“My training did not prepare me for comments such as, “I hate my body! I won’t eat that. It has too much fat. I’m overwhelmed. I don’t want to be here. I want to die!” I soon realized that no amount of Nutritional Science was going to help me respond to these people, to their pain. I needed to venture across paradigmatic borders.”

Jacqui Gingras  Ph.D. RD

“If we accept the premise that medical practice occurs within a larger cultural context, then it is a short step to the realization that the larger cultural context is going to inform and influence the understanding of disease and those who suffer from it – inside and outside medical circles.”

Michael Hutcheon, MD and Linda Hutcheon, Ph.D.
It is through the creative voices of the educational pioneers and visionaries that this journal issue speaks ... crossing well beyond traditional borders. Here are explorers attuned to the transformative possibilities of the “live singing body” and the further learning potencies of the moving body as both active learner and wise teacher sensing deeply and conveying these embodied truths to our larger world. We hear in our first article by Dr. Michael Hutcheon and Linda Hutcheon Ph.D., University of Toronto, about the teachings of opera in medical education and how the experience of watching and listening to such performed stories could help raise awareness about issues surrounding themes of death, loss and suffering.

Jacqui Gingras Ph.D., RD in the guest commentary “Giving Voice to My Own Astonishment”, presents for readers voices from the day-to-day realities of the dietitian’s world. In these statements the researcher as educator courageously ventures across training paradigms where she shares with us openly the honest revelations of the dietitian and educator as autoethnographer. Her research engages autoethnographic, phenomenological and arts informed methods and she teaches progressive courses at Ryerson University School of Nutrition among them “The Art of Storytelling: Advances in Nutrition Counselling Practice.”

Ann Fox Ph.D., MHSc, RD reports on a new pilot arts module in Graduate Community Nutrition Training at The University of Toronto. Anne also hopes to encourage other health educators to consider creative approaches that integrate creative arts programming into Nutrition Training programs.

Coralee McLaren, BScN, Faculty of Nursing, University of Toronto, the professional dancer as nurse, shares with us a phenomenological exploration that is part of the process as she moves on to embark on a scientific and humanistic inquiry. This new research study will eventually integrate experiences in dance/choreography, neurosurgical nursing and qualitative, phenomenological methods to help reconceptualize how children with cerebral palsy experience their bodies and movement through space.

The successful CCAHTE day training intensive series “Integrating the Creative Arts in Healthcare”, Drama, Narrative, Collage and Performance Methodologies in Health held at The Windermere Manor, London, Ontario, continue to welcome health professionals and educators interested in the intersections of arts and health. The ongoing Spring and Fall workshops will be sponsored once again by CCAHTE and will be held Saturday, October 20, 2007.

In our CCAHTE Journal issues we gather in community to share news about the creative arts in research, action and practice and we honor and celebrate visionary initiatives underway across Canada and internationally. This cutting edge work crosses borders affecting change with each stirring narrative account, each new story of personal transformation. We are pleased to have this unique opportunity to share with you in this March 07 CCAHTE issue these voices of hope and change.

Sincerely, Cheryl McLean
Publisher, Editor CCAHTE Journal
**CCAHTe** Journal

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Medicine in/as Culture: 
The Teachings of *Opera*

For *CCAHTe* by:  
Michael Hutcheon, MD  
Linda Hutcheon, PhD

*Crossing Borders: Interactions of Medical and Cultural Knowledge*

(Michael and Linda Hutcheon are not siblings, but a married couple and both teach at the University of Toronto. Dr. Michael Hutcheon is Professor of Medicine and Deputy Physician-in-Chief for Education at the Toronto Health Network. Linda Hutcheon, Ph.D. holds the rank of University Professor of English and Comparative Literature. They work collaboratively and across their very different disciplines on the intersection of medical and cultural history, using opera as their vehicle of choice.)

It has become a truism today that cultural representations are never innocent: the stories we tell and the images we create in order to explain ourselves to ourselves are loaded ones. If we accept the premise that medical practice occurs within a larger cultural context, then it is a short step to the realization that the larger cultural context is going to inform and influence the understanding of disease and those who suffer from it inside and outside medical circles. As one of the most artifice-laden, conventionalized and stylized of art forms, opera does not immediately strike one as perfect for educational, much less medical-educational purposes.

