

What do we define as practice?

Artist 1

[My practice] is a life-style choice that is partially a matter of routine. My practice is also the lens through which I see things and interpret my life.

Physician 1

I think of a business term "continuous improvement." My idea of my practice is almost what it is not. I think of my practice as being very specific.

Physician 2

My practice has to do with how I approach people [patients] and how I am able to receive their stories and apply a body of knowledge to that story in an iterative process. My practice includes a quality of being trust-worthy and appropriate. I want people [patients] to feel safe with me and there is a certain way I move and react that has that goal in mind.

Artist 2

[In my practice] things evolved, or changed, not necessarily more evolved, could be less, being open to a subject. Sort of this lens you are talking about whether there is narrative subject of the work. Having an openness to that and a willingness to allow that subject to be central to the work and not just a tool.

Physician 2

How does that openness affect you or the way you are with people outside your projects?

Artist 2

A lot of my practice has been improvisation over the years so when you talk about trustworthiness this comes into play. Should one push people too far? Or make them feel okay? The focus of my work has shifted from improvisation to more professional and computational work. The way people interact with my work has become more abstract. Now I'm not around when they are interacting with the work and that is different from live improvisation.

Physician 3

For me, that's directly analogous for my connection between clinical practice and my research practice. In the research practice I'm trying to achieve a sense of interacting directly with people by stepping away from them and working more deeply and quantitatively to help connect with the problems they are having.

Artist 2

In my experience with improvising, I would hope that the audience would bring a lot to the table. But sometimes they don't bring what you want to the table and the point of improvisation is allow that to happen. But when they don't bring what you want them to (attention, interpretation, appreciation) you end up feeling like something is wrong with you and it become repetitive. In my move away from improvisation, I see people as lighter, and I require less of them in terms of allowing them to bring what they want to the table, not what I want them to bring.

Physician 3

That resonates a lot with me as I want people to fit nicely into the medical model. One of the most important things about my practice is that I see myself as a filter through which chaos, noise, and extraneous information pass and I then create organization. I use myself as the lens to focus the symptoms and the story that comes through and then I have to formulate this into a diagnosis. People have many concerns and ideas about the narrative of their disease. They have many disparate ideas about what is wrong with them. I need it to be one thing that is diagnosable. In my clinical practice it is not easy with some patients to create a meaningful narrative. No, I'll say a cohesive narrative that leads to a diagnosis. It can be very frustrating. In my lab, I have a more idealized view. I have my sample, I'm going to do the experiment, I'm going to get results which means a yes or a no. In this context patients are more abstract and I may never meet them. However, they will hopefully benefit very, very directly from my work.

Artist 2

I wonder what gets lost in that process of neatening the chaos? I'm sure you are very aware of what is getting discarded.

Artist 3

From my experience with playing improvised music, I sometimes feel it is a break from my practice. I want to generate sounds and I don't care if they are likeable to everyone. I want to spend time just listening with fellow musicians and I don't care what the audience thinks. However, I talked to a musician coming out of the free jazz tradition and he said that everything about playing with him is generating a spiritual connection with his audience. That made me rethink my dismissal of the audience in this context which felt like total freedom to me. In my film practice is more like the research/clinical divide in that I have the meta view and must work with people, set up situations, have people perform and they don't always do what you want them to do. Even in an interview for a documentary you might not be getting out of them what you needed for the story. They are rambling and I'm thinking "this isn't going to work" for this story I'm trying to tell. And then I'm pulling their words apart and editing, making it clean. Ultimately they have to trust me to do this.

Artist 1

And you have to trust yourself as well.

Artist 3

For instance I did a film with a fairly marginalized group of people and one of the amateur actors couldn't watch herself on the cinema screen. She sat outside the theater until she heard the audience laughing and "getting it." Only then would she enter the theater. Even though she loved working on the film, it was too much for her to see herself projected cinematically on a huge screen. That was anxiety provoking for me, making her go through this exposure.

