



ARTS PRACTICA

— OBSERVATION IN PRACTICE —

Seven Aesthetic Habits That Improve Clinical Practice

by Alexa Rose Miller

Like the human body, works of art communicate – often in indirect ways. *Engagement* is what it takes to access that communication: looking, wondering, conversing, listening, palpating, smelling, discriminating, questioning, and looking some more. The experience of inquiring into the unknown through engagement can be difficult. It requires suspending doubt, tolerating ambiguity, putting aside the satisfaction of a “correct answer,” and it often brings along an experience of oscillation between certainty and uncertainty as data is gathered. It is tough work to bear the unknown and to navigate complexity and ambiguity – tough work that is central to the practice of medicine. The experience of art-viewing¹ helps illuminate the qualities of this work, as well as the capacities and habits that are essential to engaging fully with patients in the clinic. This list describes key connections between clinical practice and visual art:

- 1. Make time for silent looking.** Visual art operates in a visual language. Putting into words what your eyes see is an act of translation that requires full concentration, imagination, and perceptive engagement. Making space for silence allows for sensory capacities to gather data up front, without interference. Verbal language will serve as an effective tool for developing and expressing thoughts later on in the engagement and reflection processes.
- 2. Know yourself as a viewer.** Art helps us know this deeply personal landscape. *Am I drawn to details or to the whole picture? How do I usually find my way in? Through narrative, artistic elements, associations with former experience? Where do I linger? Where do I rush?* It is difficult work to know the assumptions, pitfalls, and habits of one’s own internal schema, but maintaining personal objectivity requires knowing its threats and the curiosity to experiment with additional ways of paying attention.
- 3. Wonder.** Speculation is the heart of flexible thinking, and art invites us to observe while keeping the possibilities wide open as we interpret and imagine. Pursuing meaning with the goal of getting a “right answer” can block the processes of open fact-finding and the generation of possibilities. Wondering is, in essence, an experience of *not knowing*, and can serve as a reminder of what a positive experience² it can be to start from curiosity.
- 4. Consider multiple right answers.** Works of art don’t have a correct answer. Artists may make art for one reason, and communicate other ideas less intentionally. At the same time, works of art are constantly re-interpreted by others as historical contexts change and knowledge develops. At the end of the day, we can never really know a work of art’s singular meaning, but we can always continue to look and find ideas (and enjoyment). Does a patient have a right answer? Often there are multiple factors operating simultaneously. Information can be incomplete, changing, or expressed in idiosyncratic ways. A patient’s story always weaves in and out of health and life. It is not that there is “no wrong answer,” but rather that the practice of alleviating suffering caused by disease demands preparation for complexity, ambiguity and multiplicity.

5. State obvious details – and reach for the elusive ones. All details are potential game-changers. In art, these details can be represented explicitly (a wedding band, a religious symbol, a uniform, an artifact from a traceable time or place), or implicitly (a smudge of paint, a photographic blur, a reflection of light, an erased and re-drawn line). Sometimes they are so indirect as to be quite difficult to describe. All details contribute to how the work of art makes meaning, and lend to our understanding. In medicine, details are worth articulating even if they seem obvious (to the point it feels dumb), or completely ineffable (to the point where it takes reaching). These efforts are key to seeing the “whole patient,” and to the discernment required by situations such as atypical expressions of disease, vague symptoms, changing information, or, when, for whatever reason, the next steps are not clear.

6. Prepare for those small details to change everything. Nothing makes this clearer than the experience of discovering one small feature that links the possibilities of the whole picture. In the physical exam, missing details up front can be devastating to the differential diagnosis, and can waste precious resources.

7. Experience others’ individual meaning-making processes. Looking at art in a group makes other people’s thinking and experiences explicit. Listening to someone else talk about art provides insight into the way he or she learns and makes sense of the world; many times, this insight can change your own ideas about the art’s meaning and about the value of different ways of seeing. Looking at art is a helpful way for a group to practice low-stakes group meaning-making respectfully, and to develop trust, understanding, and professional reflections along the way.

Experiences with art teach non-verbal, perceived, intuitive ways of knowing, and provide practice for building fluency between the domains of sensory perception and verbal language. Art museums provide safe environments to learn the unique skills, perspectives, and insights at the core of medicine (a practice which, at its best, is a form of art). Aesthetic experiences help us to remember that the joy is in the journey.

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¹ www.vtshome.org

² Seidel, Steve, “Wondering to be Done,” in *Assessing Student Learning: From Grading to Understanding* (David Allen, Ed., New York: Teachers College Press, 1998).

