



Why A Doc With A Dip Doc?

Exploring the Potential for Film and Visual Arts in Dietetics Education

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In 2007, when I began studies toward two diplomas, one in textile arts, and one in documentary film this seeming 'change of focus' prompted questions from dietetics and research colleagues: Was I changing careers? What did visual arts and film have to do with dietetics and research? In addition to personal reasons for these studies, I wanted 'time out' from consulting and research to develop my knowledge and skills in these artforms, and to explore them as means to broaden the reach of research findings. In this article, I discuss the potential for film and visual arts in dietetics practice and education. Arts-based inquiry and practice offer ways to disrupt power differentials, to question what counts as knowledge and whose/what voices ought to count, to invite reflections on and conversations about meanings imbedded in food and in eating behaviour, and to integrate this knowledge into collaborative, client-centred approaches to nutrition education.

Why a doc with a Dip Doc? That is to say, why would a doctorate-prepared dietitian pursue a diploma in documentary film? The short answer is 'to learn to use visual arts to extend the reach of research findings for use in nutrition education and in dietetics education'. The longer answer is that anger can consume you or be the source of inspiration. Having been angry for years, I decided to channel the energy I was putting into being upset into something positive. I was interested in the potential for film, not only to provide information, but to serve as a starting point for conversations for people to share their experiences and ideas, and to support each other.

So, what was my anger about? When I was a doctoral student in Community Rehabilitation and Disability Studies, I naïvely believed I would find a researcher-educator position in an academic or health care setting following graduation. This belief was, based on my years in practice, the 'natural order' of things. In the field of dietetics, as with all health disciplines, much effort had gone into promoting the notion of evidence-based practice and the role of practice-based research in generating evidence (of which I was part, e.g., Morley-Hauchecorne and LePatourel, 2000). Because of the dominance of messages about evidence-based practice, dietitians in Canada were/are encouraged to pursue graduate degrees to contribute to the research agenda. My belief in the potential to find

employment as a researcher was fueled by concerns expressed at Dietetic Educators' meetings that there was a 'shortage of dietitian-PhDs' in Canada. Further, I had imagined that, since my research questions (about approaches nutrition education during times of illness) arose from clinical practice, that I would find a ready audience for the topic I had studied. I had not anticipated hearing such things as, "But you don't have a *real* PhD" (with the accompanying explanation that *real* PhDs are in sciences such as epidemiology or biochemistry). Nor had I expected to hear that researching the effects of illness on eating/feeding experiences in families was 'not relevant' to dietetics. I could not understand (not accept) that understanding a family's context as the foundation for approaches to nutrition education was *not relevant*. From this low point, I started questioning most everything to do with knowledge in dietetics - how it had been constructed, what was considered valid, how it was determined who was selected to teach in dietetics, and what sort of knowledge would/could be taught. Among colleagues I knew dietitians with doctorates in economics, curriculum, theology, and psychology who had applied for but had not been considered for university faculty positions. Was this because, like me, their studies were in areas beyond the narrow confines of what counted as *real* PhDs, that is, what counts as *real* dietetic knowledge?

Another frustration was about who had/has a voice about what dietetics education should or could be in Canada. Many dietitian-preceptors (upon whom training of dietitians in Canada depends) are passionate about supporting students and have ideas about the content and structure of dietetics programs, yet there has not been a route for them to express these ideas. The dominant voices about the nature, purpose and structure of dietetics education have been those of internship directors and university dietetics program faculty, not of dietitians who experience the day-to-day realities of practice and who are responsible for training students in the field. This form of power determines what is taught and how it is taught, and silences those upon whom the profession of dietetics in Canada relies to train dietitians.

After five years of trying to find or to create an educator-researcher position, all the while trying to make progress on my own program of research (the latter never really happened) while working more than full time as a consultant to support my family as a single parent, I had had enough. At the height (or depths) of my frustration, I was jolted into action by

the sudden death of a colleague. I wanted to stop feeling so angry and to stop setting myself up for disappointment by thinking that if I just wrote one more proposal for this or that person, department or organization, I might be able to procure a position where I could pursue research and add to evidence to support dietetic practice. For my mental health, and with the advice of my wonderful financial planner that I spend what savings I had to study something I enjoy simply because I might enjoy it (what a novel concept that was!), I enrolled in art school to study textile arts. This was in 2007 and I did not yet know about the possibility of studying documentary film so close to home.

When I embarked on the study of Textile Arts at Capilano University (CU) my goals were to add to my knowledge and skills about working with textiles, and to explore whether there was any potential for visual arts (in this case, textiles) in health education. I had grown disheartened with the limited reach of the consumer nutrition pieces and peer-reviewed research articles I had written and wondered about other forms of communication that were non-linear, that engaged multiple senses, and that invited conversation. I was intrigued with the following ideas:

- art pieces as a way to inform and to invite social comparison, recognized as a first step in developing ways to cope with changed life circumstances (DiMatteo and Hays, 1981; Snyder and Ford, 1987);
- art pieces as a means of collaborative learning and sharing (Bishop, 2006; Lind, 2007);
- art pieces as a way to encourage conversation, and to promote sharing and mutual support as is described so beautifully in *Turning To One Another: Simple Conversations to Restore Hope To The Future* (Wheatley, 2002).