Yet with its long and continuous history (over 400 years) and condensed and intensified plots about love and death, opera brings together verbal narrative, music, and dramatic performance in a particularly potent way, drawing its emotional power historically from its roots in Greek tragedy and Aristotelian notions of catharsis.

Though now often considered the last refuge of spectacle and a distinctly “high-art” form, European opera was once culturally democratic in much the same way as film is today. In recent years, there has been a significant rise in the number of both professional and amateur opera productions, thanks in part to the new move to broadcast productions on television, but also in cinema theatres, as the Metropolitan Opera in New York has begun to do. DVDs follow, and suddenly opera is more like the movies than ever before. And, like film, opera is, and always was, particularly sensitive to its audiences’ desires and anxieties; what was calculated to bring people into the (expensive) opera house to see the (expensive) productions had to be
Few art forms are as thoroughly dependent as is tragic opera upon desire, suffering and death as narrative and emotional staples. The body - the live singing body on stage (i) - gives voice to the drama of the suffering person, to use Eric Cassell’s terms. In The Nature of Suffering and the Goals of Medicine, Cassell teaches that it is not bodies that suffer; it is persons - when the integrity of their personhood is threatened. But there is a social dimension to suffering as well. A brief illustration: plagues have traditionally been used as metaphors for social disorder and upheaval - the social body as figured in the physical body. Historically, plagues were often seen as judgments upon moral deviancy, as deserving punishment for ethical or social transgression. Sophocles set the scene; Igor Stravinsky and Jean Cocteau gave it a modern spin in their opera, Oedipus Rex (1927). By extension, plagues have come to symbolize any threat to the social and moral order. Sometimes this threat is figurative - as with the fascist “plague,” passed on through what is called “acoustic contagion” in the 1992 Harry Somers/Rod Anderson operatic adaptation of Thomas Mann’s novella, Mario and the Magician; sometimes, however, it is literal, as with the cholera epidemic in Benjamin Britten and Myfanwy Piper’s operatic version of another Mann story, Death in Venice (1973). Diseases, in short, have always taken on cultural meanings well in excess of their medical significance. (ii)

The complexity of the interaction of medical and cultural knowledge has been experienced in our own time: we have witnessed at least three “plagues,” initially of unknown origin - AIDS, Legionella, and SARS - and part of the fear and anxiety they all provoked came from not knowing what disease entity we were dealing with.

Few art forms are as thoroughly dependent as is tragic opera upon desire, suffering and death as narrative and emotional staples. The body - the live singing body - on stage gives voice to the drama of the suffering person...

Linda Hutcheon, Michael Hutcheon

In the nineteenth and twentieth centuries, it was two other diseases, tuberculosis and syphilis, in particular, that went from being incurable and mysterious to being medically managed, and both figured on the operatic stage, in part because both were associated with sexual anxiety and both were gender-coded diseases in the general culture and in opera: it is women who suffer from tuberculosis - and are beautiful and desirable in their illness (Violetta in La Traviata [1853]; Mimi in La Bohème [1896]);
it is men who suffer from syphilis (Amfortas in *Parsifal* [1882]; Tom in *The Rake’s Progress* [1951]).

But opera offers medical insights not only through its revealing cultural representations. The actual experience of watching and listening to opera with its over determined combination of verbal narrative, powerful music and dramatic performance is an intense one. Opera directly and movingly deals with themes ranging from the terror of death (in Poulenc's *Dialogues des Carmélites* [1957]) to the longing for death (in Richard Wagner's *Tristan und Isolde* [1863]); it confronts difficult human issues - from the preparation for a “good death” (in Wagner's *Der Ring des Nibelungen* [1876]) to the meaning of suicide in different cultures (in Puccini’s *Madama Butterfly* [1904] or Alban Berg's *Wozzeck* [1925]).

The audience experience of these works can function not unlike the early modern practice known as the *contemplatio mortis*, a spiritual exercise that involved imagining one’s own dramatized death as a way of preparing oneself for the inevitable end. Watching an intensely moving story about human mortality can act as a rehearsal of one’s own demise or that of a loved one (think of all those Orpheus-themed operas from Claudio Monteverdi’s to Philip Glass’s).

