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Redrawing the Body for Health

Jill Journeaux, Coventry University, UK

“This paper offers a consideration in the form of a case study of some issues raised by the collaboration between the artist Jill Journeaux and the illustrator John Burns. In 2010 Journeaux and Burns worked together to produce a short digital animation entitled Red Line Glowing. This animation was the synthesis of a series of drawings and collages through which Journeaux explored her responses to treatment for cancer, and her attempts to visualize health and recovery whilst undergoing that treatment. The drawings and animation are considered in relation to Journeaux’s ongoing fine art practice and other initiatives underway in the UK, which involve artists, clinicians and patients working in synergy”

Keywords: Patient voice, visual arts, healing, narrative medicine, drawing

The “qualitative gaze” has always been implicit in good clinical and health-care practice. Its methodological development was, only until recently undertaken outside of the field of health sciences. This characteristic orientation has led health sciences to overlook the values and behaviors associated with the biographical and social dimensions of the individual. [Gomez, C. 2009].

Jill Journeaux is an artist and educator who has made and exhibited drawings and reliefs since 1980 and whose practice is concerned with the representation of physical, emotional and psychological realities through autobiographical narratives. The other central concerns of her practice are an ongoing enquiry into what constitutes beauty, the female body as an experience of inhabitation and the crafts and artifacts of domesticity as subject and content for fine art practice.

In 2009, following diagnosis of, and treatment for cancer Journeaux observed the range of drawings that were made by various health professionals to establish a treatment plan. These included hand drawn explanatory drawings, x-rays and various digital imaging processes. All these drawings represented the same thing, but all differently. These were drawings and images for and of and on the body, but each one revealed a partial truth because they looked at specific or small areas of the body only, and they were neither able nor intended to offer a holistic view of the patient as a human being. Together these drawings mapped the landscape of faulty behavior and plotted a journey of treatment and recovery, but they did so without acknowledging the human being involved.

Journeaux’s response to her illness was to use her drawing practice as a way of voicing and documenting her experiences. Drawing enabled her to regain a sense of control over the situation she found herself in, and a chance to redefine the medical narratives that she was subjected to. Journeaux produced a series of collages which were later exhibited under the title of ‘Between angels & insects’ and which are now displayed in the Main Reception Building of the University Hospital of Coventry and Warwickshire, in the UK, where they are part of that hospital’s Healing Arts Programme. These collages utilized elements of actual paper patterns that had come from a collection of Portuguese women’s magazines from the 1930’s called ‘Modas e Bordados – vida feminina’ which the artist had acquired in 2003 from an antiques dealer in the Algarve where she has a second home and studio. These magazines featured patterns for women’s clothing, embroidery, tapestry and lace making, and adaptable paper patterns for garments were included as enclosures. Initially Journeaux used these patterns as a prompt, copying and drawing from them to create decorative elements within her work, which meshed together a range of disparate images of the female body, animals, flowers, insects and plants. The patterning was used to create connections and coherence and to carry meanings through decorative form.

