

# Chapter 16

## Leo's Lions: An Art-Science Project



Bruno Kissling and Esther Quarroz

### 16.1 Introduction

A patient who gets overwhelmed by an unknown symptom creates inner pictures about his problem on the ground of individual and contextual singularities and influences. With these essences, he creates an individual illness narrative and tells it to his physician or therapist. The physician or therapist, him- or herself formed by own inner pictures, enters in a complex adaptive interacting dialogue with the patient and his or her narrative. Out of this dialogue, a trustful mutual therapeutic doctor-patient relationship emerges, and based on this, a therapeutic process evolves with unforeseeable further steps and outcomes.

Analogically, an artist reflects inner pictures composed of thoughts, innate and learned knowledge, social and cultural embedding, individual experiences and visions. Out of this personal reality, he or she creates art objects and by means of the finalized art objects enters in a dialogue with the observer.

With our everyday experience as art therapist and physician working interactively with patients in mind, we aim to go beyond this usual understanding of arts and create a social art sculpture (Joseph Beuys<sup>1</sup>). This means we enter in a dynamic dialogue with the observer—here with the scientists at the conference in Billings—

---

<sup>1</sup>Joseph Beuys (1921–1986) was a German Fluxus, happening, and performance artist as well as a sculptor, installation artist, graphic artist, art theorist, and pedagogue.

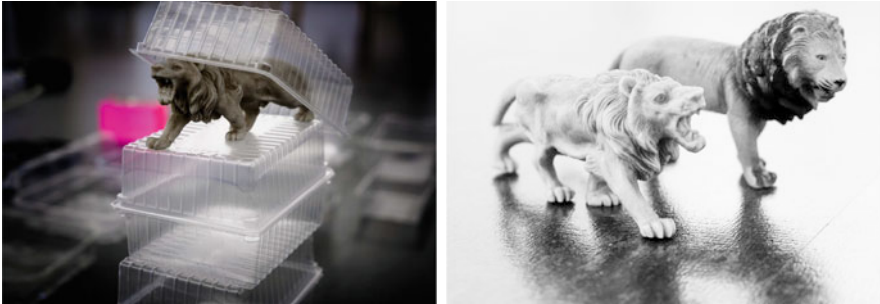
B. Kissling (✉)  
Elfenau Praxis, Elfenauweg 52, 3006 Bern, Switzerland  
e-mail: [bruno.kissling@hin.ch](mailto:bruno.kissling@hin.ch)

E. Quarroz  
Perspektiven Entwickeln, Zähringerstrasse 61, 3012 Bern, Switzerland  
e-mail: [info@perspektiven-entwickeln.ch](mailto:info@perspektiven-entwickeln.ch)

at the beginning of our creative work. We integrate this complex adaptive artist-observer interaction within the creative process. With this procedure, we foster a mutual understanding of the unforeseeable emerging process.

## 16.2 Leo's Story

Leo, a 5-year-old boy from Bern, suffered from leukaemia. He flatly refused to have chemotherapy. His parents and doctors were desperate. How come that this 5-year-old boy was so adamant? As neither his parents nor doctors could find an answer, they sought help from an art therapist (EQ). Listening carefully to Leo's reasons to reject medical help, he told us about his very vivid inner picture and understanding of his illness—"I have white lions in my blood. They are my friends and protectors. I will never kill my friends."



"Leu-" in the word leukaemia means "lion" in Swiss German. It was the typical military oncological metaphor [1–4] of "killing" and "fighting against" that resulted in his strong rejection of therapy. What was needed was a new metaphor, one that would allow Leo to shift his inner image.

"The white lions are your friends. Your body is not the right place to live for them. We have to relocate them in a better environment." This new metaphor opened the way to *save the lions and the life of the child*. It allowed Leo to remain connected with his friends, something vital for his well-being.



### 16.3 Inner Pictures and Illness Narratives

Most of our thinking, memories, mental and physical perceptions, joyous and traumatic experiences, our feelings of well-being and pain, even our ideas, concerns and meanings about all of them are incorporated in the body as unique pictures and narratives [5]. These inner pictures strongly influence our explications and interpretations of our experiences and transform each disease into a unique personal illness journey. With them we construct our personal reality and our own universe. Inner pictures play a key role for the dynamic maintenance of personal health and influence the development of each individual's illnesses and recovery processes.

The inner pictures differ from one person to another being simultaneously influenced by culture, gender, profession, religion, education, etc. In the medical context, patients' inner pictures may not match with the medico-scientific anatomic and physiological knowledge. They may indeed be contradictory to the medical professionals' definitions/interpretations of health and disease. And they may also differ from physicians' scientific background as well as their own personal illness experiences and their associated inner pictures [5, 6].

