

CurArte

In November 2016, I was invited to facilitate an Art workshop for HIV-positive adolescents in Malawi.

My invitation was from Picturing Health (a UK non-profit organisation making health related films), and PENTA (paediatric European Network for the Treatment of AIDS). We were making a series of short films about issues affecting adolescents growing up with HIV in Africa. We needed images to tell the stories and explore the inner worlds of young people, but did not want to show their faces or reveal their identities.

We wanted to explore a series of themes and experiences affecting young people living with HIV; finding out their HIV status, their relations with family, life at school, who they can tell and who not, adherence to treatment, the fears and hopes of love: But how to do this without filming them? The answer was through art. My role was to facilitate the entrance to the spacious world of Art to explore those questions. I had lived in Malawi together with my family, for

four years. It was a desired return. I agreed to go, with great joy.

I worked together with the Picturing Health team in Malawi: Nadine Ammon, a German Nurse and lecturer at the Nursing College in Zomba, James Chanika, a Social Work student at the University of Malawi and translator and Ernest M'banga, camera person.

We designed and offered a month long workshop. We agreed to have daily sessions in the afternoon, after school, a time to share, meet and create.

The Art of CurArte

Our task was to offer young people a safe, warm and non-competitive space to explore their interior world through the practice of making art. Apart from collecting images for films, we also wanted to pilot an idea arising from evidence gathered in other parts of the project.

The challenge facing adolescents living with HIV, and the bottom line for most medical programs, is how to help young people make the transition through the difficult years between childhood and adulthood, without interruption of the medicines that keep them alive. These are the years when young people find out their status and then need to build the resilience and self knowledge to live positively,



Art is medicine.

A key aim of the film project was to explore and illustrate the reasons why young people, despite all the attention and advice in health centres, have difficulty adhering to antiretroviral drugs (ARVs).

Prior to the workshop, Nadine did a systematic review of all the literature about adolescent adherence to HIV treatment in Africa.(https://www.sciencedirect.com/science/article/pii/S0033350617304237) The evidence shows a complex web of factors why young people fail to take regular medicines. Many of these have to do with societal and family issues, including relations with family, community and peers, fear of stigma or of being different, the gulf of knowledge and

experience between young people living with HIV and their non-positive peers. This complex web makes It very difficult for clinicians or counsellors to apply formulaic solutions to address adherence problems. There is no one size fits all.

In addition we filmed interviews with social scientists who had collected evidence around major clinical trials involving HIV positive young people in Africa. They pointed out how difficult it is for clinicians to know whether young people are taking medicines or not. And there was some criticism for the way this is routinely dealt with.

In the best of circumstances young people are given a mass of information, along with friendly advice, about the importance of adherence to treatment for their health and their futures. The message is very clear: that their failure to take medicines undermines their futures and puts themselves at risk.

They are then asked, in the same space, if they have been taking the medicines. It takes a brave person, in such circumstances, to answer “No”.



If they do, they may be given encouragement. But they may also get a telling off, ranging from gentle to stern.

A better approach social scientists suggested would be to start from the premise that most young people will find taking daily medicines very difficult, for many different reasons. The expectation should be non-adherence, rather than adherence.

That would make it much easier to create a non-critical space in which young people can express the problems they face taking medicines - and then be supported to try to overcome those obstacles. Art we believed, could provide that space.

Creating our own Mankhuala.



By doing ART we give ourselves permission to create y not destroy. For an instant we stop being critical of ourselves. we concentrate and allow ourselves to **be amazed** by the materials, and what we are capable of **expressing without words**. We let ourselves be moved by the reflexion **made in images;** that is to say **we like**, we like ourselves, we give ourselves the opportunity to do something and derive **wellbeing**. We let ourselves b**e surprised by** what was created. We make a practice, an **individual space for interior dialogue**...we look out for ourselves. We create the treatment that we need.

