

Moth

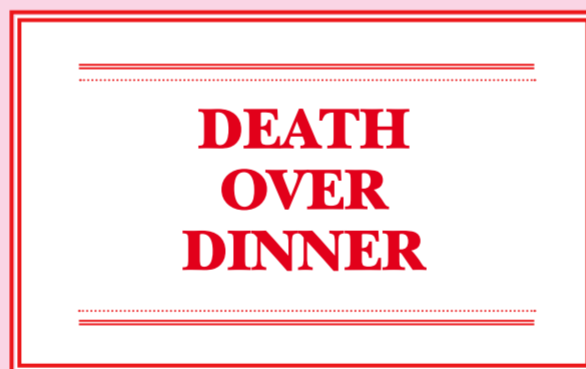
* SUMMER 2017 | moth.falmouth.ac.uk



FRIENDS & ACQUAINTANCES WILL PLEASE ACCEPT THIS INVITATION

FOUR DEATH & DEADLINES & A DINNER

Epitaph



HOPE
IS NOT
A PLAN.
DNACPR

'DO YOU
THINK IT'S
IMPORTANT TO
THINK ABOUT
DEATH?
OR IS IT JUST
A WASTE OF
LIVING TIME?'

MY DIGITAL
FUTURE >>
MY DIGITAL
ARCHIVE.

Create an UNFORGETTABLE
Legacy at the tap of a button



ENDLESS
HOPE
HOPELESS
END

Moth

FALMOUTH
UNIVERSITY

HOPE IS NOT A PLAN. DNACPR



CONVERSATIONS Creating Choice in End of Life Care: Hope is Not a Plan: DNACPR.
Dr Mark Taubert Clinical Director/Consultant in Palliative Medicine Velindre NHS Trust.

A brief to explore design solutions which create conversations about choice in end of life care. Allowing a natural more dignified and anticipated death in patients affected by life-limiting conditions.

Dispel myths, regarding CPR and reassure patients that all other interventions of active, resuscitative measures, will still be used

Create awareness and encourage discussion about CPR and DNACPR advance decisions

Empower patients, friends and family to be clear about treatments, which they would consider, and those, which they would not. Avoiding the risk of forceful physical intervention in our dying moment

I was surprised when I received an email from Nikki Salkeld about the Moth project and a potential collaboration with Falmouth University. I work as a Clinical Director for Palliative Medicine in Velindre Cancer Hospital and my only contact with the world of art and graphic design would tend to be in my own time, for instance when I visit 'Artes Mundi' in the National Museum of Wales. I wondered what I might be able to contribute. I leveled with Nikki and Ashley at our first meeting that I was merely a clinician, and not expert in art, essentially a fraud. My low confidence was unfounded and they reassured me. When I visited Falmouth and talked to the students about my clinical world, and the challenging discussions that we have with very sick and dying patients, they were able to visualize and conceptualize what I was saying. They asked some really intelligent questions. I was impressed by the emotional maturity of these students, and felt they could give most of my medical students a real run for their money.

My hope is that we can share their work with patients and healthcare providers. We are at a starting point with disseminating information that is hard to understand and often unwanted and deeply unpalatable. Just imagine talking to someone about not wanting to have chest compressions and electric currents applied to your body in its last living moments. There is so much potential for such discussions to go wrong. I am proud to have been involved in this design project about Do Not Attempt cardiopulmonary Resuscitation (DNACPR) and looking at clever ways to facilitate and ease such discussions. It will form an important part of our cancer centre's Invigorate campaign, and the End Of Life Care Coalition for Wales Byw Nawr will also be seeing the project work. #TalkCPR is the name of our campaign, so please do take the time to find us on Twitter.
Dr. Mark Taubert

Moth

01: Epitaphs
02: Death Over Dinner
03: Hope is Not a Plan: DNACPR
04: My Digital Future >> My Digital Archive.

MOTH is a research project in the School of Communication Design at Falmouth University established by Senior Lecturers in Graphic Design, Ashley Rudolph and Nikki Salkeld. It investigates the skills and contributions, which communication designers can make to death studies and end of life experiences. The practice of design is driven by constraints, boundaries and requirements, which challenge us to look at problems, new perspectives and find creative solutions to turn death from something we fear into something we can learn from.

Death will find all of us and everything we create. Acknowledging this can unleash grand creative impulses whilst at the same time keeping us humble and grounded in the everyday world we share.

Four Deadlines & a Dinner is a MOTH collaborative practice project working with Stage 2 Graphic Design students at Falmouth University and external partners from medicine, palliative care, writing, design for the live environment and VR. During this four week period students worked across a range of death & design projects, they discussed and delivered ideas and potential solutions relating to end of life experiences.

Communication design makes sense of complex information, using systems and hierarchy to create meaningful solutions to problems and questions. Established design process underpins and documents that journey. Working with Dr Mark Taubert we explored how visual communication designers and medics could benefit from sharing knowledge and skills to impact on policy and practice with regard to end of life matters, in particular patients with life limiting illness and their choices regarding DNACPR.

In collaboration with Ben James, Creative Director at Jotta Design and Anna Kiernan a Senior Lecturer in Writing, we considered our own personal eulogies and innovative ways in which to store our digital selves as either a digital legacy or digital archive beyond our physical life.

During this four week intensive module we hosted a Death Over Dinner party, where guests were invited to eat and engage in meaningful conversations and questions about the end-of-life:

'Do you think it's important to think about death?
or is it just a waste of living time?'
'What do you believe happens when we die?
The soul remains? Resurrection? We cease to be - nothingness?'
'Have you ever had a conversation with someone about what they might want at the end of their life? Would you feel comfortable with this and be able to initiate a conversation of this sort?'

We also held a film night: *AfterLife*, by Hirokazu Kore-eda: *Newly deceased find themselves in a way station somewhere between Heaven and Earth. With the help of caseworkers, each soul is given three days to choose one memory from their life that they will relive for eternity.*



MOTH has run a number of projects over the past four years, exploring visual language associated with death issues and end of life experiences. Creating visual 'toolkits' (analogue and digital) as devices for change in attitudes, conventions and context surrounding death issues.