In educational terms, studying this high impact kind of story in a medical setting not only could teach empathy and sympathy with the dying and the bereaved, but also could help those in the “healing arts” come to terms with their own inevitable end. After all, our modern narratives of science and technology can only go so far in teaching us about the death that we must all finally face. Opera, an art steeped in death, might help take us (or at least help us conceive of) the rest of the way.

Michael and Linda Hutcheon have published a number of articles and three books: *Opera: Desire, Disease, Death* (1996); *Bodily Charm: Living Opera* (2000); *Opera: The Art of Dying* (2004). They are currently studying creativity and aging through the late style and later lives of nineteenth and twentieth-century opera composers.

References/Book links:

from page: 1

i) Link to “Bodily Charm: Living Opera” at http://individual.utoronto.ca/hutcheons/bodily_charm.html

ii) Link to “Opera Desire, Disease, Death” at http://individual.utoronto.ca/hutcheons/opera_desire_disease_death.html

from page: 3

I

balance
at the top
of the pyramid
of my life and the blocks of life
fit together - almost
a slight shudder
and they shift beneath me
I strain and tense
balancing on tiptoes
swaying like a ballerina,
to hold on - almost.”

M. G. Mitchell

“The National Survey of the Work and Health of Nurses (2005) was undertaken in partnership with Statistics Canada and Health Canada and examined links between environment and health. Results indicated nurses face a broad range of physical and emotional challenges in a demanding and often hectic workplace.

The survey indicated many nurses regularly work overtime and a significant number have more than one job. Psychosocial and interpersonal factors including work stress, low autonomy and lack of respect are more strongly associated with health problems among Canada’s 314 900 nurses.

“Nursing is a demanding profession. We must juggle the often conflicting demands of home, family, children, husbands and partners, patients, managers and doctors. Most nurses are compassionate, giving people who leave little time for self. The balancing act cannot go on indefinitely: if it does, some event can precipitate the collapse of the pyramid of life.”

Mitzi Grace Mitchell
RN, GNC (C), BScN, BA (Sociology)
MHSC, MN, DNS, Ph.D. (C)
Lecturer, York University, School of Nursing
Faculty of Health
Toronto, Ontario

Other reading:
Statistics Canada http://www.statcan.ca/Daily/English/061211/d061211b.htm
“Long Term Care Legislation Must Include Staffing Care Standards”
ONA http://www.ona.org/20070117ONANews

The Voice of Experience
ONA http://www.ona.org/political_action/Nurses_and_the_Provincial_Government
The Nurse’s Foot: *A Phenomenological Exploration*

For *CCAHTe* by: Coralee McLaren, BScN
Faculty of Nursing, University of Toronto

It never occurred to me on concluding my career as a performer and teacher with The Toronto Dance Theatre that I would be able to integrate my experiences and skills as an artist into my life as a nurse. However, as a graduate student in nursing, it is becoming increasingly evident that I have entered into an interstitial space that holds possibility and opportunities to rethink human embodiment.

Coralee McLaren

No longer separating the nurse from the dancer, I am embarking on a scientific and humanistic inquiry to reconceptualize how children with cerebral palsy experience their bodies and movement through space. In preparation for this challenge, I engage here in a concentrated, phenomenological exercise that demands a presencing and attuning to my own physical world through the reuniting of my ‘old body’ (F.Wynn, 2006) with the ‘thing’ that occupied my life as a professional modern dancer, the floor under my foot. What follows are my words and thoughts as I attempt to describe the reacquaintance of my nurse’s foot with this ‘thing’, the floor. With the guidance of others who have undertaken similar experiments, I welcome the opportunity to return to an artistic sensibility that reveals my dancer/nurse body’s need for repair and repose, and re-attunes me not only to how I experience my own physicality, but how I might appreciate the bodily experiences of others.