Mankhuala means medicine in Chichewa. By making Art we create our own medicine. When we draw a line, we give ourselves the opportunity to be with ourselves without feeling imprisoned in the past. We draw in the present. Art allows us to take risks and trust ourselves. For a moment we focus on the here and now. In the act of creating we let ourselves be amazed by the images that come to life through our hands. Naturally we discover feelings of well-being.

Through the workshop the young people explored their lives. HIV was often not the main concern. Other difficult issues they raised included: systematic losses of loved ones, childhood traumas, famine, daily family insecurity, accidents, fires, other diseases apart from HIV, old emotional wounds, sexual abuse, ghosts, and the greatest daily trauma: poverty.

But they spent as much time exploring all the things which make life positive, appreciating the good things life has given them.

Art helps us to obtain information that is inside us. It is an instrument of self-knowledge and therefore of self-treatment. Through art we update feelings, forgotten dreams, we approach old wounds or memories from a different angle. We explore ideas, play with materials, then turn them into images. What is created can be kept hidden or displayed, or shared. It is an individual option.



CurArte

The exercises

The workshop developed organically, taking shape as the participants drew their stories. This is a list of some of the experiences we had.

Dancing and Singing



The young people danced and sang Chichewa songs, learned in childhood.







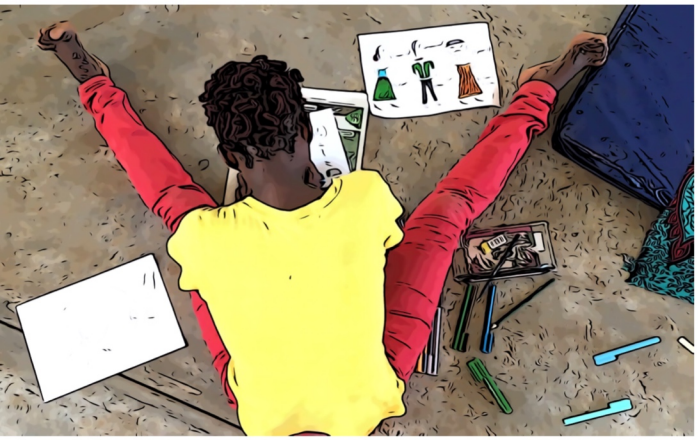
Self Portrait

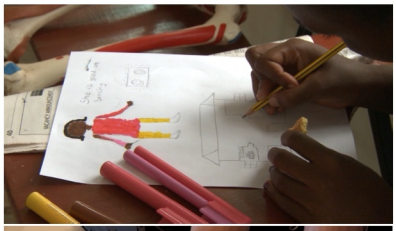
On a sheet of paper, I asked them to draw themselves, their house, family, pets, hobbies and favourite object.

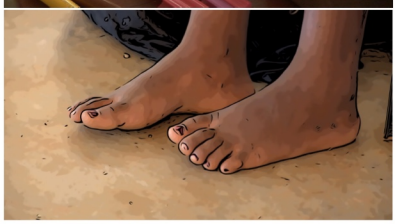


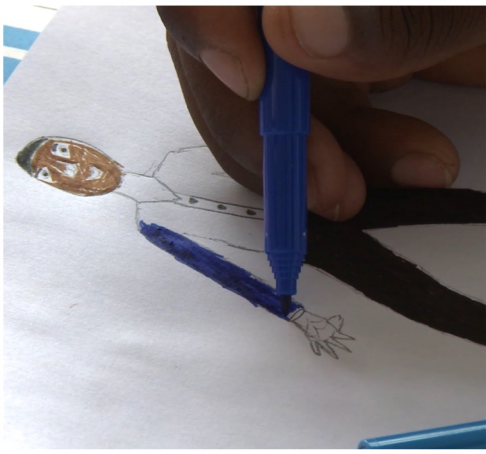
The Self-Portrait of Chikonde **(15 years old)**

Chikonde shared with us being subjected to a nightly terror. In her drawing, we could see details of the entrance to her house, and the wall where her father's picture is hanging. She drew herself in her room. She revealed that her father is dead and that he frequently visits her at night. When he died, (HIV +) her mother never allowed her to see him or say goodbye.
In Malawi death is an event you have to accept and not talk about. The loved one enters the world of spirits. Conversing on this subject is taboo. Those who "see" or dream of the dead are considered possessed or haunted; a traditional belief still well entrenched. Fear that she was possessed terrified Chikonde and the anticipation of her father's appearance each night caused panic.









