

Medical research, including in psychiatry, has become increasingly dependent on quantifiable outcomes. Both clinical trials and observational comparative studies typically compare averages for some quantifiable outcome within treatment groups, the one with the better mean result recommended as “superior.” A major problem with this paradigm is that what is better on average is not necessarily optimal for each individual. This drawback has long been recognized, and the advent of the personalized medicine movement is testament to this limitation of contemporary medicine. Such attempts, however, cannot consider all aspects of individuality and the personal experience of illness and treatment. Even in psychiatry, where patient experiences play center stage in psychotherapeutic contexts, traditional biomedical approaches to research and therapy necessarily abstract away from the individual.

Therefore, traditional quantitative methods, even when recognizing individual patient experiences and preferences to some degree, do not capture the full extent of their experiences. This is where we believe that an arts-based or practice-based research program may be useful, in exploring where traditional methods fail to go, or perhaps cannot ever go. In psychiatry for example, while personal experiences vary greatly, many consultations with family physicians or psychologists result in a quick decision to treat psychological problems pharmacologically, either owing to increased emphasis on this approach in the scientific literature or expediency due to highly limited resources for other types of therapy. The centrality of the individual perspective has been recognized by medical anthropologists for some time, including in psychiatry, but this work has had relatively little effect on mainstream biomedical research in psychiatry or on clinical practice. Like ethnography, art provides a medium for the expression of the experience of an individual. When the art is made by patients themselves, it proves a unique way of capturing the first-personal perspective, especially when experiences may be difficult to fully capture in standard interview format.

The purpose of this pilot project is to make use of film as a medium of expression for psychiatric patients themselves and as a way of documenting the insights patients achieve in the course of producing works of art that reflect their experience of illness. We hope to capture and expose individual patient experiences in greater detail than is possible using more traditional methods. In turn, a deeper understanding of the patient experience should help in targeting individual encounters with the health care system.

In a first step towards this overall goal, we will study these issues focusing on women in who had at one time in the past been in psychological distress, and had used the health care system to seek help for their condition. The female experience with mental illness is historically a very conflicted one, where symptoms are often not taken seriously, for example women are misdiagnosed or even seen as “hysterical.” An art-based research project provides women with a different way of expressing their thoughts and feelings, a forum for their concerns to be considered in a more complete manner.

We will recruit approximately five women of different ages and different previous knowledge of film to participate in our project. Participants will be identified through colleagues of one of the PIs (Gold) in the Division of Social and Transcultural Psychiatry at McGill and will have been diagnosed with any psychiatric disorder five or more years prior to the time of recruitment. Participants will have had significant experience with

mainstream psychiatric treatment and will never have made use of art-making as a method of exploring their experience of mental disorder.

We will equip each participant with a video camera and instructions on how to use it. Regular meetings with the participants will be directed towards spurring creativity in their approaches to filming and discuss any problems they may be experiencing in the process. We will also film interviews with the women, developing a catalogue of questions about what they found was missing in the process of evaluating and treating their illness to aid the interview process, but also allowing each participant to assume power by including a more open-ended session where they can direct the conversation to what they want to talk about.

The art produced within the scope of this project will derive from two different sources. First there will be the work directly produced by our participants, and second will be the work we will produce documenting the insights achieved by our participants' creative endeavours. As some mental health issues can be difficult for some to express verbally, we hope that the artistic process of filming will increase the range of expression. By opening different avenues of communication, in both direct interviews and the women's process in the art of creating their own film, we hope to better understand what might be missing from the treatment processes these women experienced. The artist will provide training and guidance to our participants as they begin to explore their experience in works of film. The artist will engage the participants in discussion of their work and elicit the thoughts and feelings of the participant evoked by the creative process and products.

The output of the project will include (a) films made by the participants; (b) commentary on the films by the participants in interaction with the collaborating artist; (c) a film by the artist documenting the artist process and products of the participants. This qualitative data will focus, most importantly, on the novel perspectives gained by the participants on their disorder, and on its treatment. This data will be used to generate novel hypotheses to best guide future research. We hope to capture experiences that will otherwise go undetected and undocumented, and also result in a film that exposes these ideas to other researchers and a wider lay audience. By filming experiences of participants with a history of psychiatric treatment, our long-term goal is to document these latent experiences which are virtually never reported in the clinical literature, and expose them to researchers and the general public through captivating films which expose these issues. While ultimately we hope to influence clinical practice, in this pilot project we will discover how to best approach the problem by taking a sample of women who have been through clinical practice in psychotherapy and explore how their treatment experience might be improved by taking their individual experiences more into account.