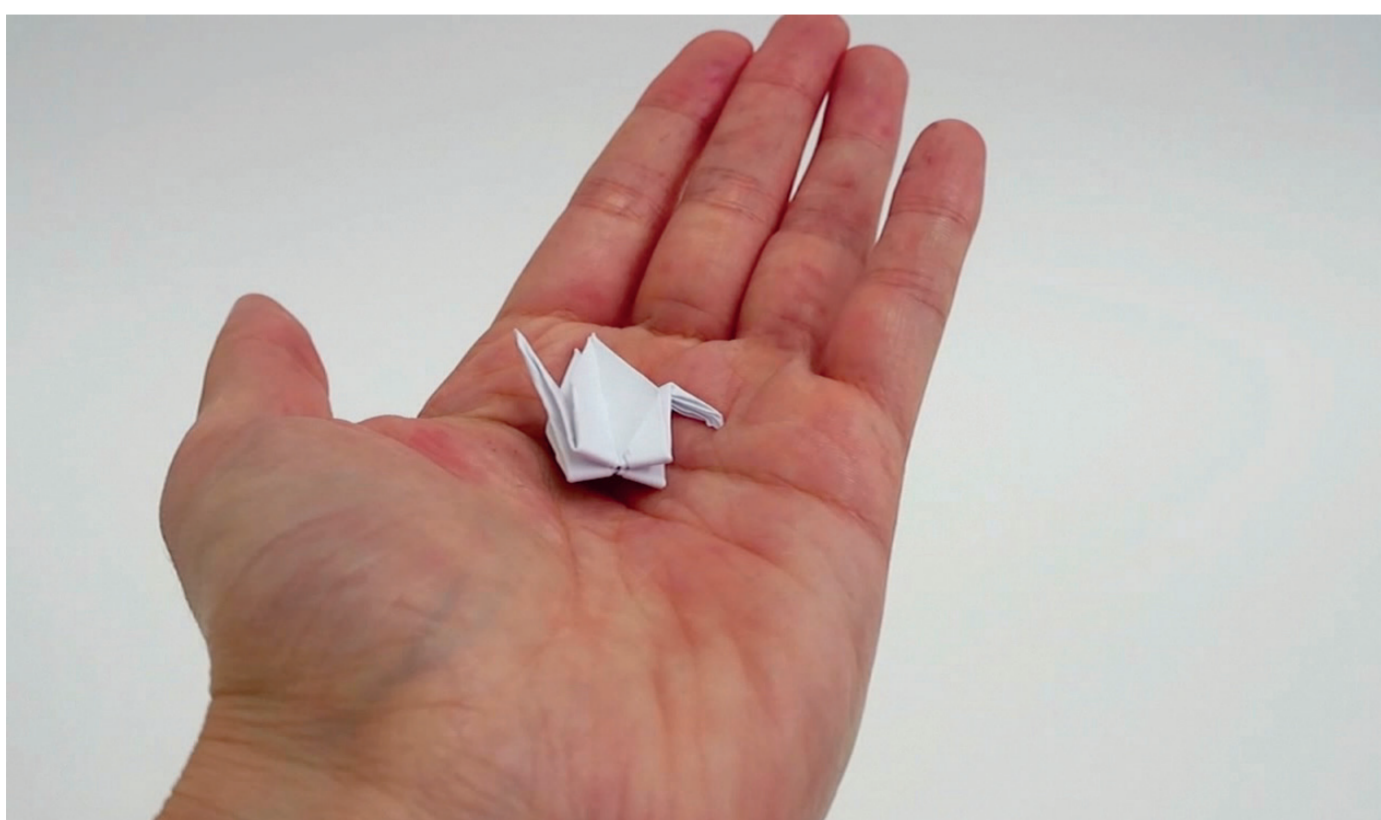
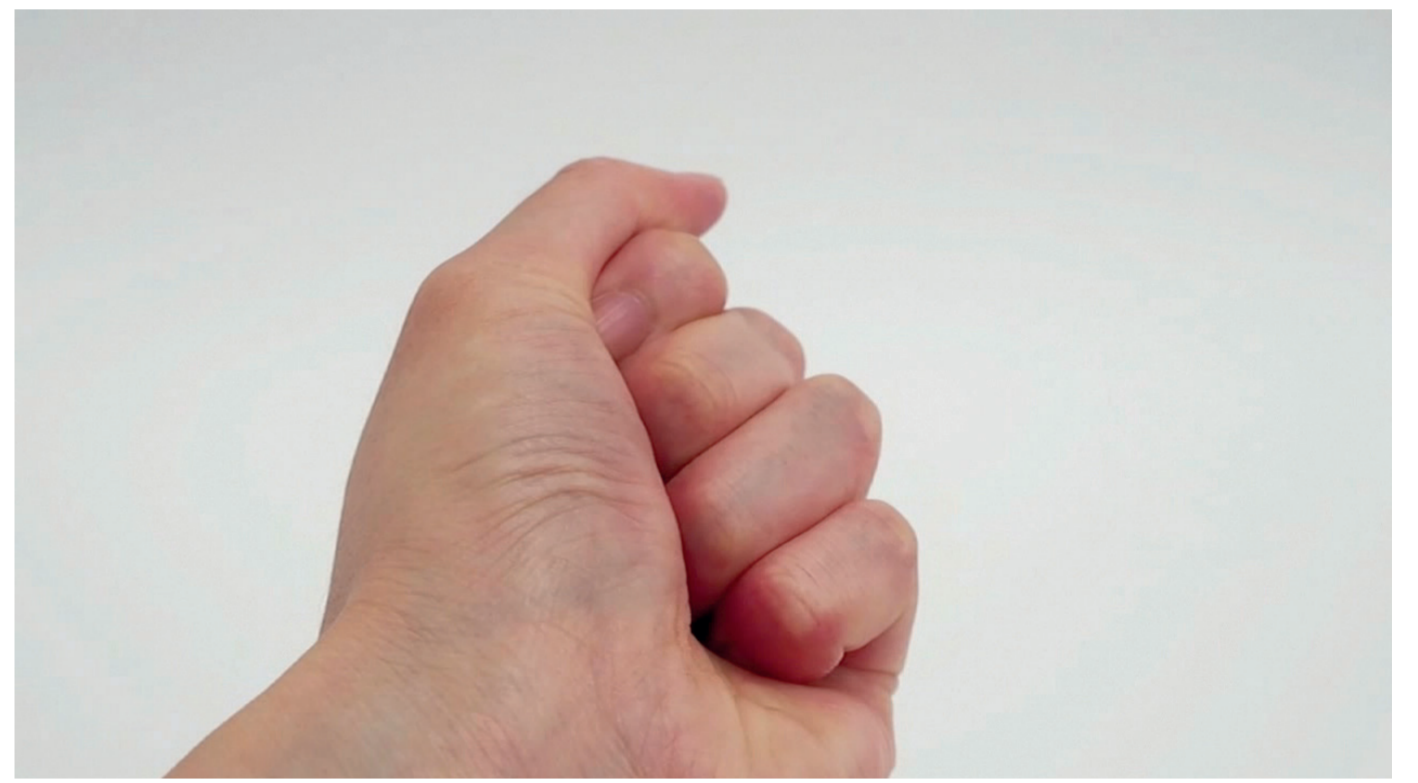
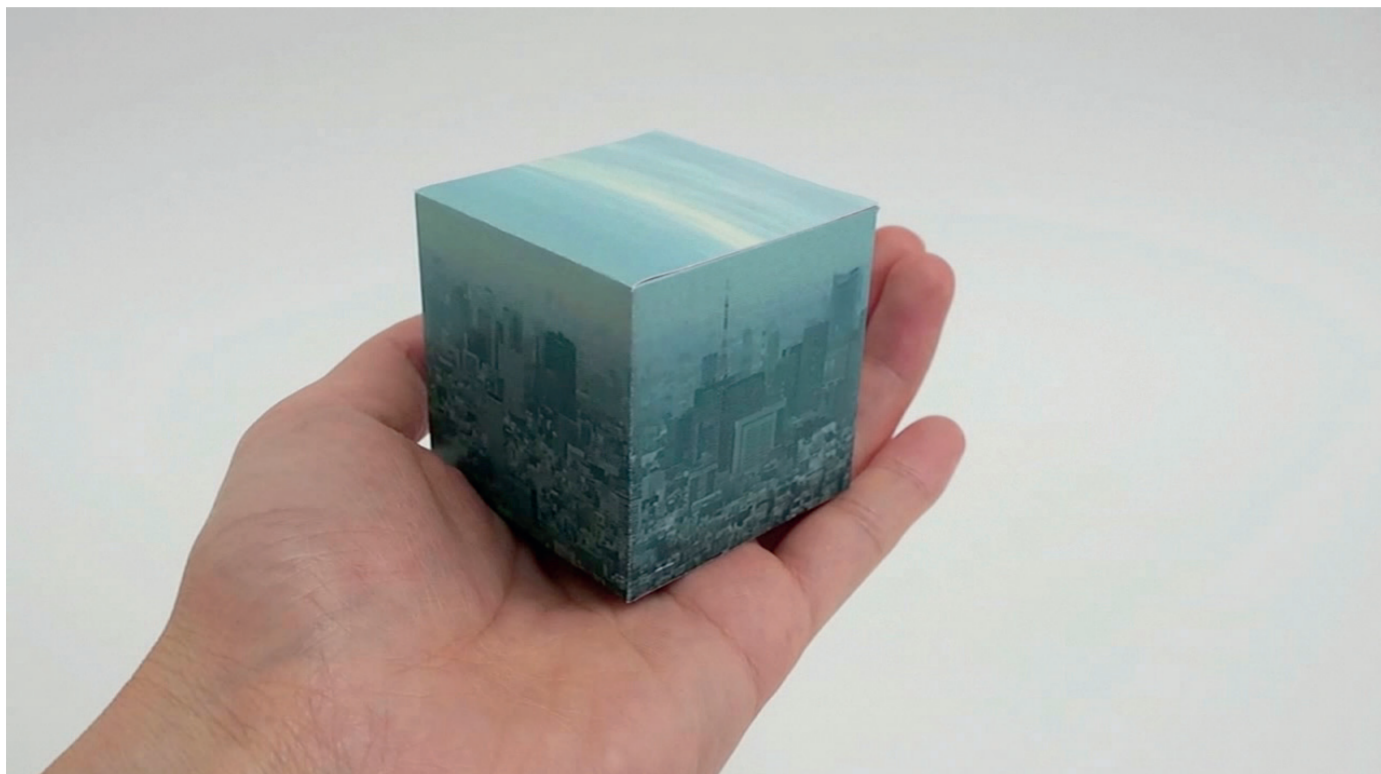
Projects focus upon the importance of ideas as triggers for creativity, as devices for narrative and as loci for opportunities of chance and transition in the context of loss and bereavement.