Physician 3

Patients come and they tell you their story. Sometimes they ramble and talk about what they had for breakfast and information that is not helpful. The part that you are talking about that resonates with me is that part of me is always discarding information. When I do this, am I being true to this person? And I have to discard information, I tend to think slowly. I'm

catching the big parts that I think are important, but even while I am processing my thoughts, I cannot remember literally everything the person [patient] says.

Artist 1

It's interesting talking about working with people as I'm trying now to translate this to my practice. My solitary practice revolves around being true to a sculpture rather than to people or patients.

Artist 2

We were originally talking about our relationship with audience. Do you ever think a piece is for someone or do you think "this is not for anyone," but discover later it actually was for someone? In sculpture is your super ego an idealized audience? Or are you fighting abstract forces that are trying to force you to make your work a certain way?

Artist 1

I personally think of my audience a lot. I've had to come to terms with trying not to care so much and just coming to terms with the fact that I really do want my work to be acceptable. I want the work to feel activated out in the world. I am trying constantly to objectively think about the audience member and I think that goes along with the concept of editing. I'm really anxious about the personal can become universal and also minimal or edited enough for my audience.

Physician 2

There is always a balance between service and control. Am I here in service to this person or am I controlling the narrative to some extent in order to serve them? I have to help them stay on the path a bit or there would never be a diagnosis, or plan or a way forward. But they have to veer in and out a bit helping me too because of the possibility that I have gotten it wrong.

Artist 1

That goes back to this idea of practice which comes after years and years of failing and succeeding and getting to know your own strategies and intellect and mixing that in with intuition and chance. How we use all that experience as a way to control and be confident in our intuition to let the control go a little bit to get to the next step.

Artist 2

We seem to keep talking about an oscillation between abstracting which is useful when you need to figure out where you are standing and what needs to be done and then a different wide-openness where you can actually potentially break open some of your abstractions that are not useful or too tight. We grapple with this in some way.

Physician 1

I'm thinking about how doctors "think." The whole idea of how people do this winnowing of information to pull something out and then putting it back or opening thing up without having a more specific question - I wonder about that applying more to a creative or artistic endeavor. In medicine it goes directly to this idea that you can make errors or true mistakes. In a creative

endeavor you might learn from a mistake. In medicine you will learn from a mistake, but there will be a very,very dear cost involved.

Artist 1

Yes, the idea of mistakes is so different in an art context because you make your own parameters. We also incorporate mistakes and accidents into our work. With a creative practice it is a very personal thing.

Artist 2

In our culture a mistake is moving target. We can have a methodology wherein mistakes become an active part of our practice. Then there is a whole wall of mistakes outside of those mistakes and the target keeping moving.

Physician 3

But look, mistakes can be equally vague in medicine. Something that you did for the right reasons ends up being the wrong decision. You say if you had to do it again, you would have done it differently. I had a patient that I saw in the middle of the night and then he died the next morning of something preventable. And theoretically if we had seen it coming, he would not be dead. But we didn't see it coming and we went back over the case management and everyone involved and although our decision was objectively wrong, if put back in the same situation, we would have done the exact same thing. We didn't and couldn't see it coming, we had no way to know. It happens, its scary and bad and you just learn who you are and risks you want to take from these experiences and you develop your practice.

Physician 2

And if you are not willing to take that risk, if you are anxious and I think I'm more anxious than the average doctor, I have to learn to take that risk in order to go to work. Otherwise, I can't do my work because you essentially have the ability to a mistake in every interaction with every patient and I have to acknowledge that there will be mistakes and there will be failures.

Physician 3

And that feels bad and feels different from a mistake that is like "I didn't mean to do X." I can give you examples where something happens that is not what I meant to happen, but it turns out better in the end and I'll try to do that thing next time to make it better. Like ordering an X-ray, but they didn't mean to order it, but then they found out the patient had pneumonia or whatever. Should they have ordered the X-ray? No! But you have to embrace it and you can make a mistake and go back and say my intuition told me something was wrong or maybe even if it wasn't conscious, I unconsciously made it happen or something.