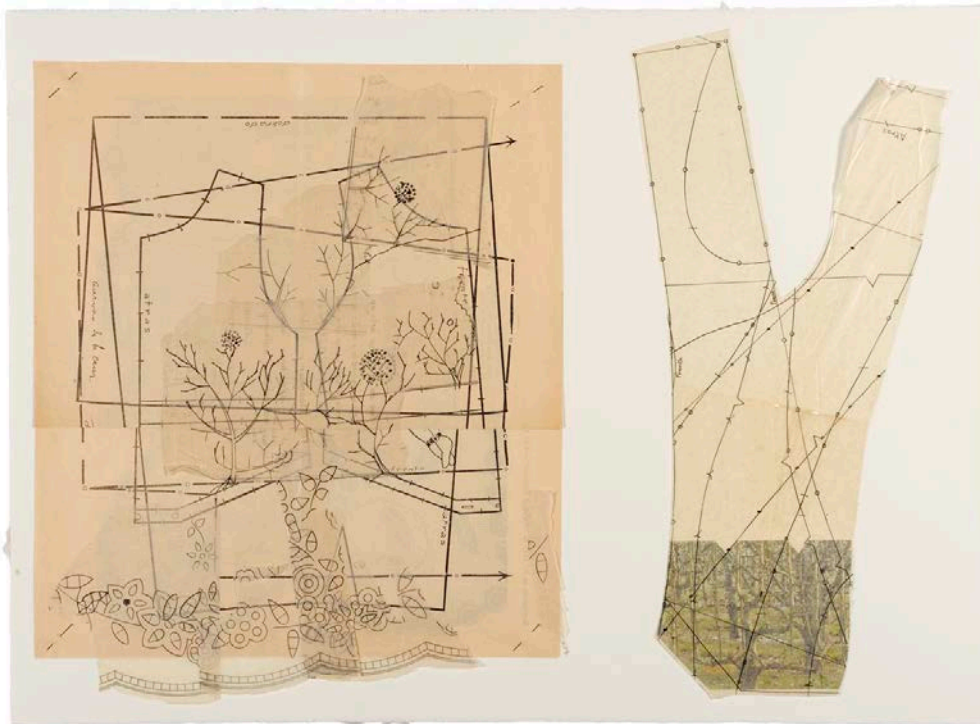


Figure 1: 'Between angels & insects', collage
Journeaux, J. 2010

In the 'Between angels & insects' series Journeaux manipulated the actual paper patterns that had been enclosed in the magazines. Cutting, folding, tearing and pinning the patterns she re-arranged and re-presented them to act as metaphors for the redrawing of her body by surgery, now reshaped by illness into a new reality. The inclusion of hand drawn and ready made patterns acted as a dissembling front, but closer inspection of the images reveals a spectrum of things trapped and concealed within those simple patterns. Like the patterns of nature that determine the growth formation of a plant, patterning offers a consoling order on the surface but also harbors the capacity for disarray and disease if the sequencing fails or deviates.

How does this work? We simply do not know but there must be a map, a pattern of the leaf that the cells of the plant generate, and the remarkable thing is that... the cells are simultaneously drawing and reading the pattern they use to determine their own behavior [Harberd, N. 2006].

The decorative references to the domestic and women's realm act to deflect the viewer and the artist from unpleasant and difficult matters, and to conceal an alarming reality, in the same way that clothing and the use of the prosthesis protect us all from the stark realities of the body altered and reconstructed by surgery, and protect privacy by utilizing illusion.

Stylization becomes 'a defense mechanism, a way of deflecting the brutal, particularly in connection to the female body, by making it more palatable through beauty' [S. Bell, 2010].

In using collage as a process Journeaux adopted a method of cutting and shaping forms related to the body which mirrors the cutting and stitching used by surgeons. sKINship is a UK based research project and professional network which is promoting collaboration between visual artists and medical practitioners. Led by maker Rhian Solomon, sKINship's current research programme is developing dialogues between practitioners in the field of plastic surgery and bespoke tailoring with the aim of identifying points of commonality and of difference, between the two professions. The purpose of the research is to inform new practices in the design and planning of surgical procedures. This dialogue is intended to improve the patient experience but as yet does not include the patient voice within the cycle

of creativity and invention. In a recently published short film commissioned by the UK Crafts Council the connections between tailoring and surgery are discussed by Professor Roger Kneebone of Imperial College, London, and Joshua Bryne, Director and Cutter, Bryne and Burge Tailors. In that film they consider the role of sewing as an act of concealment and a means of constructing a new reality in both their professions. Commenting on the issue of finding and maintaining the correct tension to ensure that the tissue or fabric will act as intended, Bryne comments that 'your fingers have to learn it, not just your head', acknowledging the need for forms of tacit understanding and bodily empathy which bring both professions closer to the individual in receipt of their work.

