

# ***Professor Karen Fleming***

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## ***Tactility, Material and Making: Crafting Medical Education***

This abstract describes practice arising from a Wellcome Trust funded collaboration of artists and medical educators at 2 UK Universities. Culturally constructed views have been challenged through material interactions and the creation of crafted structures.

In a context of the body (medical/aesthetic/cultural), it will be shown that meaning and value can be developed in cross-disciplinary contexts through making, visual mapping, tactility and engagement with crafted artifacts challenging existing canons. The 'desensitisation' of medical students has been seen as a desirable outcome of their education. Overlap between the erotic and the aesthetic is well recognised and documented. Other overlaps, e.g. scientific / symbolic, are less recognised leading to cultural dissonance. Our context is the neglected overlap between the scientific and the aesthetic.

The role of making and the haptic in learning, in professionalism and in developing medics' increasingly valued emotional intelligence (Lewis et al. 2004) will be examined.

FOUR purposes arising from craft experience will be described- information, empathy, explanatory and narrative- through THREE engagements:

1. Incision Gown combines material metaphor with medico-scientific data. The gown, as we have used it in specialist and public environments, adopts a set of symbolic meanings, a cultural noise, alongside the literal and factual content. The symbolic significance relates to the body through anonymity, violation and exposure. 'Doing' is an important part of deep learning and remembering and learning is reinforced by the kinaesthetic nature of the gown. <http://news.bbc.co.uk/2/hi/health/7213757.stm>.

2. Body Painting turns the body into a handcrafted object, concurring with Risatti's (2007) distinction between decoration and craft by describing functions and ascribing a sense of abjectness. Anatomy is one of few remaining areas of the science where habits-of-mind of the clinician are developed (Rizzolo and Stewart 2006). We will show how body painting overcomes embarrassment, which we propose is due to the aesthetic experience defusing the symbolic body. Like jewellery, body painting is a buffer between nudity and social environment. Body painting requires a (re-) engagement with method. The pigment punctuates the surface describing form and function. Learning spatial data requires perception and reconstruction; takes time; utilises the right side of the brain- the opposite to where facts and 2D data are stored (Marks 2001). Our field note 'Vignettes' of painting sessions evidence the importance of sensory satisfaction.

3. Body Mapping- While medicine is concerned with 3D forms [people] (Marks 2001) there is reliance on 2D publications.

Finally we explore hidden maps of the body that are not well known

- Dermatomes
- Langer Lines
- Blashko Lines

We hand craft translations of 2D 'norms' onto 3D morphologies. Translating from 2D-3D or 3D-2D, as when an artist draws a model, is not about repetitive actions or training the hand. Each mark made is different- the aim is to see and understand the figure in space so that it can be conceptualised as a 2D and 3D 'sign'. We conclude with how cross disciplinary engagement enhances scientific understanding and contributes to a sustainable disciplinary curriculum.