Photo of Coralee McLaren by Cylla von Tiedemann
My foot on the floor

**It is still dark outside** when I place my foot on the floor, a sensation that is becoming quite familiar as I prepare for the busy day that awaits me at the hospital. The coolness meets my skin and travels underneath, meeting the unawakened cluster of bones at my ankle and maneuvers upward. Perhaps it is too early in the morning to undertake this experiment, or perhaps I am simply avoiding the effortful task. I return to the chill that has now reached the shaft of my leg, picking up the thread unbroken (Merleau - Ponty, as cited by Lingis, 1998, 35). My toes reach for the register, and I let my mind follow the warmth that chases the wake of the cool. Spreading my foot and toes back against the glossy hardwood exterior, I converse with this old friend, and ask once again whether it will be a forgiving day. With full weight upon my foot, I sense where my heel makes contact and how the lateral line incompletely meets the surface, weakening my instep. As points of contact condense, my foot becomes reacquainted through the pressure, sweep and periodicity of the movement across the glaze (Lingis, 26). In this movement I sense the ‘relief’ of the lines, one piece of wood rhythmically meeting the next, directing and pulling me across the floor to where the early sun begins to take up the cold (Lingis, 27). The sole [soul] of my foot rests there awhile, “affirming solidarity with the form” (Abram, 1996, 47), the touch softly invading my sensibility (Lingis, 75).

**I follow the lines to the stairs**, and realize that my foot never dwells here long. The scratch and tweed of the nap direct me down, indifferent to whether I stand or sit or just carry on. So I pass as always, but acknowledge this alteration in relationship and time. At the end of the descent things shift again as my foot absorbs the cool of blue tile, much louder in ‘level’ and in tone (Lingis, 25). The hardwood is buoyant and more generous than this; this is colder and busier in pace, quite similar to what I will later experience this day. I stay nonetheless and pressure the floor to perhaps give, not take. The blue turns too cold so I ascend again, and I acknowledge this time the nap scratching at my feet, clamoring for attention, begging me to pause (Lingis, 69).

**The floor on my foot**

Perhaps the indifference lies in me – too busy to notice, too distracted to pause. I can no longer distinguish what these floors have to say. So I decide to ‘stay’ longer with this one that receives me at the start of each day. It beckons me close, and my body settles into its depths and its weight. I have forgotten this ‘thing’ that ‘unbrokenly’ sustains and exalts my life (Lingis, 76). I recall the dynamic, the give and take, my continual requests for support and respite. And here it remains after all these years, still buoying, nourishing and restoring my days (Lingis, 76). I ground my foot deeply beneath the facade, connecting to that
which has always held me. I spread my skin and my flesh, my toes and my
bones, and linger in this place that feels safe, at home. For it is here that I feel,
see and hear my world, the words and messages that fill and resound.

As I uproot myself and begin to move, I notice a pattern taking shape in
the room. I travel along the knots and the lines, but bypass a spot as I usually
do. It is at this spot that the floor still creaks, and I realize my path still protects
the baby that sleeps. That child has grown, but it’s quite interesting to note that
I unconsciously travel around these places that speak. I acknowledge this
fondly, and listen for more. My ears meet music and to my surprise, it too trav-
els past (Abram, 49) to where the wood holds its sound. So it is my foot that
senses, not my ear or my mind, and I move in time and let the floor creak
(Riedelsheimer, 2001). I jump up and down, slide back and forth, and feel the
give between each slat and groove. We are dancing again, and the buoyancy
speaks of what I have come to miss, a receiving and cradling that absorbs and
repairs.