Artist 3

There is death in art. Recently in a film shoot there was a young PA who got killed on a train track and they shut the whole thing down and criminal charges were filed. And Herzog killed indigenous people in the Amazon working on Fitzcarraldo. And then the film comes out and the death become part of the legend of the film. Christo also had a death occur with an artwork.

Artist 1

Yeah - a Richard Serra piece fell on someone.

Artist 3

With Christo a giant sculptural piece, like an umbrella fell on someone and killed them. The idea is interesting because you want the students to take the risk, you want them to take personal risks, you want them outside their comfort zone, but it is non-specific and personal. For example we had a friend who was a performance artist who was obsessed with death, using it as a core inspiration for his work, and yet he had never been around it. And doctors who have no interest in death are in a room dissecting a human corpse for six weeks. Some things physicians have to do are so aberrant, they are very socially aberrant many of the things you are asked to do. Artists are asked to do aberrant things...

Artist 1

But, the risks we take are more in the realm of the hypothetical - like questioning and tackling about the subject are out responsibility instead of the brute reality of it.

Physician 2

Although sometimes I feel like medicine is so far away from life. It's nothing but your body, you have vomit, your heartbeat, nothing like the meta-meanings, free of meta-meanings in a way I sometimes hate and sometimes like. Sometimes it is hard for me to accept art that does not acknowledge that there is a real body that dies and lives. I think things work for me in a way that they didn't before I started taking care of people who are sick where the difference between something simple like wheat or soy can mean life or death.

Artist 1

It's interesting to think about what is at stake. I was talking to an arts administrator who said something like "there is no such thing as an art emergency." They said it doesn't matter what's going on in your practice, it's probably not an emergency.

Physician 2

As I work in genetics, we were laughing when we were talking before about how there is a joke in medicine where they say there is no such thing as a genetic emergency. You are born with your genetics, they are what they are and it continues to remind me that the notion of an emergency is subjective. Whether a child has a genetic problem that causes a life or death situation, or children are born with genetic differences that will cause a lot of complications, either of these could be an emergency. On the flip side, in my medical practice, I get into a real fatigue with the real emergencies. There is another life or death emergency constantly, or I hear the life or death pager going off again and before I jump up and run, I feel myself sigh. I have to fight to get that adrenaline going that doctors have to have because of the energy needed to fight for someone's life.

Artist 2

You brought up before the meaning and the not meaning. We talked about how a death in the context of art can make the artwork seem more legendary or valuable. A death can give a film a hyper-meaning. And on the other hand in the medical context, people are not going to stop dying and how do we draw meaning from the emergency that happens over and over many times a day. The emergency is driven by some sort of meaning. Some story, that makes it an emergency and not just a leaf falling off a tree. It gets dangerous to talk about. And

artists are constantly under pressure to take risks, what the fuck is that? People constantly criticizing an experimental artist for not taking enough risks? Why ?

Artist 1

Or what is failure?

Artist 2

I've thought a lot about this, what is this risk they are talking about? In some sense it's the wall that we put up to keep ourselves safe from everything. When you get good at something, your goodness is protection. Against anything outside that. Especially when it comes to the performative aspect of your work, whether it is performance or not. You can get really good at doing this thing and that can be the thing and you are always safe behind this thing. The risk comes with basically being able to let go as much as possible so you don't have to rely so much on this safe thing. You can actually in the present get the abstraction open. The artist can expose everything in their process to the possibility of everything being revised for that time period of exhibition. It's scary. It's not scary like standing on the edge of a cliff or being sentenced to prison, but it is a type of scariness that fundamentally changes us because of the walls we've build to protect ourselves from other people. Can the artist or does the artist or audience present this possibility of a temporary model of taking a real personal risk and exposing themselves?

Physician 2

Safety is the most polar thing we've talked about. Our constant goal is for everything to be as safe as possible. And I think I that is a primary definition of our practice and defines when we do or don't experiment. We can say let's put more sodium in X and see what the sodium is tomorrow, but all your decisions have to be subjected to this idea of whether it is safe or not. I feel envy for that idea of being able to take those risks. The idea of taking risks is exciting.