Moth was initiated following a conversation with a Norwegian student when discussing the massacre at Utoeya. This student reflected upon the lack of suitable visual symbols available that could be used to articulate universal sympathy in the context of death and bereavement. This conversation prompted inspiring questions about visual signifiers of mortality and in effect, constituted a potential design brief. At the time, most of the social media messages posted in response to the massacre employed the heart symbol. This appropriation of a signifier of love seemed inadequate and highlighted our inability to discuss death as freely as we discuss love. This might suggest that we become visually mute when confronted with grief and mourning and that our understanding of and relationship with death is both intimate and complex.

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Image: *Ellie Woodman. Folie à deux*

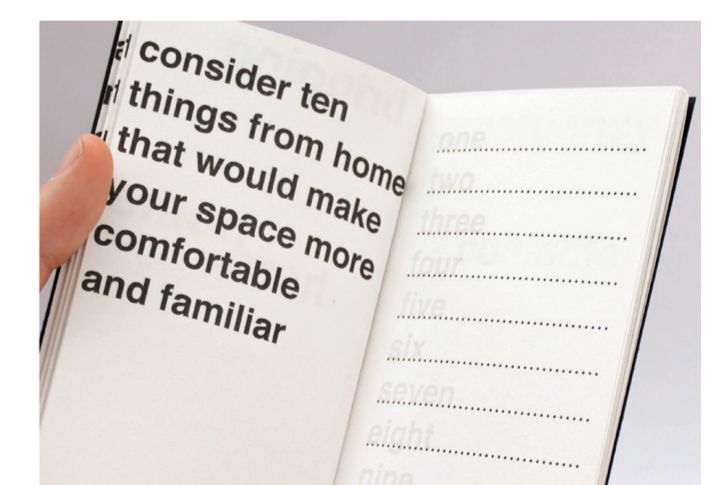
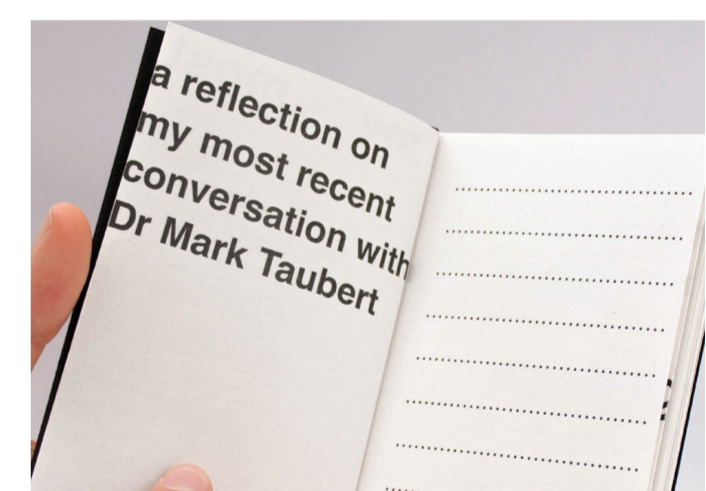
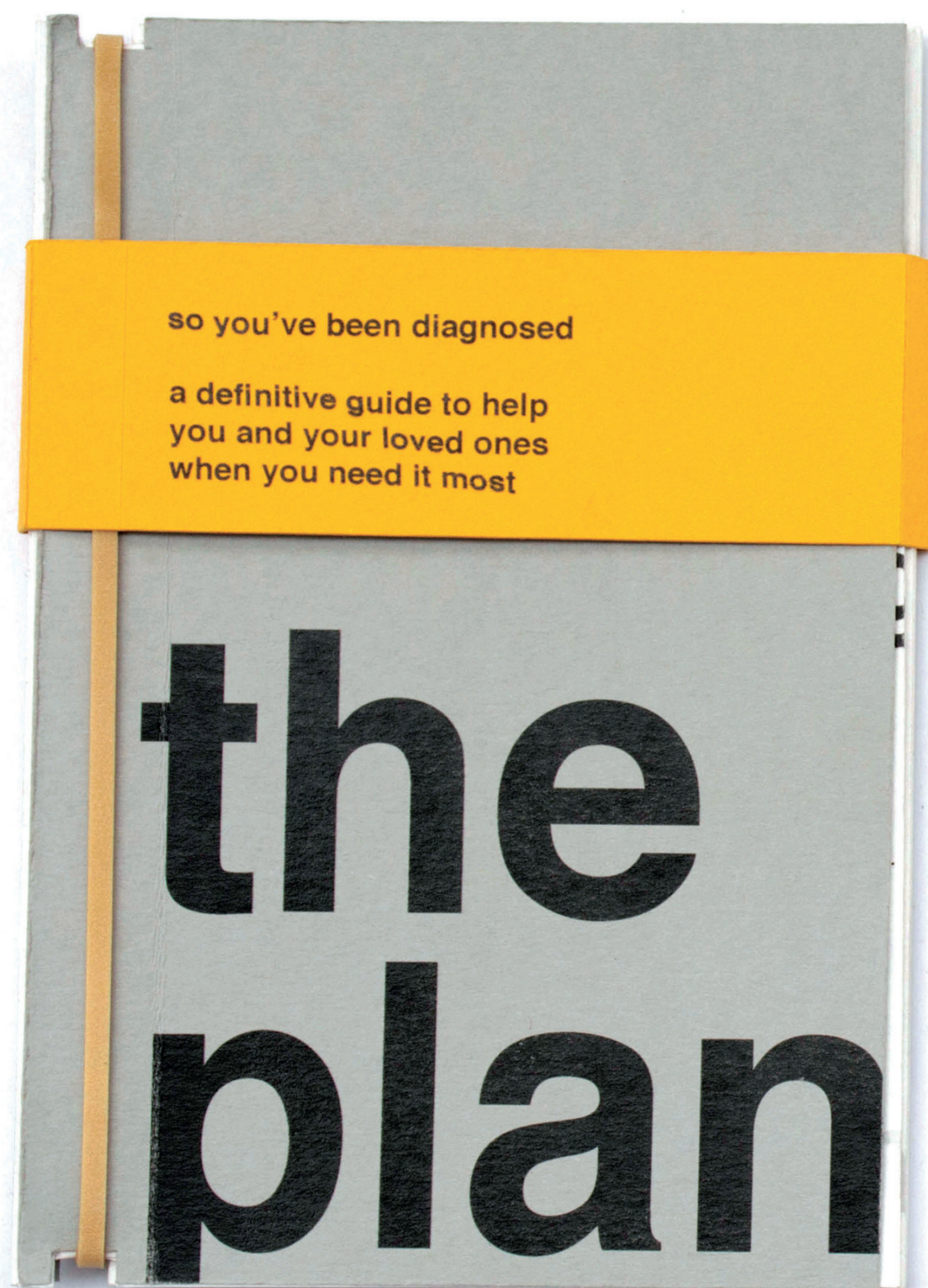
While growing up, I always remember having flowers around. Cut flowers in my Mother's house and a garden full of flowers at my Grandma's, and now the cheapest flowers I can buy for my university room. The flowers inevitably decay, but can be easily replaced. The french term folie à deux is a psychotic condition where mental illness spreads between two close relationships, sibling to sibling, mother to daughter. Literally, it translates 'the madness of two'. While not being an illness, my family's tradition of having flowers, mimics folie à deux. I like the idea that the flowers always die, but the madness will hopefully always be passed on.



Haruka Kondo_ What do I want to do?

At 14:26, 11 March 2011, a magnitude-9 earthquake struck the northeast part of Japan. I was in Tokyo (East of Japan) and felt the huge tremor. All transportation stopped and I stayed in Tokyo for the night. In the northeast area, almost 16,000 people died and over 3,000 people still remain missing. Fortunately, my hometown was fine, but the experience made me realise that there is no guarantee that I will be alive tomorrow. The tragic loss made me think about what I really wanted to do with the rest of my life. I had been unwell for a long time and had given up hope of going to university, but the tragic events helped me to decide to go ahead with my studies and if possible, study overseas.

Three years later, I came to the UK. That day is my turning point and it brought me to a clear-minded decision: "Life is limited so what do I want to do?"