With this exercise the young People started to look at their lives from the outside. As facilitators it helped us get to know them.

Curious Fact: all without exception drew their cell phone as their favourite object.













man·da·la

मण्डल



Autobiography: a calendar of images

First I made an introduction to the Mandalas. I showed images, talked about their origin, the spiritual symbolism of the circle, their constant presence in nature and in the African Traditional Art.

I asked them to draw their Life Story in the form of a Mandala. “Imagine you are a tree,” I told them. “You have grown from the seed. You have received the goodness of the water, periods of abundant rain and sun, but also periods of drought. Each year, the rings on your trunk mark the passage of time.

Put the date of your birth in the center. Then draw the events that are important to you as you move out from the centre.

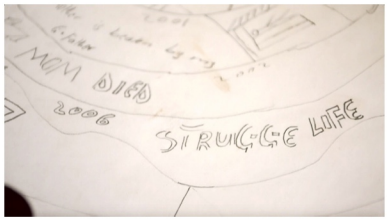


Rachel

Remembers when a cow killed her cousin. The year in which her dog died. A fire in her house, and the first time that she saw an airplane.

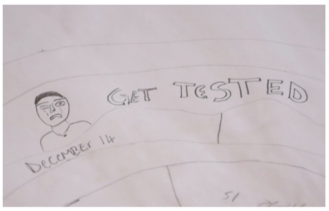




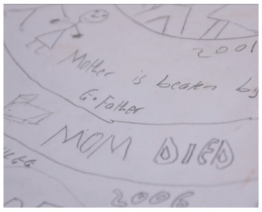


Curious fact: Only one of the participants drew and placed the date on which they found out that they are HIV positive. When asking the rest of the group the reason why they had not included that information, they responded with an: "I forgot".



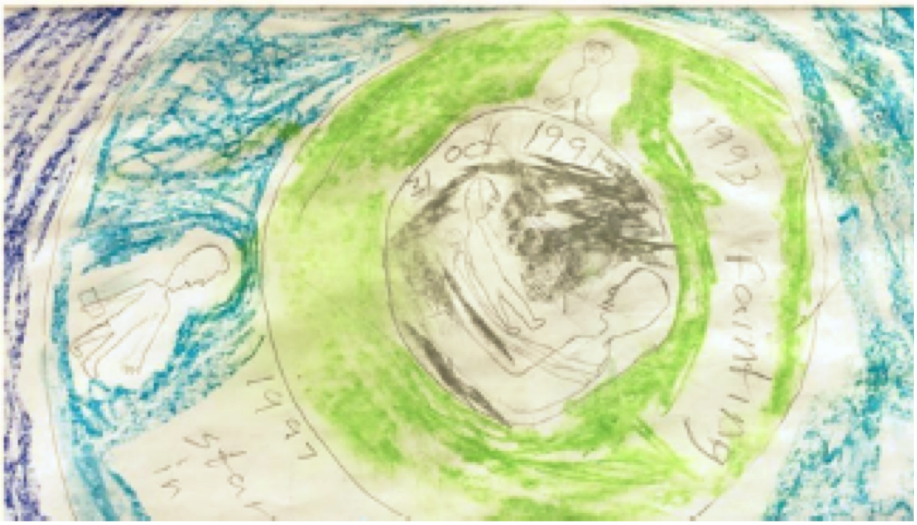






Other dates than their diagnosis with HIV were more relevant for all of them. These included the day their dog died, the first time they saw an airplane, the day they burned their hands with boiling water, when they passed school exams, the occasion when a cow killed a little





Bright remembers passing out with epilepsy from two years old.



Patience

¨My father, you can die. ”

cousin, the year they were hit by a car, the day one of their parents died, “Fights in the house”, the occasion that grandfather hit mother, a street, two women and a body lying on the pavement due to epileptic seizures, their fifteenth birthday party, fights in the house between







“Fights at home” 2012: Death



Mango season; cars are accidents.