Physician 3

One thing that is similar is the emotional safety. And that part really resonates with me. On the one hand, life itself is so inherently meaningful, and on the other hand its easy to burn out when you are confronting it constantly. And I think because life is so inherently meaningful, we react in a very scripted, very safe way. But I think that same safety is what burns me out. One way I deal with this problem, is that when I have big conversations with people, [patients] I script them. And maybe this sounds terrible.

Artist 3

In your research or clinical practice?

Physician 3

I do it in both because I need to. I do it more with clinical. And I think its more common practice there. I have the framework that I'm going to use if their kid died or is going to die and there is nothing then can do about it. There is a framework that I use to tell them they are going to have a life-altering diagnosis. And I think that's a safety wall and it stops me from really connection with people.

Artist 3

Is that something you are coached in specifically?

Physician 3
It depends.

Physician 2
You just watch people do it.

Physician 1
There is coaching in communicating and delivering bad news.

Physician 3
And its very common that people will say "I really liked how you said that."

Physician 1
And there are studies out there about how best to do this from research and experts.

Physician 3
We talked a little bit Tuesday about the conversation that we had with the father who said "oh there is no hope for my kid." And I have a very canned response for that that I have practiced many, many times. And I know who I got that response from. And if you ask them how they learned it, they will say "this part came from this person and this part came from that person, and this part came from that person." You inherit scripts. The scary part is that you have to try it and you think, okay, I'll try it this way, but the emotional weight is SO HIGH. There is that kind of risk, but if I try harder to push yourself to connect more with the family it helps me let down my barrier and if it works, it's very regenerating. It lets me feel, this is an individual, this is someone I'm connecting with. Rather than, this is a script, this is how I do it.

Physician 2
Do you feel this is a creative act for you?

Physician 3
Yes I feel really generative when I do that sort of thing, even if its all things I've learned from other people. We - the things we say - I find it very personality defining, this is who I am, I am a person who says these things.

Artist 3
At such a critical point in the person's life, you are there in the crisis moment, its happening.

Physician 2
I don't know because sometimes I think there is mastery and then there is creativity. They may be related to each other, but I feel I'm obtaining mastery in medicine, but sometimes I feel I'm not sure it's through creativity. But it is constant experiments you are doing again and again and again and getting feedback.

Physician 3
I agree, but that's the point in my life where I feel creative. We've talked a little bit about how you need to write, but I need to do something creative in order for things to rejuvenate the

meaning and to me a lot of the times that's it. And Teaching. Teaching is to me a very similar act, this is what I want the students to learn, and each time I give the students a lecture I do it a little differently and I throw this in and that in and try to get that energy coming back to me. Teaching is 10% of what I do but that's why I do it, that state of energy is really important to me.

Artist 3

Do you ever feel in the moment in which your delivering the news, the generativeness is when you know what your going to say and you've mastered it, and then you break that open to get to the person. Are there times when you can and cannot do that?

Physician 3

Absolutely!

Artist 3

What are the barriers that prevent it? Is it situational?

Physician 3

It's situational. To me that one of the things I struggle with is that people who are like me are easier to connect with. For example a couple with a child with Down's Syndrome who are middle class. I have an easier time talking to them because they were my age and my class. For instance, age can be really difficult. I had a 15 year old parent. Talking to a 15 year old mother about the fact her child is dying - this is just so far from my world I had difficulty connecting. I had trouble getting through to her or thinking about how to get through to her because being a 15-year-old kid whose kid was dying was just so far from my world, so far from what I understand.

Physician 2

For me, it's about how fatigued I am. It's almost like a muscle, that ability to take the risk of getting off the script to be with that person. I mean you really have to be there to do that well. And failing in that situation, just doesn't feel like an option. In some ways, the script is good enough, but you actually being there and responding is much better. Your ability to do that is based on so many factors like, am I tired? Do I have another person waiting for me in the other room who I have to do this again with? How much of myself can I give in this situation? What are the other constraints? When you have the script, its like at the worst, I will do this thing that I can do adequately well.