Being Present: Illness Narrative, the Art of Witnessing, and a Return to Bedside Manner

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Key Questions:
1. How can looking at art improve bedside manner?
2. What is the vast canon of sound visual artwork created by those affected by illness/injury?

I was diagnosed with cancer (Hodgkins’ Lymphoma) five years ago, at age 25. A visual artist at the beginning of my graduate studies, I experienced my Master of Fine Arts in the combined contexts of studio practice and chemo deck. My simultaneous experiences with art-making and being a patient have led me to this topic of Illness Narrative; it is with great passion and reckoning that I dive into the relatively unexplored depths of improving patient care using works of art.

I am interested in the possibilities of pathology as impulse to make, and the possibilities of what is made as a teaching tool for both medical and artistic practitioners. How can a relationship between medical students and art museums function as formal training in true looking? Drawing inspiration from Arthur W. Frank’s call to “think with” illness narratives as a practice of empathic and self-reflexive engagement, the essay asks how museum education practices might facilitate empathic relationships and self-and-other awareness through and around art. The significance of empathy to the clinical practice of healthcare cannot be emphasized enough, and the relational dimensions of art are the ideal place for learning to “look with”. Because of this, I am particularly interested in situating these concerns within the context of an art museum, a space where people from both medical and artistic backgrounds can come together to view works that address these issues.

An emerging academic field of study in medical schools, English departments, and visual studies programs, Illness Narrative examines how storytelling relates to an individual’s experience of sickness. At the intersection of bioethics and humanities, Illness Narratives can be expressed in a myriad of ways- visual art, literature, music, performance, etc. This essay will explore the ways in which creative individuals respond to trauma such as the AIDS epidemic, cancer, or mental illness in their work. This interdisciplinary art historical survey will examine visual artists like Keith Haring, Felix Gonzalez-Torres, Hannah Wilke, Harvey Pekar, and performers and authors like Tig

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Notaro, Anatole Broyard, and Lucy Grealy. While my focus will be on the creative works of the above artists and writers, my approach to the topic has been deeply informed through my own exploration of these issues in my work after my 2009 cancer diagnosis.5

Using very recent qualitative and quantitative methods of analysis (specifically, the current research and findings of Megan Voeller6, Alan Dow7, and Craig Klugman8), I will consider the following issues:

1. Consideration of the long-term quality of care among patients whose practitioners have taken arts and humanities courses versus those who have not.

2. Consideration of the length of visits with patients. Are they longer after the medical practitioner has taken "looking/nuance/art of attending"-based courses? What is the data that measures success rates?

3. Discussion of the skills identified as highly desirable within health-related disciplines including close observation, attentiveness, reflective listening and tolerance of ambiguity and how those can be facilitated through engagement with art and visual analysis.

4. Analysis of visual works by artists whose lives are affected by illness/injury.

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10 Felix Gonzalez-Torres, Untitled (*Perfect Lovers*), 1991
Our Cancer Year

Harvey...forget about the groceries, honey, let's get you inside first.

By Harvey Pekar and Joyce Brabner
Art by Frank Stack