Shifting – staying

What a complex affair, my foot and this floor! Invited back, now I see
what I’ve lost; it is time to return as it remains here still. So I imbed my bones
deeply, and listen for more. Tomorrow will come, and I’ll begin the new day
with my counterpart near. And though the ‘thread may be dropped’ in the day’s
hastened pace, I will swiftly return. There is calm in the density, the give and
the sound, a place of repose in the midst of contention. I will stop in my tracks
and ground myself there (Lingis, 77). I’ll ask to be anchored and let the day fall
away. And I’ll try to look back from below and within, and give voice to this
‘thing’ that I’ve often dismissed (Abram, 47). I’ll stay, I’ll sit, I’ll stand and I’ll
shift, and hear not with my ears but with my skin underneath. Then with soles
renewed I will return the next day, and look for new ways that this ‘thing’ ex-
alts and sustains. And I’ll patiently wait, for most certainly I’ll sense, the
“wonder and power of this fathomless thing” (Abram, 47).
Through this journey of the senses, I am reminded of the ways that I might find respite as a nurse by reconnecting to the things in my environment that both ‘ground and repair’. In reawakening these relationships and connections to things in our everyday lives, it may also be possible to relate to the physical experiences of others in new and innovative ways. With this return to my foot, I am able to respond empathetically to the foot of a child that relates, receives and navigates the floor in ways unknown to me. Little is known about how children with disabilities perceive their own bodies and sense of movement, or the mobility and social practices they devise themselves to navigate their environments (Palisano et al, 2003). As a result, clinical and psychosocial care practices designed to improve and support children’s movement and mobility may be suboptimal. By composing a research study that integrates experiences in dance/choreography, pediatric neurosurgical nursing and qualitative, phenomenological methods, I hope to extend the boundaries of existing knowledge about children with disabilities, and possibly use this new knowledge to design clinical, psychosocial, technological and place-based interventions to improve their quality of life and enhance their ways of being in the world.

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Coralee McLaren, BScN was a member of The Toronto Dance Theatre from 1988-1998 dancing many of the company’s leading roles. During this same period, Coralee was a faculty member at the associated School, a course director with York University’s Dance Department and a guest teacher/choreographer both nationally and abroad. Following her career in the arts, Coralee received her BScN from The University of Toronto and is presently pursuing her Ph.D. in Nursing Science where she is exploring the relationship between the arts and health care through her work with physically disabled children. She would like to acknowledge the mentorship of Patricia McKeever, Ph.D. and Francine Wynn Ph.D., Faculty of Nursing, University of Toronto. Info: http://www.nursing.utoronto.ca/site3.aspx
Venturing Across Borders
New Paradigms in Nutritional Sciences

CCAHTE Guest Commentary

giving voice to my own astonishment

giving voice to my own astonishment

Jacqui Gingras, PhD, RD
Ryerson University School of Nutrition
Toronto, Ontario

“**I am a dietitian. I was trained in a positivist tradition to consider food as nutrition**, as a substance to be quantified in the pursuit of health. I was trained to consider people seeking my knowledge as rational, autonomous, predictable and decontextualized from their actual lives. I was trained to calculate and inform - too much fat, drink skim milk; to little protein, eat skinless chicken breast; too little calcium, eat yogurt; too little iron, eat beef; too much coffee, drink water. Imagine me, calculator in hand, acting certain, but visibly distracted from the human being seeking my expertise. Imagine me, simply telling people what they should and should not consume. Soon my lovely distraction was interrupted.

People were saying things to me that I was not expecting to hear. My training did not prepare me for comments such as, “I feel an immense sense of power after eating all I want and throwing up afterwards.” My training did not prepare me for comments such as, “eating slowly and minding my hunger cues brings back memories of childhood sexual abuse. I have to eat fast. That’s why I’m fat.” My training did not prepare me for comments such as, “I hate my body! I won’t eat that. It has too much fat. I’m overwhelmed. I don’t want to be here. I want to die!” I soon realized that no amount of nutritional science was going to help me respond to these people, to their pain. I needed to venture across paradigmatic borders. I studied feminism. I continued to wake up to other realities.”


*Jacqui Gingras, PhD, RD is an Assistant Professor at Ryerson University’s School of Nutrition. Her SSHRC-funded doctoral research, a critical autoethnographic fiction on how dietetic subjectivity, performativity and curricula shape a collective understanding of food, weight and health, was awarded the Ted Aoki Prize for Outstanding Dissertation in Curriculum Studies. Her current research engages autoethnographic, phenomenological and arts-informed methods as a means for situated and particular understandings of dietetic theory, education and practice. She offers courses at Ryerson University School of Nutrition among them “The Art of Storytelling: Advances in Nutrition Counselling Practice.”*

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Implementing a Pilot Arts Module In Graduate Community Nutrition Training

For CCAHTE by:
Ann L. Fox, PhD., MHSc, RD
Department of Nutritional Sciences
University of Toronto

Ann Fox, Ph.D., MHSc. RD, directs the Master of Health Science program in Community Nutrition, Department of Nutritional Sciences, University of Toronto. This professional degree program includes field practica and course work in community nutrition. She is also involved in planning and evaluating community diabetes initiatives, as well as exploring the relationship between technology and lifestyle in chronic disease management.