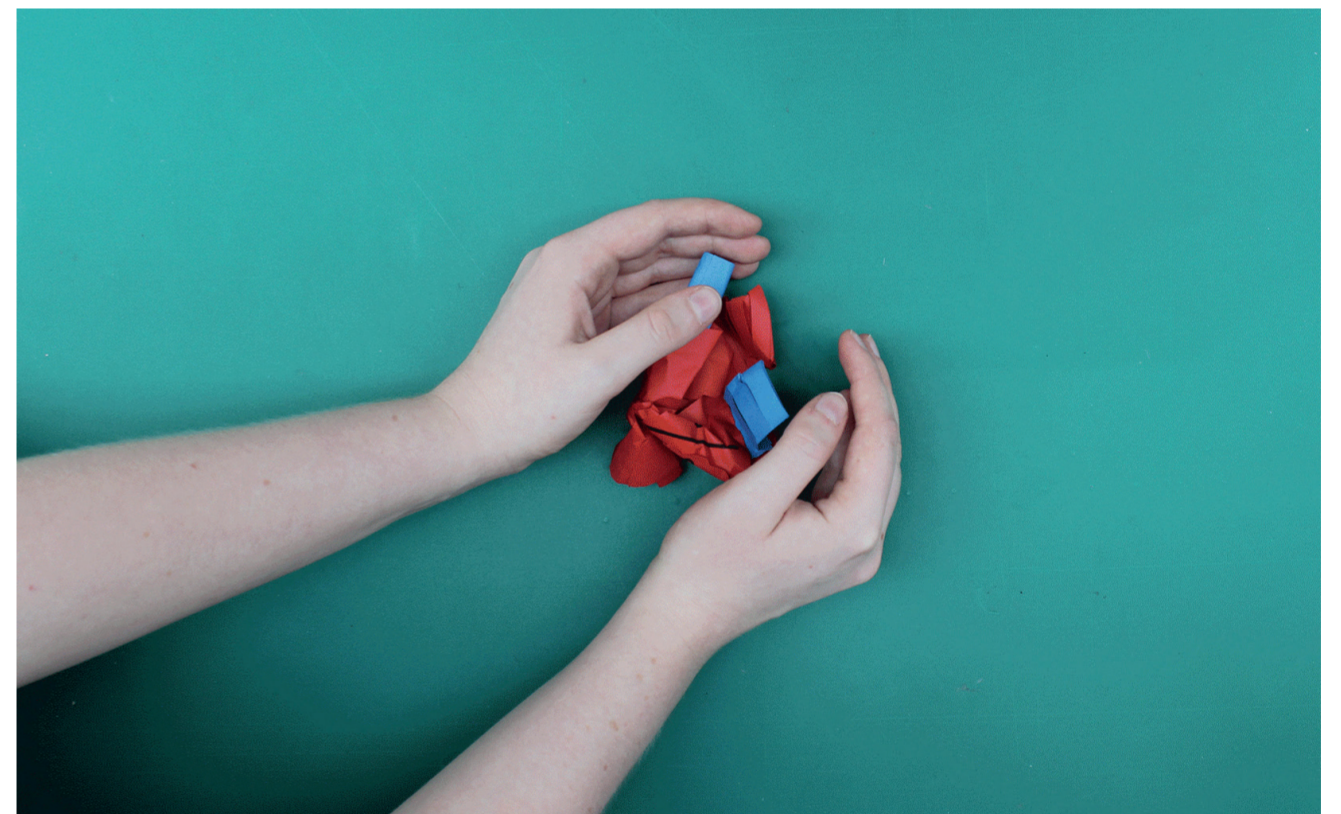
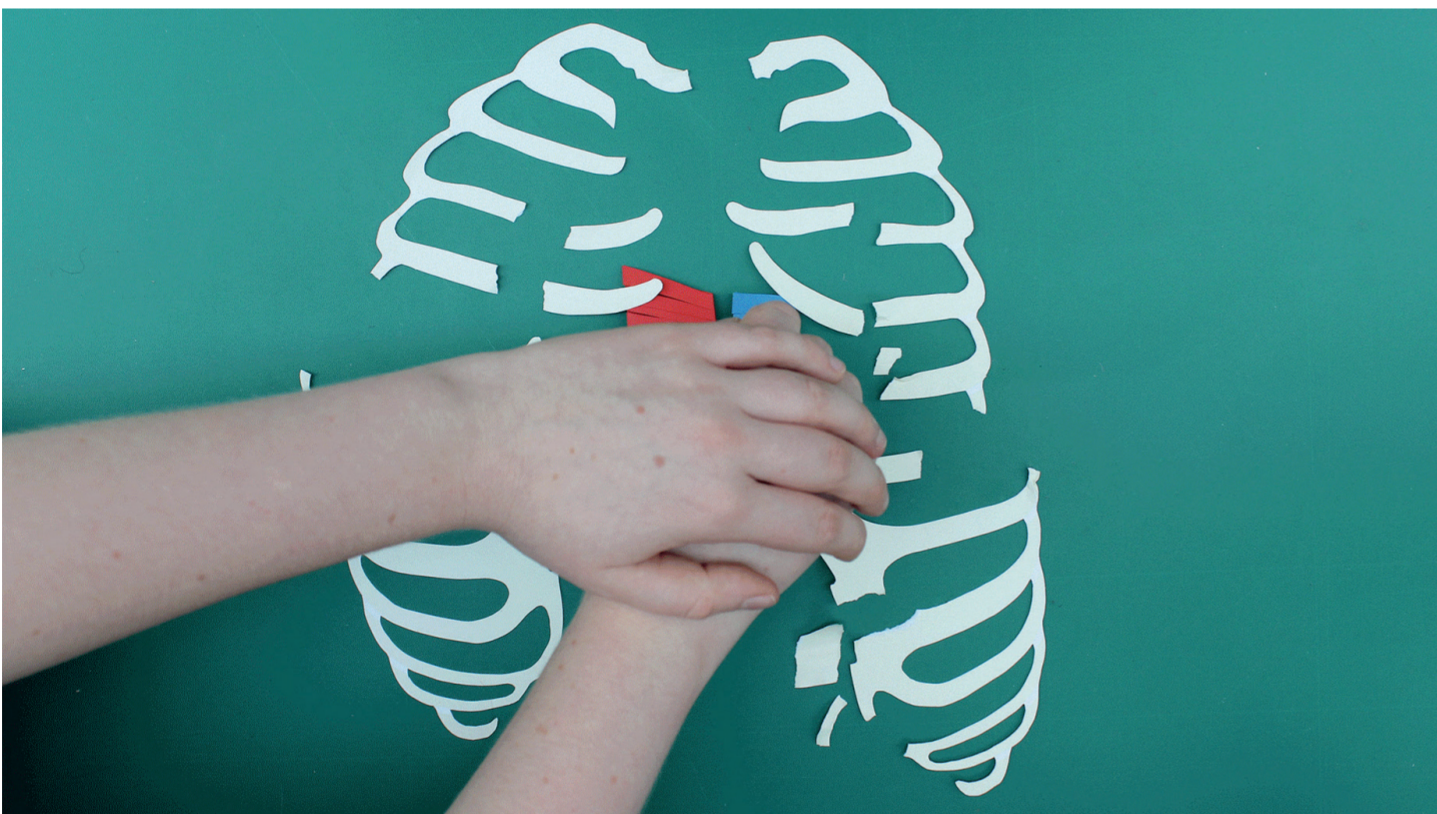
