient is involved in constructing the game by creating the story to be played, guided by the provided manual. Along the process, the player/patient is faced with a number of choices leading to different paths on the game board. These paths lead to alternative end points in the game, e.g. death or total recovery, which are arbitrarily chosen by the player. By having a manual, the player does not have to have full knowledge of the medical and statistical fact concerning the diagnosis. By making a choice at a cross road, the player looks in the manual and follows the directions given.

Myocardial infarction

The concept of the solution proposed by this group was based on the
notion of enlightenment. The aim was to achieve this in an alternative way.

The concept of the MI group is based on the notion of the whole/healing human. The basis for this is the ability to lift yourself up by pulling your own hair, which is taken from the stories of Baron Münchhausen.

First of all, the ten most crucial questions must be answered in a straightforward way since everything is uncertain after the first short consultation. It must be easy to quickly get an understanding of what is going on. The format chosen by the group is a web site where the patient can get basic information about certain questions. This is based on the notion that the doctor is always describing the life and health of the patient as discreet points (x-rays, blood tests, medication etc) between which the patient, both conceptually and emotionally, draws the contour of himself. It is thus a self-generating concept including matters closest to the heart such as family, work, vacations and how everyday life will be.

The more detailed information can be searched for at later stages. Also questions of how to reverse the process by changes in lifestyle was discussed (e.g. stop smoking and start exercising). In addition to the information provided by the doctor, stories from other patients are needed to add personal or even poetic accounts of how life is treating persons with this specific diagnosis (patient-to-patient). Also, it should be possible to get a second opinion from another doctor. Fundamental for this concept is that it’s always the patient’s responsibility to do the job of healing, not the doctor’s. The doctor is considered to indicate the problem and solution, whereas the patient is the active part, healing himself. This is supposed to be understood as an emancipatory and pro-active approach.

Breast cancer

The most important issue for this group was how to spend the week until the next consultation. During this period of time there will be much worry and anxiety and also confusion and possible denial. The concept of distraction or escape was chosen by this group to be the way to solve the problematic situation until the next meeting with the doctor.

A paper toy, known to all the participants from childhood, was produced and named “Move focus”. The toy works like a randomised answering device. You say a number and the player flips the sides of the toy this many times. Then you choose one of four questions visible on the inner side (two sets of four questions, each visible depending on the number of flips, one for odd number and one for even). Underneath, there are answers corresponding to the chosen question.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you want to win?</td>
<td>Buy a lottery ticket</td>
</tr>
<tr>
<td>Do you want to deny?</td>
<td>The diagnoses must have been mixed up</td>
</tr>
<tr>
<td>Do you want to act?</td>
<td>Gather all people with good energy</td>
</tr>
<tr>
<td>Do you want a good prognosis?</td>
<td>Buy it!</td>
</tr>
<tr>
<td>Do you want to take control?</td>
<td>Turn on the auto pilot</td>
</tr>
<tr>
<td>Do you want to hide?</td>
<td>You cannot hide from yourself</td>
</tr>
<tr>
<td>Do you want to dream?</td>
<td>Rent the video “Total Recall” seven times</td>
</tr>
<tr>
<td>Do you want to run?</td>
<td>Around the world in seven days</td>
</tr>
</tbody>
</table>

Breast Cancer

Commendenominators

Whiteboard – common denominators

- move focus of attention
- (forced to) take control
- creatingthesituation oneself
- organize/sublimate the illness
- game/play
- image of the self, not image of the disease
- frame work
- psychological factors
- “do not pay until you are well again”
- plotting
- handing over the process (to the game)
Common denominators
The next step of the process was to find common elements in the three different approaches in order to get one final concept to apply to a real situation. The participants were also asked to include aspects of the concepts they found most interesting or provocative.

Evaluation
It seems that this combination of collective brainstorming under strict conditions and individual engagement in the topic is a fruitful and efficient method to use when it comes to creating novel ideas and concepts. Also the fact that the method was highly visual helped the collaborative process by making the flow of ideas accessible to all persons involved. If applied to a long term project, especially the aspects from Method acting could be more actively used since the degree of involvement seems to affect the outcome of the proposed concepts. The large amount of text was considered to be negative, although it was stressed that it should only be used as inspiration and help. Thus, inaccurate or poor knowledge about the diagnoses does not seem to be negative for the creative process. Time was short but this was on the other hand considered positive, since it demanded focus and attention to the specific tasks at hand in order to get a result during the session. This was facilitated by the balance between the demands put on the participants and the freedom of thought and approach.

Positive experiences:
- The forced tempo is beneficial for creativity
- Visualisation is good and important
- The session proves that the group can work together
- Balance between demands/restrictions and freedom
- Compliance

Negative experiences
- Too much text based material is impairing the creativity
- Need to have a certain degree of self-awareness

Finally, the material produced during the master class session (individual texts, photographs, sound recordings and group prototypes) was collected and the participants were declared healthy before the session was ended.