Introduction

I developed an outline for an arts module that would be implemented as part of a graduate training program in Community Nutrition at the University of Toronto. This article provides a brief description of the implementation of the module last fall. My purpose in sharing this endeavor is to reflect on the experience and to encourage other health professional educators to consider offering similar curricula.

Planning

A review of the literature provided ample evidence of the benefits of including the arts in health professional education (see for example Dose, 2006; Calman, 2005; Bolton, 2005; Tapajos, 2003; Lester 2002; Jackson and Sullivan, 1999). Outcomes of initiatives that incorporated the arts into clinical training included enhanced empathy for and understanding of clients by clinicians, as well as the promotion of personal development of health professional learners (Staricoff, 2006; Lazarus and Rosslyn, 2003). There was little to suggest however, that graduate community nutrition programs in Canada had incorporated the arts into professional education curricula. This is somewhat surprising given the importance of understanding culture, values and social practices in planning and implementing community food and nutrition programs. This pilot arts module was therefore designed to introduce future nutrition professionals to the ways in which the arts may be incorporated into community nutrition practice.

Specifically, the objectives of the arts and health module were to enable students to:

1. Explore the arts as a means of understanding and addressing community health issues
2. Identify opportunities for arts involvement in local communities
3. Critically define “art” and “science” within the context of health and healthcare
4. Identify resources available to support implementation of arts initiatives in community health work

Content

Planning of the module content was informed by Donald Schon’s framework for reflective practice (Schon, 1983, 1987). According to Schon, learners’ abilities to apply technical knowledge to practical situations are often challenged by unique circumstances, requiring them to reflect on and in action, and to experiment with their own forms of “artistry”, to address the new situations. The learning activities included in the module were designed to encourage this kind of reflective practice.

The Arts and Health Module was incorporated into an existing course on nutrition programs and strategies, and occupied three, three hour sessions within this course. In order to address different learning styles within the limited time available, a variety of learning activities were implemented. Students were first provided with a reading list of peer reviewed journal articles on the arts and health and asked to read at least three of them as
preparation for a class discussion. In addition, a file of newspaper and magazine articles, websites and information on specific arts and health projects taking place both locally and internationally, was made available to students for the duration of the module. Session one consisted of a twenty minute mini-lecture that provided various definitions of “art” and “science” and highlighted some of the functions (education, advocacy, awareness, aesthetics) and common forms (theatre, music, film, dance, visual) of art. The students then broke into small groups for an interactive exercise that enabled them to extract and share key points from the readings on why and how the arts have been used effectively as health interventions. The second part of the session consisted of two guest speaker presentations. These presentations were intended to illustrate examples of how the arts can inform an understanding of health and how understandings of health can inform art. One presentation was by *Denise Gastaldo, a researcher in the Faculty of Nursing who has used poetry to help others understand the health experiences of immigrant women in Toronto (Gastaldo, 2004), and the second was presented by *Jack Butler, a visual artist whose work with Inuit people is helping surgeons and respiriologists understand the structure and functioning of the lungs in extremely cold weather.

The students were given one “fieldwork” session out of the classroom to learn about an art project of their choice in preparation for their assignment. Students were asked to explore an art initiative or artist or to create a piece of artwork that related to health and nutrition. They were then asked to share their findings or creations with their peers the following week in the form of an oral presentation. Written reflections on the experience of doing this work were submitted at the end of the three-session module.