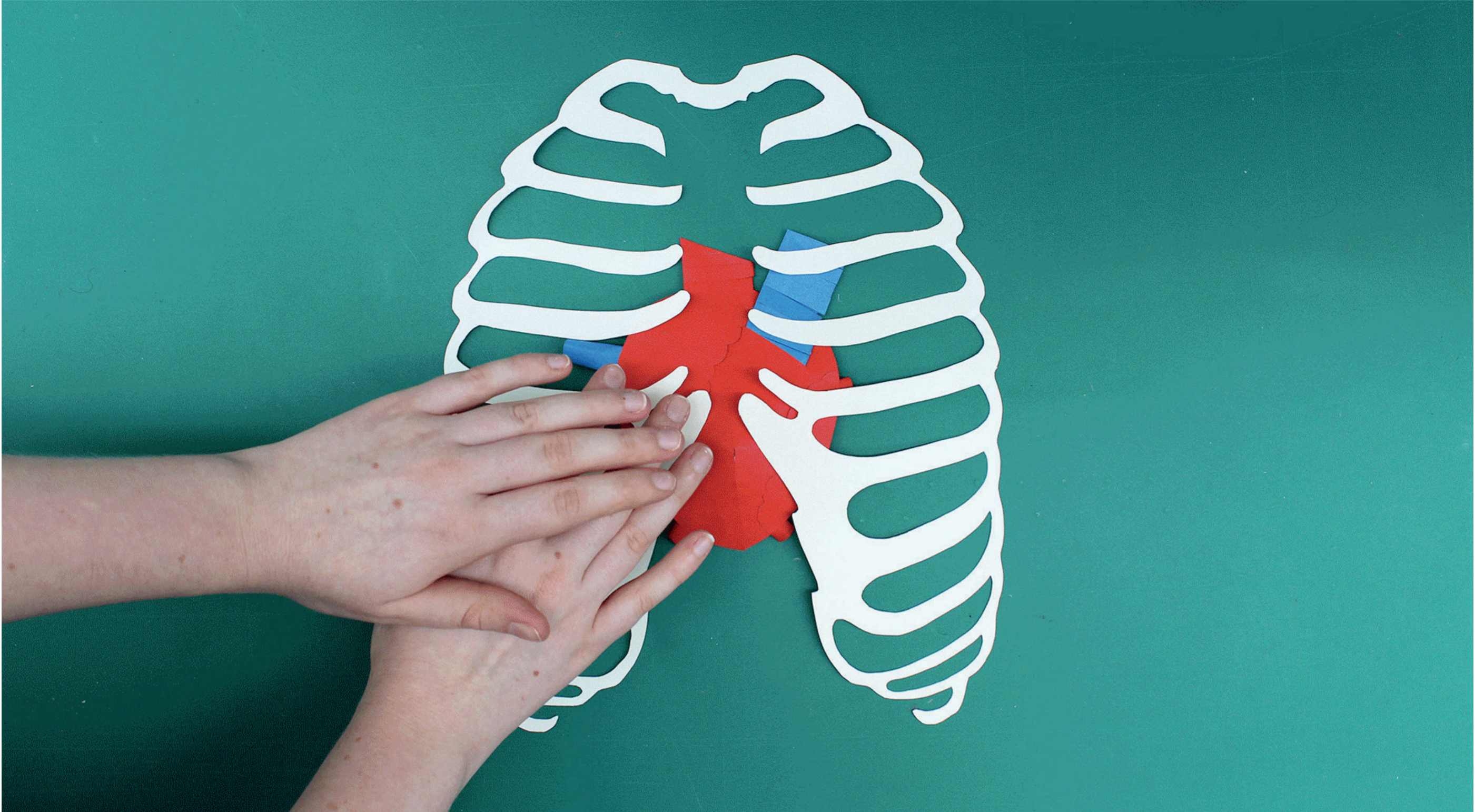
James Cook, Joe Arnold, Hannah Hosegood, Sam Baker. The Plan