Dance and learn to play drums.

Fights over Jealousy, preparing the land , the rainy season, the papaya harvest, beans and maize, the day that mother died, playing with a skipping rope with my friends.





Tamanda

Her mother died when she was one.



brothers, the day they won a photography award, the day they left the city to the countryside, the day they first learned to play drums, the mango harvest, December the month of the rains.







Tamanda remembers the year her mother died, passing exams, her 15th birthday, burning herself with water, and another occasion with hot oil, the day she won a photography contest.



Chikonde

She always needs to go out of the house with someone. She is terrified to cross the road.



In her calendar, Chikonde wrote: "At five years old hit by a bus". At 7 years, my dog died". In her next circle of events, she drew, (but did not write) her father's funeral.



Art opened a space to feel comfortable exploring emotions with images. In the creation process open wounds, where drawn with honesty. The group realised what they where creating: beauty, belonging, vulnerability, empathy. This realisation came naturally. When creating, we affirm that we are alive.

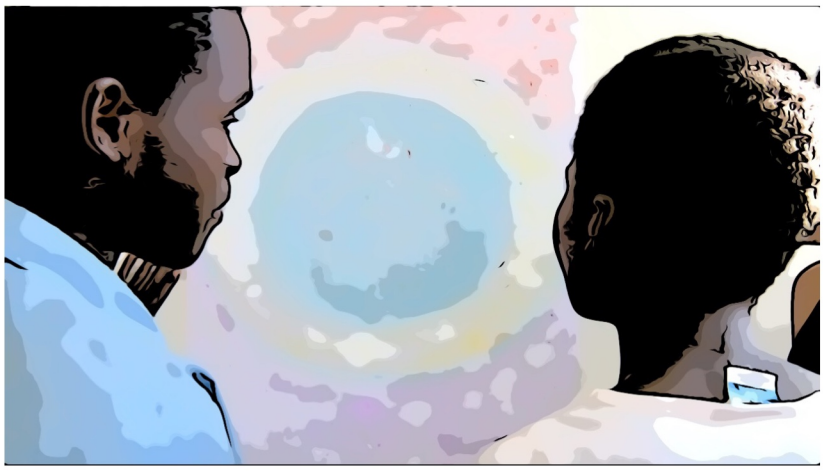
Art gives us the opportunity to reconcile with ourselves, and to begin interior dialogues in a non-critical way. We always focus on the present, and cultivate the intention to accept ourselves as we are..

When we engage in Art we are focused on the here and now.

Caring for Mental well-being is a complex task, which cuts across disciplines. The Art workshop complemented the teen's counselling at the hospital. It was an instrument for self-knowledge.

The participants discovered that Art can be medicine; used for a few minutes or adopted as a practice for life. Nobody imposes schedules. It is self-prescribed, it can be useful when we need to process complex emotions in a nonverbal way.





James, our translator with Patience.



In her mandala, Mesi wrote: “The flower (in the centre) symbolises the beautiful word or the bad thing this person or word follows.”



Mesi

Remembers innumerable illnesses, and the visits to hospital. The day that her father died. 2016 the year to work and learn to achieve my objectives.





Diary of emotions

Learning to observe one's emotions.





I distributed some very beautiful little diaries from England and a transparent bag with everything you need to draw and write. I asked them to write down or draw all those emotions that arise and emerge during the day. If they wanted, they could place the time and the possible reason for each detected emotion. It would be an experience similar to a FB update, I suggested using emojis.

Emotions are energy that passes through our body. We can observe them. The diary will give us the opportunity to document this. And it will show us that we get angry, happy, anxious or confused during the day, but that this does not define who we are. We are not anxiety, depression, or confusion.

Method: keep the diary with you during the day. Draw, write or emoji the emotions as they arise.