Whilst, the 'Between angels & insects' drawings fitted with Journeaux's need to manifest her experience of surgery they did not articulate her experience of chemotherapy. She wanted to find a way to express the conflicting demands of this treatment and of a process in which the individual has to find ways to accept the use of invasive and temporarily damaging chemicals which will in time eventually lead to well being.

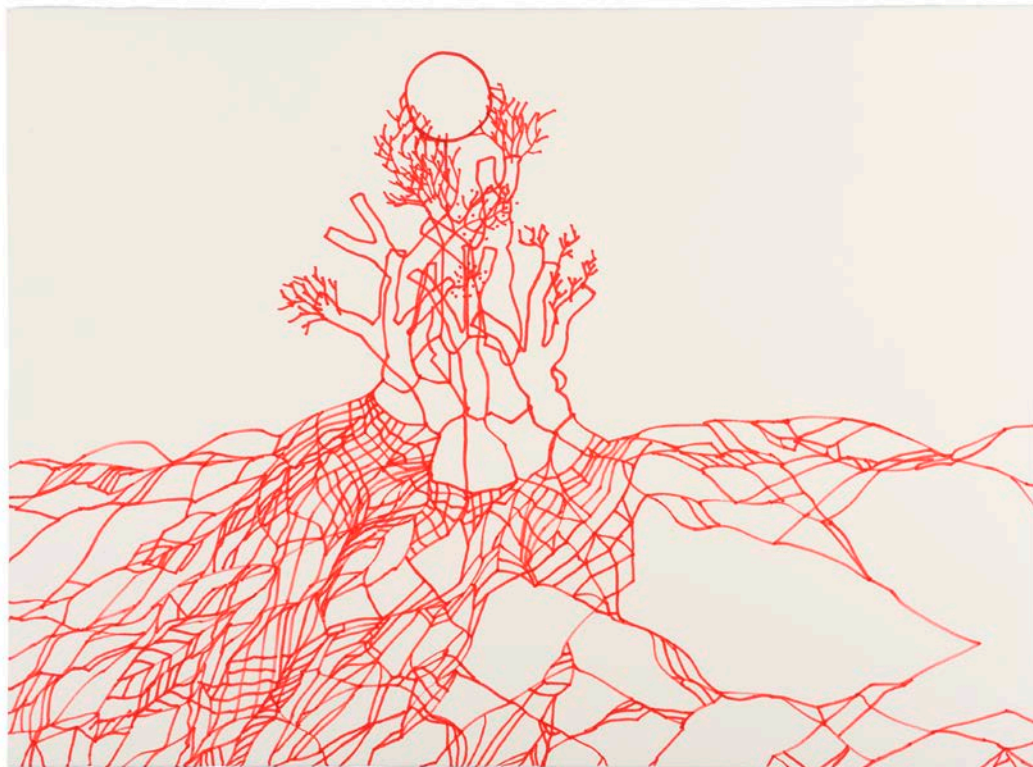


Figure 2: Red Line, marker pen on paper
Journeaux, J. 2010

One of the chemicals used in treatment was bright red, and this led to the making of the Red Line marker pen drawings. Initially the red lines sat above and behind cut and reformed patterns, but as the Red Line series of drawings progressed they became all encompassing and started to depict an inner reality of body and mind. Elements of landscape such as pollarded trees, the sun, the moon, roots of trees, subterranean shadows and webs became interconnected and formed into disturbed patterning.

The Red Line series of drawings utilized a single format of line to construct a nexus of body, landscape and medical references into a webbed and lace like format. Aware of the work of Alexis Carrel, the surgeon who pioneered vascular surgery, and who learnt the techniques needed to stitch blood vessels together from Belgian lace makers, Journeaux used drawing to reinforce the visual and craft making connections between the vascular, and the gendered skills of decorative sewing. More recently the engineer Professor Julian Ellis OBE of Nottingham University, UK, has used digital embroidery to

construct customized implants devised for use in surgical reconstruction. These artifacts were featured in the Power of Making exhibition at the Victoria and Albert Museum, London, in 2011.