Cancer patients can be overwhelmed by the huge amount of information given on receiving a diagnosis, making it easy to forget what they're being told or what it is, they really want to ask.

We have created 'The Plan,' a self directed journal allowing for a more efficient and straight forward way of collating information from discussions with family and medical practitioners. The first action in starting The Plan is 'removing' the label of diagnosis, performing a physical act of accepting, moving on and coming to terms with the diagnosis.

The journal itself is driven by conversation. It is loosely bound with elastic to allow for new leaves to be inserted into the book. The journal is shaped by the journey of the individual patient, creating a collection of information that is bespoke to their own cancer experience.

Copy is as colloquial as possible, with the intention of echoing conversations and to de-jargonize potentially confusing medical talk. The possessive use of 'my' gives ownership to the cancer patient, creating a sense of purpose and drive to fill out the pages. The questions are not delivered as tasks, but as a continuation to the existing conversations that are taking place.



Alicia Bray-Whitworth, Jemma Edwardes, Sarah Lebaigue. Let's Talk CPR

A campaign video to raise awareness of the effects of CPR. Wanting to avoid isolating the audience with the graphic reality of what CPR can do to a fragile, terminally ill patient. We decided to tell our story using stop frame animation; this gave us creative license to talk frankly about the issues. Using the rhythm of a heart beat with a calm, authoritative narration of the facts and statistics.

We chose not to include any emotive background music, wanting to create space for a logical rational thought process to take place, making it easier to talk more openly about our hopes for our last moments.

Mum,
You would have wanted to go
quickly and peacefully with
lillies by your bedside. Instead
it took three days and three
broken ribs.
I'm sorry I didn't talk
about it.