The consultation is the meeting place of two universes, that of the patient's subjective experiences and the doctor's biomedical sciences [7–9]. The doctor with his responsibility for an effective therapeutic process must be aware of the possible divergent explications and interpretations of the patient's condition. For an effective therapeutic process/journey, the doctor and the patient have to create a *common reality* from these different universes. Thus, in addition to the disease-driven interrogations about symptoms, the doctor has to ask the patient explicitly about his personal illness narrative and inner pictures.

A mutual understanding—accordance is not needed—of the patient's and the doctor's different universes is an important part for the therapeutic relation and their common journey through the patient's illness.

## 16.4 The Art-Science Dialogue Project: Billings–Bern

This was the background to the inaugural *art-science dialogue* between the participants of the *2nd International Systems and Complexity Science for Healthcare Conference* in Billings and Esther Quarroz's art studio in Bern, Switzerland.

### 16.4.1 Structure and Method

We—Bruno Kissling, a family doctor; Esther Quarroz, an art therapist; and Andreas Fahrni, a photographer—are all visual artists who participated at the Systems and Complexity Science Conference in Billings, MT. We created an artistic installation in Bern, Switzerland. The installation, driven by aesthetic criteria, emerged from lively and mutually stimulating  $4 \times 15$ -min art-science dialogues over a 2-day period (virtual meetings via Zoom®). Following an initial *theme setting* conversation, the remaining meetings started with a presentation of the developments of the installation which was observed and photographed by Andreas Fahrni.

### 16.4.2 Aim and Purpose

With our art-science project, we want to explore:

- If a virtual interaction between an art project and a scientific conference is possible
- If art and science may find a common language

- If aesthetic criteria may influence scientific thinking
- If a visual aesthetic view and theoretic concepts may mutually enrich the understanding of complexity
- If art may help to create a new understanding of health/well-being and disease/illness at the patient-doctor level
- If art may contribute to societal reflections about purpose, goals, values and simple rules at a healthcare system level

### ***16.4.3 The Consultation: As a Starting Point for ...***

In the consultation, patients and doctors share a common journey—the patient leads this journey presenting his symptoms and illness experiences, and the doctor interprets the narrative based on his medical knowledge. For it to be a common journey, they firstly have to recognize their different universes before engaging in the creation of a shared reality. A shared reality arises through the complex interactions in the conversation. Doctors must be cognisant of the complexity phenomena in conversation which are the basis for successful solution-oriented open therapeutic processes. There are successful simple rules to keep running the interactive communication between doctor and patient:

1. Relationship
2. Confidence
3. Mutual respect and curious interest

Interestingly all three reflect attitudes. As such they represent soft facts that can only be measured by qualitative means. They don't reflect technical instruments, hard facts which can get quantified.

### ***16.4.4 ...the Art Installation***

So, the story of Leo's lions, the reflections about consultations, the virtual reality of our presence to the conference in Billings, MT, and our aesthetic criteria all shaped the process of our art installation.

### Starting Condition

Unstructured and disordered piles of PET packaging. This reflects the beginning of consultations collecting unstructured information that begin the vital movement.



### First Emergent Steps

Order created orientation and revealed new information and understanding.