References
Actant

Synectics

Method acting

Individual reflections on diagnoses

Henrik Enquist

Multiple sclerosis 1
What is MS? (Verbal information)
What will happen to me? (Verbal explanation)
When will this happen – how will the process be like? (Verbal explanation)
Is there anything one can do to prevent the progress of the disease? If so, what? (Verbal information)

Multiple sclerosis 2
Help and information
- Fast dial for information and search
  - What is it
  - How does it progress
  - Statistics
  - Information from media
  - Alternative treatment
- Personal situation
- Rights
- Help and support
- Psychological help
- Family
  - Seek friends who know all about it or are doctors themselves

Emotional reactions
- Uncertainty
- Insecurity
- Loss of hope
- Ignorance
- Inability to take action
- Anger
- Self consciousness
- Unjustice
- Demand for help

Situation/diagnosis
- What are the symptoms normally?
- Probability/chances
- What can I do myself?
- Relation mind and body?
- Genetic information?

Multiple sclerosis 3
What is it exactly and where am I in a typical case? (how has it
developed?)
Where can I find people in similar situations?
How can I explain this to my family and friends?
Will my family be running the risk of suffering the same? Can they prevent it?
Economically, how will this affect me? Does it make sense to keep it a secret, commit suicide and let my family get the insurance money?

Myocardial infarction 1
I directly wonder where to turn now immediately. What does it mean to have a myocardial infarction? No one in my family has had it so I do not know anything about how it is, or how I could recognise and interpret the symptoms. It seems as if I have to find out lots of things myself – but how do I do it and what do I say to the people close to me? That I had a myocardial infarction and have to undergo surgery...
It feels very difficult to continue as if nothing has happened – with my work, family and friends. I feel worried and have anxiety about the future. I wonder if that could make my condition worse.
The doctor mentioned by-pass surgery but not what the procedure implies. Is it a difficult operation? I probably feel very lonely in this situation.

Myocardial infarction 2
Questions about:
• Status
• Cause
• Duration
• Medication
• Heredability
• Truthfulness
• Bad living habits
• Excluded facts
• Treatment
• Therapy
• Does worry worsen my condition

I would like to get a second opinion from another doctor.
I would also like to get more control over my situation. It seems to me like I have to make a decision which way to go in my life.

Myocardial infarction 3
Questions
Can I continue as usual until the next consultation? What do I have to do differently...sick leave? I do not have time for that right now. I would like to work as usual. What could I have done to prevent this? No one in my family suffers/has been afflicted by this.

Hesitation/denial
The breathing difficulties have disappeared now and I think I worried for no reason. I am not sure the pain radiated as I said: sudden pain in the chest and out in the left arm. Could it have something to do with my migraine? Or the fact that I have stopped eating meat?
The above is related to “before” the diagnosis. Has it been evaluated
Appendix 1

Individual reflections on diagnoses

from true statements?

Proof?

How should the results be like to point in another direction? Is it still possible for it to be something else?

I would like to be able to analyze it myself, before and after.

Breast cancer 1

I wonder if my chances are 50-50 or…?

I remember that I sat next to a breast cancer doctor at a 40-year birthday party some year ago … and the bottom line of what he had to say … discouraging.

I want to know NOW, right away so that I can act and react.

Did not XX have a bump some year ago? And was she not operated? I will call her and ask.

I will tell my husband but not my friends, yet…not my mother. Naturally I will not tell the children.

I look the internet. Medical accounts and personal stories.

Imagine how strange if I have to have the whole breast removed and become flat. I do not need to be flat. I could become Survivor-Emma and the mother of three children. Ha ha!!

I want to be treated considerately by the doctors. Feel important and unique.

I imagine and prepare for the worst – that I will die. I check my life insurance…

I imagine the second worst scenario – removal of the breast. That I could turn into something positive.

Breast cancer 2

Dear Doctor Krall! (I hope you cure other things than rabbits.)

First of all I would like to know if the tumor is benign or not. No, as a matter of fact, I would like to know that the tumor IS benign. (I am willing to pay a lot for this information.) Since I am convinced that medical science is a capitalistic fiction – which we all invest our imagination in – should it also be possible to buy yourself a happy ending. Simply, I see it as a new project – possibly an insurance project.

To be more realistic:

If the chance for survival a malignant cancer is less than 50% (in other words, the glass is not even half full) then I would in any case prefer the positive answer. Otherwise I will accept the negative answer if that is the case. What is what (negative/positive) I let you decide.

I attach CV and check balance.

How are my chances?

Breast cancer 3

(not collected)
Instructions for group work

Henrik Enquist

New concepts to visualize the experienced health

- Visualisation is the objective – this could consist of an image or a concept
- The format is free – originality and the odd is preferred
- Content should be important and relevant in some respect
- Focus should be put on the experienced, the personal – not the clinical
- It is not crucial that the information/facts are correct
- Do not hesitate to be a little bit wild and crazy in the creative thinking
- Use different forms of documentation (sketches, schemata, text, images etc)
- Do it practically not theoretically!

Warning!

Do NOT focus on the material handed out! This should only work as inspiration and background material for what you will produce. Do not read all the time – ACT!

Do not be critical towards what comes out of the process at this stage. Everything is good!

If the things you want to create/show is not possible at the moment – describe it instead.