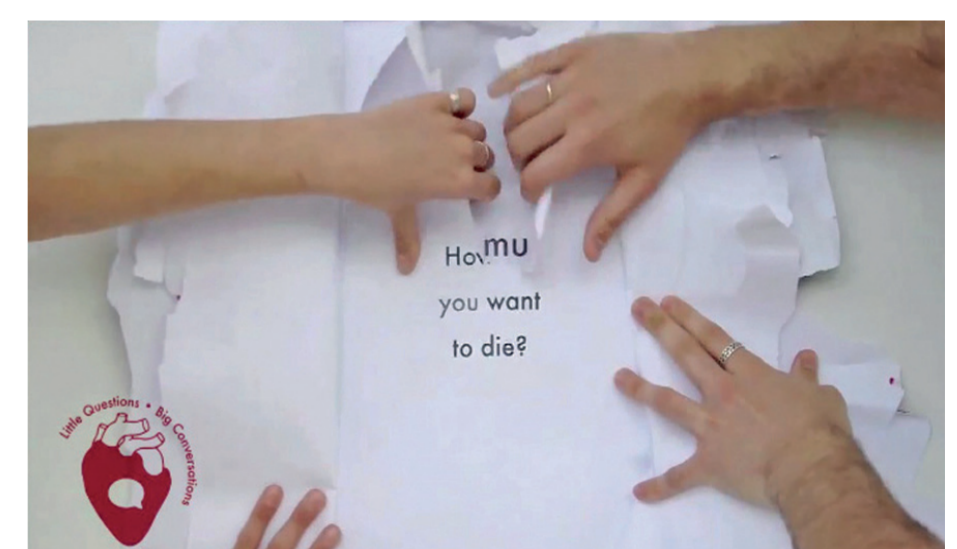
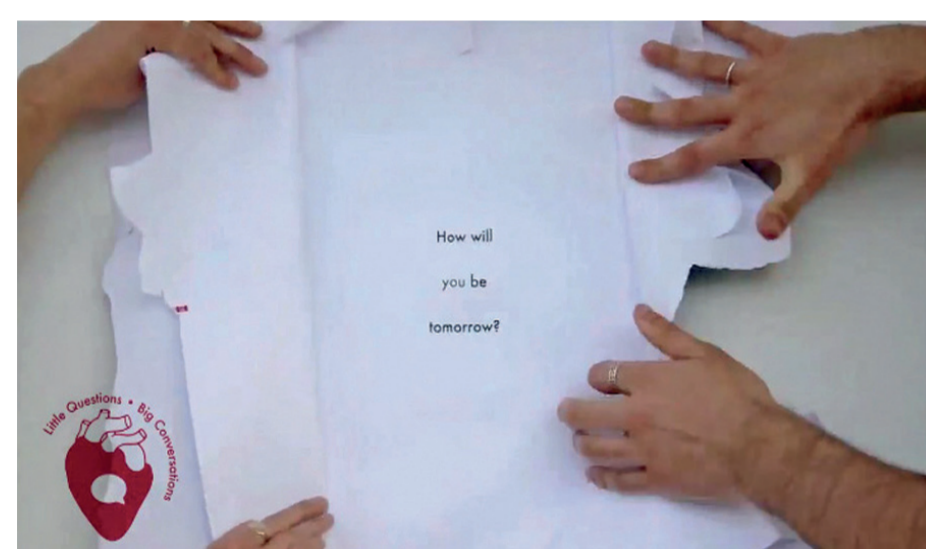
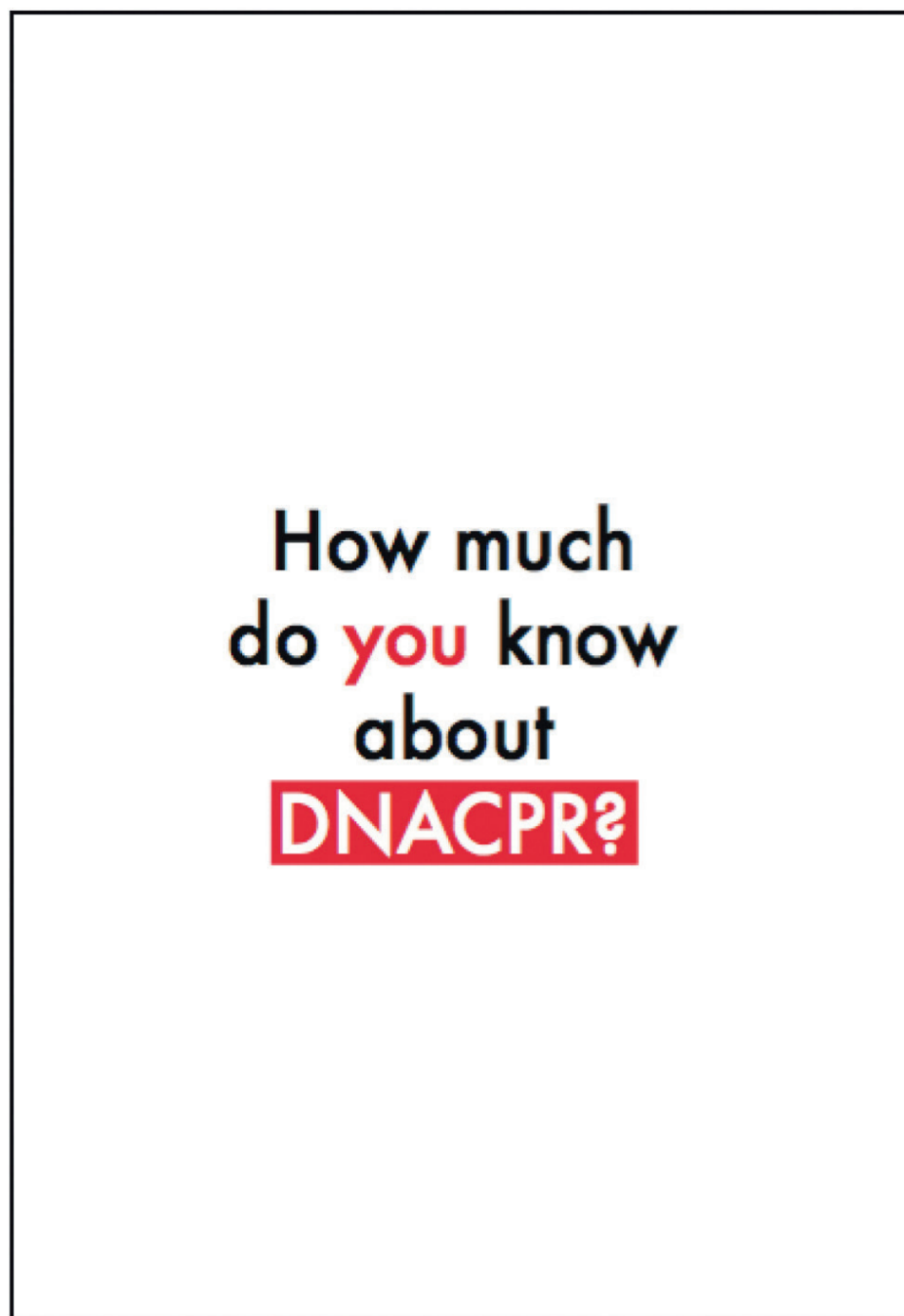
End of life care is important, have those
conversations whilst you still can.