The direct crudeness of Journeaux's Red Line series of drawings offered a parallel for the artist's sense of being brutalized by the treatment designed to return her to health but did not encapsulate the visceral nature of her experience. Journeaux approached John Burns who is Course Director for the Masters in Animation and Illustration offered by Coventry School of Art & Design at Coventry University, and asked him to help her visualize her experience through moving image. Before teaching on a full-time basis at Coventry, Burns had worked as a medical illustrator for clients such as Johnson and Johnson, Smith-Klein Benson, Unilever and Grumenthal GBMH, and as a result the Masters course at Coventry is characterized by the development of competencies within aspects of scientific communication.

Medical illustrations have been produced by artists and illustrators for centuries and notable contributions include the anatomical drawings of Leonardo Da Vinci, and the series of over 600 woodcuts which were based on observations of human dissections made by Andreas Vesalius which were published in *Libri Septum*, in the mid 16th century. More recently the making of medical illustrations has become highly professionalized and is now a specialist study at university level. Medical illustrators create images and artifacts that facilitate understanding of the body and of illness, and of the effects of drugs and other products in treating disease.

Journeaux and Burns discussed the need to find visual equivalents for the sensation of entrapment within one's own body and other bodily realities such as breath and pulse, in order to evoke psychological states such as the simultaneous feeling of fear and optimism. They gave attention to the need to interweave the familiar and the alien to express discomfort and uncertainty.

In order to ensure that the animation retained the authenticity of Journeaux's experience, Burns was emphatic that the drawings made by Journeaux must remain intact and not be redrawn. This recognition of the patient's voice as uniquely informed was an extension of his experience as a medical illustrator and his observation that medical illustrations tend to provide visual descriptions of organic materials and structures, together with indications of physical and chemical processes for health professionals but do not draw the patient experience into the cycle of expression and imaging. Burns, however, prefers an approach that

'using visual, picture based material to allow for the description of symptoms, sensations and impressions that, whilst often known to be present in times of ill-health, are so subtle but profound that they defy any description that can be provided by the patient's words alone' [Burns, J. and Journeaux, J. 2013].

Burns had observed how medical and scientific communications often use terminologies that draw on the notion of conflict to describe ways of dealing with illness. This approach to narrating the story of individual illness is typically characterized by the popular media as 'battling'. Terms such as battling disease, fighting illness and attacking infections or viruses are in commonplace use, both within and outside of clinical situations. This language tells us that aggression is a prerequisite for the process of healing and that the patient's body is the battleground for that aggression. This is the dominant narrative that the patient is offered, and it is up to them as individuals to accept, alter or reject it.

When considering how to work with the Red Line series of drawings that Journeaux had produced Burns noted that the flow of material and color along pathways was central to the structure and content of these drawings. Journeaux used the roots and branches of trees as a parallel for blood vessels and the inner dynamics of the body. Burns brought together the patient narrative of perceived interconnectedness, with his experience of the conflict based narratives of medicine to inform a process of animation, which enabled him to draw analogies between

'the navigation via natural landmarks in certain methods of munitions delivery within the geographical world, and the web of pathways along which fluids, nutrients and armaments flow within the body.'
[Burns, J. 2013]

The animation was made by creating a program, which was the equivalent of putting a camera down onto, into and through the red lines of one of Journeaux's drawings. Burns describes the animation as

'employing very small digital cameras to record the visual mission details of chemical armament as it travels along its predetermined navigation to a target. Lines within the drawings depicting veins and arteries provide the channels along which the weaponry travels' [Burns, J. 2013]

This process transformed the selected drawing by moving the emphasis away from imagery derived from nature and a coherent wholeness that equates with a harmonious conception of landscape and body, replacing it with a narrative that is located in the same environment, but which transforms that environment into a theatre of conflict. The drawing has remained the same but the viewpoint has altered in order to present a visual equivalent for a physiological conflict sited within the patients own body and psyche.