The student projects represented diverse interests and included topics such as a gender analysis of the history of sewing and its relationship to food preparation, a sketch of a homeless man lying among litter on a Toronto street corner created to help give voice to issues of homelessness, hunger and poverty; an analysis of the contents of one family’s blue box accompanied by a graphic design that illustrated the environmental issues associated with food packaging; an analysis of the ways that pottery both reflects and influences cultural food habits with a focus on fine Japanese pottery. One student created a photo essay of an urban landscape to show how it is conducive (or not) to physical activity. Another visited the Norval Morriseau exhibit at the McMichael Collection and reflected on spiritual elements of healing from an Aboriginal perspective. Others attended galleries, theatre and art festivals, learned about local and international artists and created their own photography, collages and poetry.

*More about:
Denise Gastaldo Ph.D.
http://www.news.utoronto.ca/bin6/050531-1407.asp

* More on artist Jack Butler and www.artcoldcash.ca
Evaluation

The evaluation approach was approved by the Research Ethics Office at the University of Toronto and consisted of administering an open-ended written survey that was completed by students before and after the module was delivered. The survey questions addressed the extent to which the module objectives had been met. Unsolicited feedback was also gathered throughout the course. Findings indicated that students felt the arts module brought about “new ways of knowing and understanding health” and provided them with knowledge of resources they could use to incorporate the arts into community nutrition practice. Feedback also suggested that they valued the small class size, trusting environment and opportunity to investigate new areas of inquiry, but that they would have appreciated more time to explore, to share their experiences and to learn from each other. Accordingly, future efforts to include an arts component in Community Nutrition graduate training will be expanded to allow for more of this kind of interaction.

Reflection

For both the students and for me (the facilitator), the engagement of dimensions that often remain untapped in conventional science-based health studies, contributed significantly to our shared sense of discovery.

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“... it was a much needed opportunity to express my ideas in another format. But beyond just a different form of expression, and perhaps more importantly, the arts module provided an alternative form of generating ideas and thoughts about public health nutrition—ideas that wouldn’t have been generated simply after reading a book or a research article … ideas that require more thoughtful and critical reflection.”

Student participant

The experience introduced new ways of understanding and approaching community health practice. We touched textiles and listened to music, we looked at paintings and sculpture, we ate together, we took photographs, we read poetry, we reflected, we laughed and we were moved to tears. Student feedback, as well as my own reflection throughout, indicated that the module was successful, not just in terms of meeting the intended objectives, but also in inspiring students to think and learn in different ways.
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The Nursing Channel Connection
A Place for Community and State-of-the-Art Storytelling
Cathy Johnson RN BHS, Health Informatics, Nicholas Brudnicki, Kim Garwood MA, Janine Ojah-Maharaj
Nursing Informatics, University Health Network, Toronto, Ontario

Toronto, Ontario
In October 2006, the nursing informatics team at University Health Network (a group of hospitals including Toronto General, Toronto Western, and Princess Margaret Hospital) launched a website that presents a new kind of storytelling: The Nursing Channel www.nursingchannel.ca. The website has the principle of storytelling at its heart and strives to establish a new kind of nursing community, not limited by time or distance. Using a variety of multimedia such as video, audio and photography, the website illuminates stories of nursing practice and extraordinary personal experiences from inside and outside the hospital.

Just like a television station, The Nursing Channel has its own set of programs. Vivid photos, personal voice-overs, background music and integrated links produce compelling portraits. Nurses on either side of the screen are encouraged to take pride in their professional community and visitors are invited to join in celebrating the proud history and future of this community. The possibility of connecting with nurses beyond the hospital walls is inspiring...perhaps just as exciting is the awareness that www.nursingchannel.ca can expand far and wide, while still maintaining its identity as a place for personal storytelling within a caring, close-knit community of nurses.

Now playing ........
On The Nursing Channel:
http://www.nursingchannel.ca/

• Enacting Patient-Centred Care in a Crisis Situation
• Patient-Centred Care: What it Means to Me
• Celebrating our History –
The Toronto General Hospital School for Nurses
• Journey of Discovery – Travelling the Globe,
Innovations in Nursing Service Delivery
• Come and See…. Karibu Tanzania
Health Care System in Africa
Community-Campus Partnerships for Health
10th Anniversary Conference
April 11-14, 2007
Toronto, Ontario
“Mobilizing Partnerships for Social Change”
*Understanding and Addressing the Social Determinants of Health
*From Grassroots Movements to Policy Change
*Communities as Centers of Learning, Discovery and Engagement
*Developing the Science of Community-Based or Practice-Based Evidence

See www.ccph.info for details

CSSE
Canadian Society for the Study of Education
Annual Conference
May 26-29, 2007
Come! Celebrate educational research at the 2007 annual conference of the Canadian Society for the Study of Education. The Conference will take place at The University of Saskatoon as part of the Congress of the Humanities and Social Sciences.