Reading about the profound impact of illness in prompting search for meaning (for example, in *At the Will of the Body* (Frank, 1991), and *Close to the Bone: Life-threatening illness and the search for meaning* (Bolen, 1996)) had inspired my doctoral research. I had explored how the search for meaning with illness becomes entangled with notions about feeding others and about eating when health status changes. This seemed a topic ideally suited to the use of visual arts to present information and areas of concern, to create community, and to promote collaborative learning and mutual support. Overall, I suppose, I was interested in how art pieces might be employed

to help. A chapter that had informed and transformed my approach to nutrition counselling was *What Kind of Help Really Helps?* (Wilber, 1993). This chapter contains a paragraph I often use when working with students or when colleagues/friends sought career/graduate studies advice. It reads:

When I talk to someone who's been newly diagnosed with cancer or who has a recurrence or who is growing tired after years of dealing with cancer, I remind myself that I don't have to give concrete ideas or advice to be of help. Listening is helping. Listening is giving. I try to be emotionally available to them, to reach through my own fears and touch them, to maintain human contact. I find there are many fearful things we can laugh at together once we've allowed ourselves to be truly afraid. I try to steer clear of the temptation to define imperatives for others, even imperatives such as fight for your life, change yourself, or die consciously. I try not to push people into directions I have chosen or think I might chose for myself. I try to stay in touch with my own fear that I might one day find myself in the same situation they are in. I must constantly learn how to make friends with illness, to not see it as failure. I try to use my own setbacks and weaknesses and illnesses to develop compassion for others and for myself, while remembering to not take serious things too seriously. I try to stay aware of the opportunities for psychological and spiritual healing all around me in the very real pain and suffering that ask for our compassion (Wilber, 1993, p. 255).

Having lost a brother to liver failure in 1985 when I was a young dietitian, I learned first hand about the pain families experience watching a loved one die. Prior to this, I had conducted nutrition assessments by focusing on an individual's physical parameters (as I had been taught). This type of assessment gave me information upon which I could base 'concrete ideas or advice' so that I could feel I was helping. As Paul was dying and after his death, I remember feeling 'knocked back' and embarrassed that the very simple idea of acknowledging and honouring an entire family's pain in my work in cancer care had never occurred to me. As I thought about who typically came to see me, I realized that I rarely had people come in alone, that there was usually at least one family member also present. When I first wanted to acknowledge the entire family's involvement in feeding a loved one, I did not know how to go about it. If I let go of the familiar and moved my approach to nutritional care beyond physical assessment, how

might I help anyone? Cautiously, I shifted from defining nutritional imperatives to listening. My approach evolved to become one of helping families give voice to their beliefs and fears about eating and nutrition, and to sort through those that were facilitating and those that were constraining (Wright, Watson and Bell, 1996). By using this approach, families found ways they could approach feeding a loved one that nourished the entire group in multiple ways. A few years later reading *What Kind of Help Really Helps* (Wilber, 1993) affirmed that not giving imperatives, concrete ideas or advice was indeed a way for a dietitian to offer help and support. Through those years, I felt I was 'making it up as I went along' in learning how best to work with families. I found that trying to follow standards of practice (e.g., Canadian Oncology Nutrition Standards of Practice, 2006) a challenge as what felt like the 'right approach' to gear my efforts to the particular needs and circumstances of a family was not contained within the standards of practice. And it felt lonely.

In addition to engaging families in conversations about the simple categorization of facilitating and constraining beliefs, the ideas in *Feeding the Family* (DeVault, 1994) helped me make sense of what I was hearing from families. DeVault described how every family or group that routinely shares meals develops unique feeding rituals, and that these evolve over time and with changes in circumstances. In my phenomenological inquiry of women's experiences feeding their families while living with changed health status (Morley, 2002), I had seen how women with life-altering conditions tenaciously held on to their roles as feeder in recreating family feeding rituals despite experiencing discomfort, fatigue, and inconvenience, and minimizing their own food/feeding needs to do so.

In discussing these ideas with other dietitians, many mentioned their fear of getting into trouble, disappointing clients, or having their credibility as a dietitian doubted if they did not provide nutritional facts and advice. Because of these conversations, I began to wonder how to influence what was taught in dietetics training so that multiple ways of working with families would have credence. I reasoned that research that helped inform ways that dietetics students were trained to work in nutrition education and counselling would be welcome. However, as described above, I was naïve and had not reckoned on the dominance of nutritionism in what shapes dietetics education.