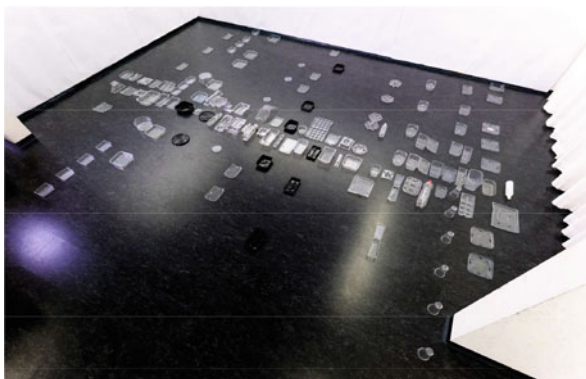


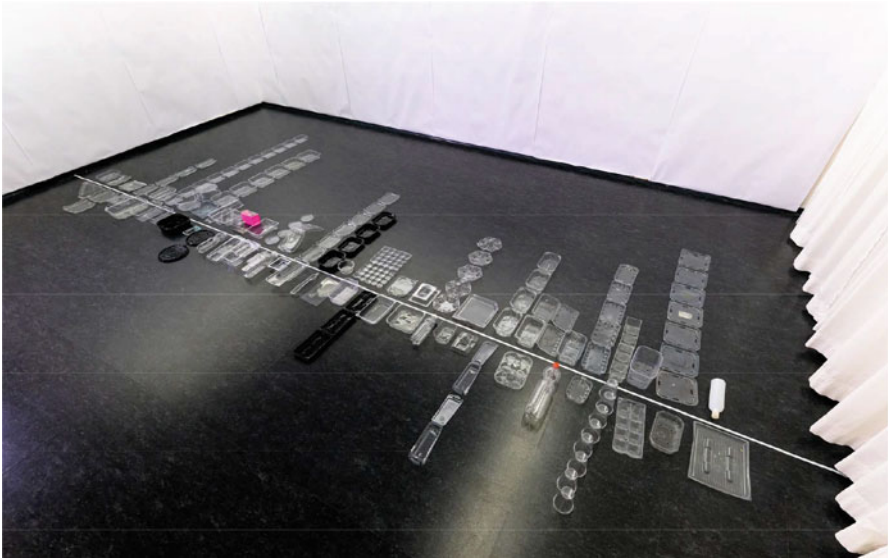
But in this order, even though it had an aesthetic appeal—“froze the moment”—the situation became stagnant and technical. What had been left out could no longer be integrated.

As with blind spots, important things can be easily forgotten. In the consultation, one needs to look out for unappreciated information and unseen perspectives.

### Progression

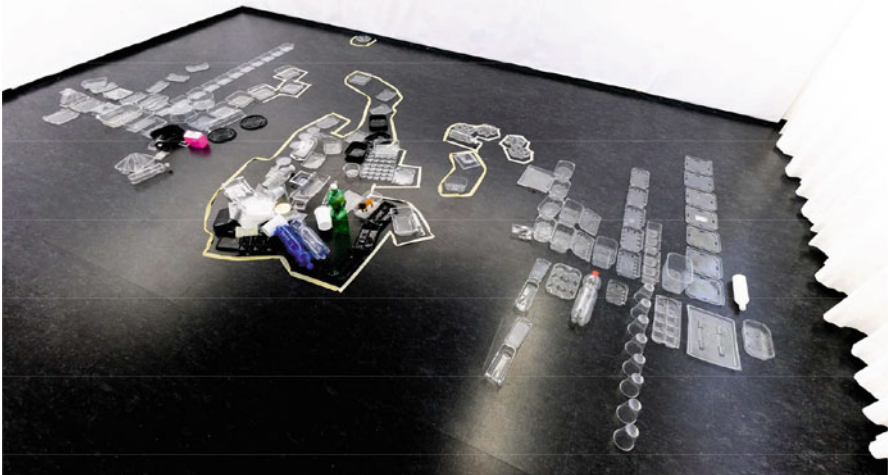
Variations resulted in different and appropriate solutions; however, they remained static and technical.





### Perturbations

A kick with a leg created partial disorder. This *perturbation* resulted to a new dynamic and a much greater vitality. This new state opened the opportunity to appreciate the situation with fresh eyes.



Perturbations have the power to start emergent processes that occur in the space between order and “creative” disorder. In the consultation, such perturbations may arise from a patient’s utterance of “strange” sentences and non-logical thoughts; from suggestion of images, dreams, narrations, visions and pictures of hopes; from peculiar smells and from “by-the-way” mentions of feelings and thoughts or statements while standing in the already “half-open” door.





### Adaptive Work

The new partial disorder in an otherwise ordered structure allowed the emergence of higher-level information. Suddenly new insights could be integrated. The system became dynamic in the “balanced space” between order and a manageable amount of disorder.

In the consultation, perturbations provide new opportunities to enable the adaptive work to be carried out in the consultation. It facilitates an experience of tolerance in the space between order and disorder which helps to prioritize competing agendas.



*New Possibilities* An unexpected new direction emerged. Doctor-patient encounters often “get stuck” focusing on seemingly unimportant things, when one suddenly sees totally unexpected solutions in one’s peripheral vision.



## 16.5 Conclusions

The virtual contact between the scientists in Billings, MT, and the artists in Berne, Switzerland, by Zoom<sup>®</sup> worked well. The feedback and lively discussions showed that the four short presentations created a common reality halfway across the globe. The process of the artist’s creation of this art installation was influenced by the interactive exchanges between the two groups.



The scientists and artists did not have any problems understanding their respective language. As the final discussions highlighted, the artists understood the *meaning of the scientists' words*, and the scientists understood *the artists' pictures* very well.