Figure 3: Red Line Glowing, still from digital animation
Burns, J. and Journeaux, J. 2010

The collaboration with Burns allowed Journeaux to find an appropriate visual equivalent for her experience of chemotherapy, and a way of voicing the difficulty and inherent tensions of treatment from a users perspective. She was able to find a format for articulating her own story of the inhabitation of her body during a period of time when it was the site of a struggle, which was occurring at a cellular level. In doing so she was also able to find a way to point to the holistic needs of a patient and the desire and capacity to visualize recovery and to construct an alternative but parallel narrative to the one offered by clinicians.

More recently Journeaux has been working on a series of textile artifacts, which have culminated in the making of a cape based on the shape and form of a mammography gown. Her frustration and irritation at the nature and quality of hospital gowns and the ways in which they work to enhance the vulnerability of the patient, led her to embark upon making a re-imagined gown that would serve to enhance her sense of well-being and calmness and act as an antidote to those gowns.



Figure 4: Detail of work in progress, digital and hand embroidered textile
Journeaux, J. 2013

The cape is embellished with both hand and digital embroidery and the style is derived from the women's magazines that served as content and appeared as collaged elements in the 'Between angels & insects' series. In addition Journeaux draws upon Portuguese folk art as a source, and process for the imagery in the work, an approach that is legitimized by the work of Enid Marx and others. In making this work Journeaux has drawn upon the visual languages of the collection of artifacts that she and her husband have accumulated which include Portuguese Arraiolos rugs, Portuguese folk ceramics, and traditional wooden toys from the Alentejo, and the narratives connected with them.

The use of archival materials and folk art as references allows for a nostalgia, which enables Journeaux to construct a vision of 'how life should be' in order to achieve wellbeing. It denies the noisy fractured quality of contemporary life, and seeks to focus on coherence and a unified experience of being. Most mainstream medical practice operates within separated arenas of specialism and it is often left to the patient to bring together the many parts of diagnosis and subsequent treatments into a meaningful and personalized whole. This process may involve finding modes of representation, which transform the brutal and clinical into a more humane and palatable imagery, which gives the patient space for creating optimism and an individualized sense of health and wholeness. The space between health and ill health is not fixed and in the processes of recovery and convalescence the patient negotiates the nature of that space and can use it to enhance their own wellbeing.

The value of the creative space to individuals undergoing treatment for cancer is borne out by a range of studies including several undertaken by researchers in the Faculty of Health and Life Sciences at the

University of the West of England, UK. These include a study, which explored and analyzed cancer patients' experiences of music therapy in the setting of a complementary therapy cancer service. A central discourse within the findings of the project was that of a re-evaluation of identity by participants, and a data analysis pointed to the importance of creativity in enhancing the lives of patients who were experiencing the trauma of diagnosis and treatment for cancer. The researchers report that

'experiences of choice, enrichment and so forth are contrasted with those of limitation, restriction, isolation and disempowerment. The accounts therefore demonstrated the wide variety of responses to music therapy: joy, power, freedom, release, fascination, love, togetherness, regret, loss and isolation were all present' [McClellan, S., Dakin, N., Blunt, L. 2004].

This study also focused upon the role of healing practitioners who provide individualized treatment, and identified the process of individuation by patients in order to distinguish themselves from others, and thus establish their

'unique capacity to relate health, illness and the body to the place of self' [McClellan, S., Daykin, & L. Blunt, L. 2007].

A useful comparison is offered by the Drawing Women's Cancer project led by artist and educator Dr Jac Saorsa, Director of the Broadway School of Drawing in Cardiff, Wales. This project is described as constituting

'a productive and collaborative interaction between art and science where sensitive engagement with cancer patients generates a visual interpretation of their lived experience' [Saorsa, J. 2012].