Through studying textile arts, I learned that there was/is indeed potential to combine the arts, research, and education in dietetics. Most of the pieces I made for assignments were on the theme of family feeding rituals and how these changed with illness. For example, one series I continue to work on uses vintage table linens to convey the challenges families experience when a family member is fed by tube. I envision these pieces in gallery or virtual shows where viewers can contribute their stories by journaling, recording messages on film or audio-recordings, co-creating collage-style pieces, or through any other means they wish. These contributions would add to an ever-growing, collaborative body of work about how families manage when illness disrupts eating rituals. These works could be shared online, at art shows, at health care and/or caregiver support conferences, and used in classrooms and internship programs. I also learned that arts-based inquiry and dissemination of findings is an international movement. Organizations devoted to these ideas include Arts Health Network Canada (www.artshealthnetworkcanada.com), the International Journal of Creative Arts in Interdisciplinary Practice (www.ijcaip.com), and Arts in Health (www.artsinhealth.ca).

Having become rather excited about the potential for visual arts combined with research and education/support, I got even more excited when I attended the 2008 Capilano University Film Centre Open House and learned about the new program in documentary film. I had long seen film as a ready-fit for nutrition education, one that has become even more relevant with the growth of the Internet. I had kept a file for at least 10 years about where one could study filmmaking in Canada but these programs had either been too expensive or too far away. Discussing possibilities for film in health education with the Director of the Documentary Program persuaded me that it was time to take action on my long held dream of learning to make films. I completed the 'Dip Doc' in 2009 (and finished up the Textile Arts diploma in 2010).

Film is all about telling compelling stories (Rabiger, 2004). I found that shifting from what was the familiar academic style of writing to documentary story writing to evoke emotion was the most difficult part of film studies. As with visual media (such as textile pieces), film offers a way to broaden the reach of information about food and eating choices to raise awareness about the local and global economic, political, and social impacts of these everyday decisions. Viewing documentary films

(whether online, as a DVD at home or in a library or clinic) offers individuals and families experiencing illness a private way to engage in social comparison, and to get glimpses into how others are coping when people cannot or prefer not to meet together. My graduation film, *All Stirred Up* (Morley, 2009) was based on my doctoral dissertation (Morley, 2002) and is an example of the films I plan to make that invite conversations about the complexity of eating and feeding. Beyond serving as a resource for families, the film has use in dietetics education. It has been shown to students in Canadian dietetics university programs, and was included in *Dietitian As Artist* shows in Metro Vancouver, BC and at the Dietitians of Canada (DC) conference in Montreal. As I had hoped, viewings of the film prompted lively conversations about approaches to nutrition education, and about preparing students to work with families.

I find that potential subjects for films in dietetics frequently present themselves, as do opportunities to screen films. For example, *The Intern Chronicles* began filming in 2009 with students who agreed to regular interviews throughout their dietetic internships. Other interns will be interviewed in time. The intent is to create a series of short films for use by interns for 'just in time' social comparison as they encounter the ups and downs of training. Another film project in production is documenting the history of dietetics education in British Columbia (Cullen, Morley et al., 2009). The project (funded by a 2009 Canadian Foundation for Dietetic Research grant) involves recording interviews with dietitians recalling their training experiences (as far back as the 1940s) and/or their involvement as educators. The challenges of organizing dietetics education in BC before air travel, air mail, long distance telephone, and e-mail will pay tribute to the resourceful women who pioneered dietetics training in Canada's far west. No history in any format on this topic exists - existing (written) histories of dietetics education in Canada address training programs in provinces with a longer history of European settlement. The research will provide information for written and film treatments of the research findings, and provide insights for other dietetics/health researchers interested in historical studies. The intent is that future generations of dietitians will be able to see and hear the stories of those who preceded them.

The question I hear most often since embarking on art studies is whether I plan to leave or have left dietetics. Happily, these studies have moved me beyond anger. While the dietetics education

structures/systems and what counts as knowledge in dietetics that were the source of my anger have not changed much in three years (although I have hopes that we are starting to see a shift with the launch of the Dietetics Education Network open to all DC members), studying visual and film arts has changed my response to them (Bolen, 1996). A special joy is finding that not only have I moved beyond anger but that some of my ideas seem to be contagious. A call for expressions of interest for dietitians to participate in the *Dietitian As Artist* shows yielded enthusiastic and almost immediate responses. Participants' works included classical Indian dance, radio plays and announcing, poetry and creative non-fiction readings, drawing, painting, sculpture, film, quilting, embroidery, carving, and photography. Both shows were complete successes offering not only venues to celebrate creative expression in whatever form it might take, but neutral and safe places where dietitians (artists and viewers) could meet and greet, get to know each other at deeper levels, and have conversations about challenges they encounter in practice (Morley et al, 2010). I am definitely not leaving dietetics. Becoming a doc with a dip doc was a good decision for me and offers multiple ways to use media to expand thinking in dietetics to move beyond nutritionism.

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Bio

Catherine Morley is a dietitian-researcher, filmmaker, and textilian, and the founder/director of the Canadian Institute for Studies and Art in Nutrition Education.