Programme information:
Registration www.fedcan.ca/congress2007/

Creative Arts in Health Training
Integrating the Creative Arts in Healthcare
Drama, Narrative, Collage and Performance Methodologies in Health Series

Facilitator: Cheryl McLean
Publisher, Editor CCAHTE

Day training intensive (Introductory)
Saturday October 20, 2007
9:30 - 3:30
Windermere Manor,
London, Ontario

http://www.cmclean.com

Using drama and expressive methodologies as well as writing and narrative approaches, professionals will have an opportunity to participate in an experiential group process while communicating stories through therapeutic drama, collage, narrative and group performance in health. The session introduces methods which can be integrated into the healthcare setting or helpful in field study (“Performing the Field”) while also offering professionals an opportunity to participate in a deeply creative and regenerative day training session. Ideally suited for physicians, nurse educators, nurses, adult educators, social workers, drama educators, chaplains, mental health professionals.

Pre-registration fee $120 before Sept. 1
$135 after Sept. 1
(Lunch additional)
16 max.

Register here:

Our Vision
Persons with disabilities will have equal access to participate fully in all aspects of community life.

Supports and promotes the inclusion of adults and youth with disabilities in community life through opportunities in training, employment, education, leisure, the arts and voluntarism.

http://www.huttonhouse.com/html/contact.htm
Third International Congress of Qualitative Inquiry

University of Illinois, Urbana-Champaign
May 2-5, 2007

http://www.qi2007.org/

Visualization in Scientific Practice
Lecture and Conference

April 27, 2007       6:00 p.m.

(The Chancellor Jackman Program for the Arts)

Visual Cognition: Where Cognition and Culture Meet
Victoria College, Rm. 323, University of Toronto

Speaker: David Gooding, Professor of History and Philosophy of Science, University of Bath, U.K.

http://www.artsci.utoronto.ca/main/visualization-in-scientific-practice#AC

Qualitative Research Association of Malaysia (QRAM)

4th International Qualitative Research Convention
September 3—5, 2007
PJ Hilton, Malaysia

“Doing Qualitative Research: Processes, Issues, Challenges”
http://qrc2007-qram.um.edu.my/
Art Activities Designed for Seniors

A guide book to help activate those in senior care facilities.
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Carren Love MFA carrenlove@shaw.ca

The 28th Annual NADT Conference
Montreal, Quebec, Canada
August 9 to 11, 2007

National Association of Drama Therapy
http://www.nadt.org

Check these links

Art and Cold Cash Collective
(examining Inuit art in the context of the introduction of capitalism into the Canadian Arctic.)
www.artcoldcash.ca

Arts in Health and Education,
Video clips from “Living Stories of Hope and Change” presentation, King’s University College, University of Western Ontario, London
http://www.cmclean.com

Shaun McNiff website
Info, Books, Gallery
http://ada.lesley.edu/faculty/ftmcniff/

A Practical Guide to Teaching and Assessing
The ACGME Core Competencies
(competencies in interpersonal and communication skills, patient care, medical knowledge...)
http://www.hcmarketplace.com/prod-5156.html

Social Work, Arts and Research
Arts and Social Work Research Initiative Balances Science/Humanistic Approaches
(report University of Toronto)
http://www.arts.utoronto.ca/bioethics/thehealingmuse/

Ontario Health Promotion E-Bulletin
(news, events, jobs and more)
http://www.ohpe.ca/

Literature, Arts and Medicine Database
NYU (books, articles, resources)
http://litmed.med.nyu.edu/Main?action=aboutDB

Applied and Interactive Theatre Guide
http://www.tonisant.com/aitg/

International Visual Methodologies for Social Change Project
http://www.ivmproject.ca/resource_links.php

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