Saorsa conducts what she calls 'conversations' with patients undergoing treatment, as well as talking to healthcare professionals supporting the women. These discussions result in drawings, which are intended for exhibition within an art context, and can be used as a resource by patients. The project claims to bring an artist's perspective into women's cancer treatment, and aims to raise public awareness of the four gynecological cancers. The artist seeks to intervene through the drawn image to present some of the intangibles of the experience of these cancers, with the aim of altering the way in which these diseases are viewed. Feedback from the patients indicates that the use of drawings to explain procedures, and the body before and after surgery, are more acceptable than photographs to women undergoing treatment. It seems that women undergoing the trauma of cancer diagnosis and treatment respond more positively to the humanity of a drawn image and experience such drawings as person and patient centered, as opposed to the more explicit, but distanced and impersonal clinical diagrams, or those produced by medical illustrators. This is possibly due to the fact that hand drawn imagery allows for a space where the viewer can negotiate with the image and the image-maker as they construct the meaning of the image, as opposed to photography, which may have a stronger association in the mind of the viewer with the actual, and with ideas of truth.

In this project the artist's view is informed by research and observation and not by personal experience. She positions herself as acting on behalf of women with cancer, speaking to, for and with them. She finds ways to imaginatively enter into their experience and to offer them a voice, acting to fill a space that is not explored or utilized by medical illustration but is a crucial one in terms of supporting the patient in achieving health and well-being. In doing so she has had to imaginatively and physically enter what Susan Sontag described in her 1978 book *Illness as Metaphor* as 'the kingdom of the sick'. Saorsa locates the Drawing Women's Cancer project within the field of narrative medicine and sees herself as artist and producer of drawn images, which emerge from a dialogue between patient and clinician and between verbal and visual languages. She believes that the artist's hand in the physical process of drawing makes the images she produces more resonant and more poignant, possibly because as an artist she has the scope to move beyond the purposeful and explicit and to engage the poetics of metaphor and allusion. In doing so she aligns herself with others who have adopted the role of artist as transformative narrator.

There is evidence that some contemporary medical illustrators are looking at ways to extend what they do to better reflect the patient experience. Travis Vermilye Assistant Professor in the College of Arts and Media at the University of Colorado, Denver, is a medical illustrator who is developing the range of his illustration practice by combining elements of medical illustration, data visualization and

editorial illustration in the search for a new language, which can talk about the subjective human experience of health and illness. In his *Waiting Series*, Vermilye explores the experiences of patients who are waiting for a transplant, by utilizing images of labyrinths as a metaphor for the journey that these patients are required to make without any certainty of actually receiving the hoped for donor organ. It would seem that more work in this area is needed and that medical illustrators and artists should work together with patients to formulate new visual outcomes that can speak of the experience of illness. Such work would be of benefit to patients, clinicians and people living with or caring for the sick, and might challenge some of the more negative mythologies surrounding serious illnesses such as cancer.

In his book *'Narrative Medicine; the History and Story in the Healing Process'* Lewis Mehl-Madrona argues that

'The term narrative medicine arises from the impossibility of separating treatment from the stories told about treatment, the audience hearing the stories, and the context in which the stories are told'

Recognizing the importance of engaging the arts and humanities in describing and examining the patient experience within its cultural contexts, Kings College, London has established a Research Centre for the Humanities and Health which is engaging scholars from the fields of literature, philosophy, history, the visual arts, film studies, clinical psychology and psychiatry, medicine and nursing. This research program, entitled *"The Boundaries of Illness"* examines patient subjectivities and values, as expressed in a wide diversity of cultural objects and settings, and the work is intended not simply to raise the volume of the patient voice,

'but to uncover the diversity and complexity of voices pertaining to illness and disease embedded in cultural activities and products' [King's College, London]

Many artists have, and continue to, make interventions through image making, which voice their own, and others, experiences of illness, but these continue to be seen as subjective and idiosyncratic. These expressions and stories of sickness and of health could be used to inform the work of medical illustrators and others involved in writing the stories of medical treatments, and to open a space through which the patient can proffer their own voice and history. We should undertake further research to improve our understanding of the potential of the healing powers of visual images and narratives in order to better affect our use of healing technologies, and to increase our understanding of the role of art and culture in shaping our reactions to illness and healing.

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