The Conversations Project.

Speak to a doctor to find out more.

Theo Hallas. The Conversations Project.

The Conversations Project aims to help those, whose loved ones, are either terminally ill or reaching the end of their life. The posters are a prompt to encourage difficult conversations to happen before it is too late. To establish an understanding of the patients wishes and needs around issues such as DNACPR, which can be discussed and understood more fully to ensure that death, can be as peaceful and as respectful as possible.



Florentino Monteiro, Poppy Andruskevicius, Adele Bright & Ellie Woodman. 'Little questions, big conversations'.

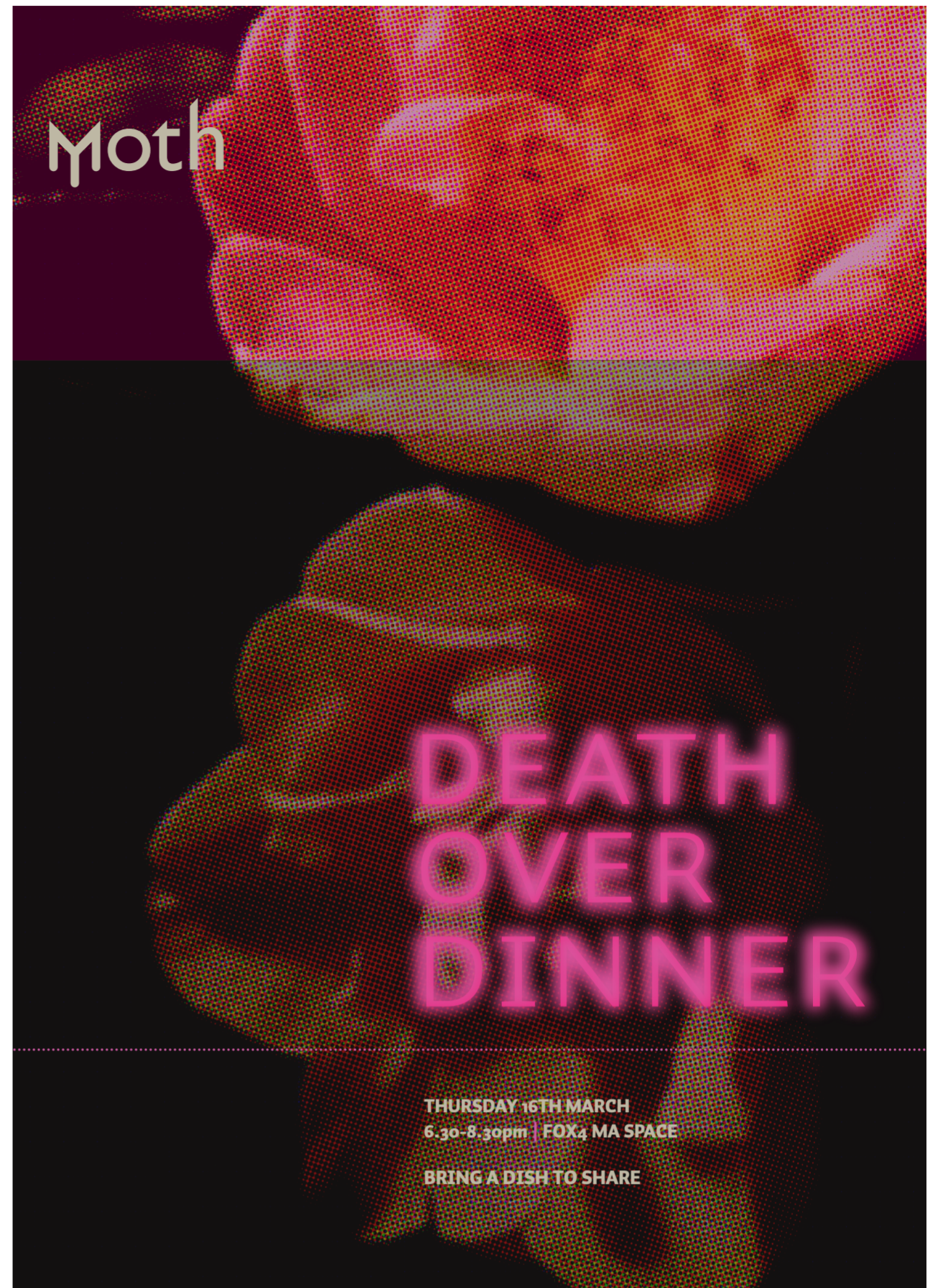
When starting this project it was important to get the brand language right, we wanted to create conversations around a subject which may be perceived as too delicate or taboo. These difficult conversations about death with a loved one, effect the way we talk about end of life care and treatment and in particular the misconceptions that surround the topics of CPR and DNACPR. The solution was to create a sub-brand of 'talkCPR' in the form of an interactive poster campaign, which helps to encourage conversations about end of life care and treatment and signpost patients, and their families and friends in the direction of 'talkCPR' campaign.



Martha Holmes, Theo Penrice, Lucy Scholes_#talkdeath

An interruptive campaign; taking something incredibly private and putting it into a public space.

Our campaign places questions around cities, which aims to interrupt people's daily routines and encourages them to engage in conversations and thoughts about death and bereavement. We hope this forthright style of campaign will put these topics firmly on the national agenda. Alongside the '#', there is a website also linked to Dying Matters which provides further information and conversation topics for those motivated by the stickers, to learn more.



Death Over Dinner

We hosted a Death Over Dinner party, where guests were invited to eat and engage in meaningful conversations and questions about the end-of-life:

- 'Do you think it's important to think about death? or is it just a waste of living time?'
- 'What do you believe happens when we die? The soul remains? Resurrection? We cease to be - nothingness?'
- 'Have you ever had a conversation with someone about what they might want at the end of their life? Would you feel comfortable with this and be able to initiate a conversation of this sort?'

Death Over Dinner was started by Michael Hebb, a former architect and teaching fellow at the University of Washington.