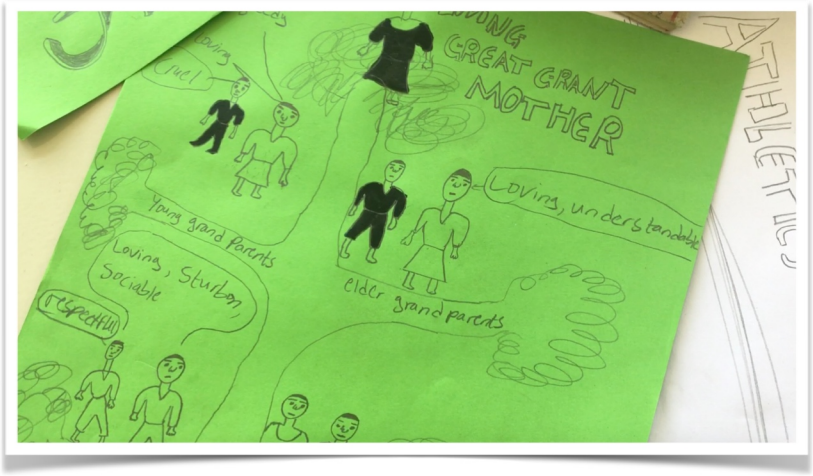
Interpret as a group: at the end of this experience we get to interpret which situations in our lives provoke particular emotions. If these were negative, what can we do to appease them? If they were positive, how can we cultivate and expand them?



Interesting fact: They managed to observe which events or situations are key to remembering or forgetting to take antiretrovirals.

Family Tree of Emotional Inheritance.

To replace irritation and judgement with sympathy and understanding.



In the style of family trees, make a map of your family. Draw your grandparents, parents, siblings, uncles, cousins or those people who have taken care of you and who have grown up with you. Write the emotional characteristics that identify them.

Our emotional DNA

Each one of us is the recipient of an emotional inheritance. It is a significant legacy in our lives. Something that we inherit from our families can be extremely positive - but in turn, we also inherit negative traits.

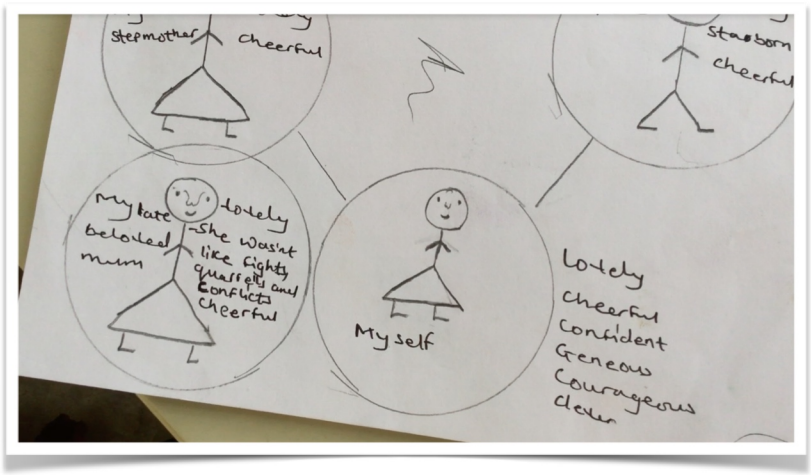


It is difficult to know when that emotional inheritance is activated in our behaviour. If it occurs when we adopt excessive responses to a fault, or when we act out of place or handle ourselves inadequately. Our emotional heritage can lock us into the habit of getting angry or cranky when we feel misunderstood. Or it leads us to be rigidly happy and not to admit that there will be disadvantages in the future. This inheritance is

acquired through repetition or daily observation of behaviours formed and learned during childhood.



Through this exercise the young people managed to see that the sudden outbreaks of anxiety and hostility in others are not always caused directly by ourselves and that we can give ourselves the opportunity to not always react with fury or with hurt pride when these situations arise in our lives.





Taking good care of emotions



Drawing Nadine

We heal for what we are, more than for what we know or for what has been taught. The ability to heal is within ourselves. We just need to recognise our needs and have the intention to feel good to achieve them.