The purely aesthetic appearance of this art installation was able to stimulate reflections about the scientists' way of thinking and their way of practising as health professionals.

The visual aesthetic view achieved an understandable reflection of the theoretical concepts of complexity. Indeed, artistic visualizations have been shown to very helpful to make understandable quite abstract concepts like complexity.

This art project visualized and made understandable that well-being does not mean freedom from all disturbances. Rather to the contrary, it highlighted that each person's well-being and the healing processes of patients require a manageable amount of disorder and distress to achieve an environment that maintains necessary creative dynamic processes. This was a surprise. These insights expand the understanding of the meanings and tension entailed in the continuum of health/well-being, illness and disease for the doctor, patient and the health system at large.

The practical creating process of the art installation showed the importance of common purpose and goals. It pointed out that the values must not be identical but mutually respectable. It highlighted that the driving simple rules for achieving meaningful outcomes in the artistic as well as in the therapeutic discourse depend on attributes like relationships, confidence, mutual respect and interest—not only technical expertise.

The success of this art-science project encouraged us to continue our path. At the WONCA Europe Conference 2017 in Prague (28.6–1.7), a new art-science installation will take place in a large open space at the centre of the conference venue.

## **The Journey**

Looking for an appropriate space to create our first social art sculpture, which is based on a complex adaptive interaction, the cooperation with the participants of

the Systems and Complexity Science Conference in Billings, MT, seemed to us to be an ideal platform. The artists, the photographer and the scientists we all are fully satisfied by the enriching and enthusiastic art-science dialogue which was mutually stimulated by the proceeding social art sculpture. And the reaction of the conference participants showed that they were also happy with this experience. We are convinced that the courage of both the artists and scientists to dare this novel endeavour was worthwhile.

With this success in mind, we all are courageous to continue our art-science dialogue with a second social art sculpture project at the WONCA Europe Conference 2017 in Prague.

**Acknowledgements** We very much appreciate and are grateful for the courage of the organizing committee, namely, Joachim Sturmberg and Curt Lindbergh, to provide space on the conference programme for this improvised art-science project and its unpredictable outcome. Neither side could be sure that this cooperation would work properly or could create appreciable results.

[www.art-dialog.com](http://www.art-dialog.com)

Bruno Kissling, family doctor, artist  
 Esther Quarroz, art therapist, theologian, artist  
 All pictures by Andreas Fahrni, photographer



### Take-Home Message

- The consultation is art in its pure sense! (Ars medici)
- Every human being, patients and doctors, has rich inner creativity and inner pictures of understanding
- They have an individual narrative and unique journey of life
- Listening to these creative narratives is a very rich experience in every dialogue
- To share these individual “universes” gives important new information for healing processes and mutual understanding
- Aesthetic points of view and creativity are essential for reframing in therapeutic processes
- To give attention to aesthetic aspects in speaking and listening as well as in therapeutic processes can give a big amount of understanding, dignity and empowerment. This is an important way to find solutions

## References

1. Annas GJ. Reframing the debate on health care reform by replacing our metaphors. *N Engl J Med*. 1995;332(11):745–8.
2. Keiger D. Why metaphor matters. *John Hopkins Mag*. 1998;50(1). Available at <http://www.jhu.edu/jhumag/0298web/metaphor.html>.
3. Penson RT, Schapira L, Daniels KJ, Chabner BA, Lynch TJ. Cancer as metaphor. *Oncologist*. 2004;9(6):708–16.
4. Fuks A. The military metaphors of modern medicine. *wwwinter-disciplinarynet*; 2009. [http://www.inter-disciplinary.net/wp-content/uploads/2009/06/hid\\_fuks.pdf](http://www.inter-disciplinary.net/wp-content/uploads/2009/06/hid_fuks.pdf).
5. Hüther G. *Die Macht der Inneren Bilder*. Göttingen: Vandenhoeck & Ruprecht; 2014.
6. Egger B, Merz J. *Lösungsorientierte Maltherapie*. Bern: Hogrefe, vorm, Verlag Hans Huber; 2013.
7. Tuckett D, Boulton M, Olson C, Williams A. *Meetings between experts. An approach to sharing ideas in medical consultations*. London: Tavistock Publications; 1985.
8. Olesen F. Striking the balance: from patient-centred to dialogue-centred medicine. *Scand J Prim Health Care*. 2004;22(4):193–4.
9. Kaminski M. Popping the question; 2015. <https://pulsevoices.org/index.php/archive/stories/451-popping-the-question>.