In this exercise we draw as a group. The instructions were: Lie on the ground on a sheet the size of your body, ask your friends to trace your outline. Then paint your clothes and make your portrait.
To accompany your painting, draw drops of water and in each of them write down how you want to be treated at home, school, church, on the street, in buses and shops. When finished, place your drawing on the wall and paste the wellness drops on top of your head.



Chiso





Creating our *own* medicine













Map of Emotions

All our emotions are valid.

Based on each individual story and experience, young people painted emotions relevant to their daily reality. The idea is to take good care of emotions. Without condemning yourself for experiencing them, also identifying that there are culturally learned emotions.

With this exercise we invite you to cultivate the intention of unconditional acceptance of the person. Starting with ourselves. Allowing us to experience bodily sensations, such as crying, trembling, feeling sad or angry, without being embarrassed as it is our natural way of adapting to life.

We explore in a group the behaviours learned in the culture of Malawi. The feelings that are validated or invalidated. What helps and what limits? What aspects of your culture are healing? and which ones do NOT help to heal?























The young people mapped a territory that is known but not explored. Each one chose a brand, shape and colour of their choice to represent an emotion. The concepts and use of colour had no Eastern-Western influences, (hope green, tranquility blue, black mystery, etc.) The use of colour in Africa still has some degree of freedom. It was a very effective exercise to know themselves.



Looking for safe places inside ourselves.

Choose an animal with which you feel identified. Draw a picture. Share why you chose that animal and who you think is your predator.

With this exercise we explore our instinctive action plans. Through our choice (chosen animal) we will explore the capabilities of each one. Our internal resources to deal with challenges. We investigate how these attitudes and psychological experiences arise, the instinctive reactions. We talked about how our nervous system provides innate action plans whenever it perceives a threat, gets sick, solves problems. etc



Chikonde identified herself with a giraffe. Because it is tranquil and because it has spots on its skin.

Chikonde has a condition which changes her pigmentation due to either HIV or the antiretrovirals.

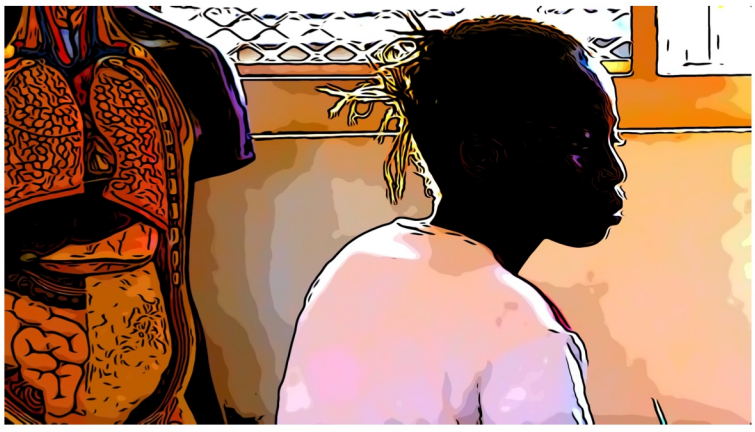
She chose a lion as her predator.

Rachel's drawing.

Rachel is 21 years old and is an excellent soccer player. She drew herself as a chicken. It's predator: a lion. When we asked her why she had chosen to be a chicken, she answered: "because they have a safe house and food".



Rachel





But, the lion ends up eating it, we told her, wouldn't you like to be a wild animal? No, she said, that is the destiny of a domesticated animal, to serve the master, the man.
Rachel had just left a loving relationship with a young HIV negative boy. After a few years of coexistence, the relationship was terminated by her partner. The young man, acting under the pressure of his family, left Rachel on the street.



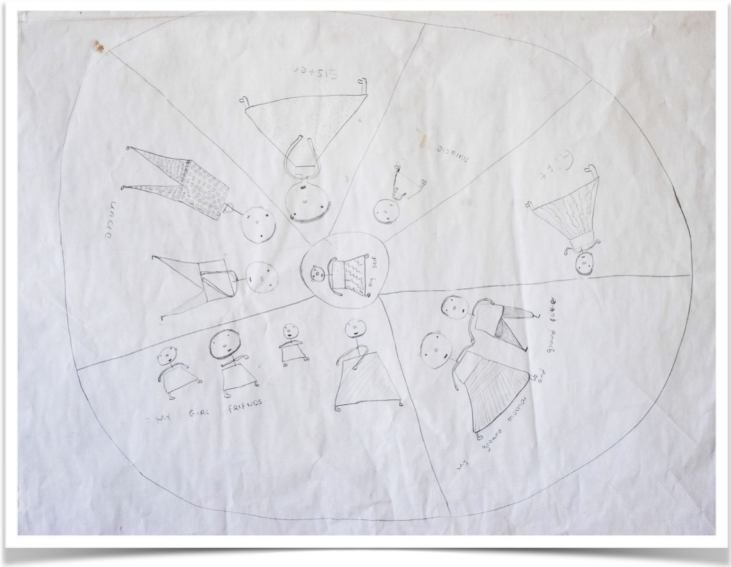
Today Rachel lives in a relative's house. Their situation in the home is uncertain. In her family tree she showed a circle of cruel, selfish and alcoholic male family members. She characterised women as hardworking, loving and helpful.

Your Positive Status

Draw in a mandala all those people who know about your positive status.

With this exercise we get to explore what is often known as Disclosure.

There are two separate, but related topics. The first is how young people discover that they are HIV positive, who told them and how. The way in which this information is revealed has a great impact on how they come to perceive themselves. Children who are deceived or who discover their status by chance, may go through a crisis that undermines their trust in parents or guardians.





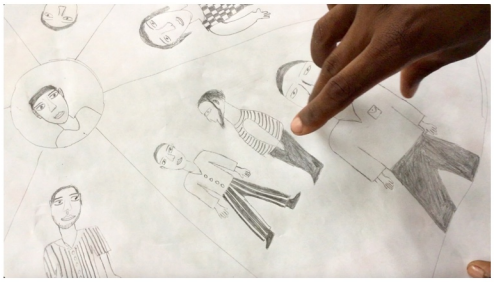
Ideally, disclosure should be a process, where the key idea is to gradually build up an understanding of what HIV is, the effectiveness of treatment and so what it means to be HIV positive. Putting the name “HIV” comes at the end. But all too often, the revelation is treated as a single event. There is little follow-up to try to verify what the young person had understood by being told that they are HIV positive.

The second aspect of disclosure is who knows. In other words, to whom in the circle of family or friends circle has the young person felt comfortable revealing their status. Some have very negative experiences, where relatives or friends reveal their status without their consent. Some have

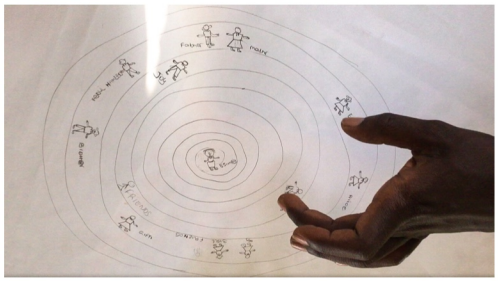
told a lot of people and they are quite open. Others have kept it a secret. Almost always discovering that they have HIV creates a sense of separation from HIV negative friends and peers from their own age group. This is often the result of prevention campaigns. HIV negative and HIV positive children receive completely different information and, therefore, have very different perceptions of HIV.

Negative children are warned about the infection in campaigns that use fear to try to change behaviour. HIV is dangerous, it kills, you get it from being promiscuous, those infected are in danger of falling sick, etc. When children test positive, only then (if they have good counselling) do they discover that the treatment keeps them healthy with a normal life expectancy, that they can have a family and should never get sick if they have good adherence. Rarely are they told that successful treatment greatly reduces infectivity. Despite the great potential to reduce stigma, this is kept away from young people for fear that it will motivate them to promiscuity.

So, disclosure is a hugely complicated area, whose meaning varies from person to person, and where self-knowledge for people living with HIV is key.



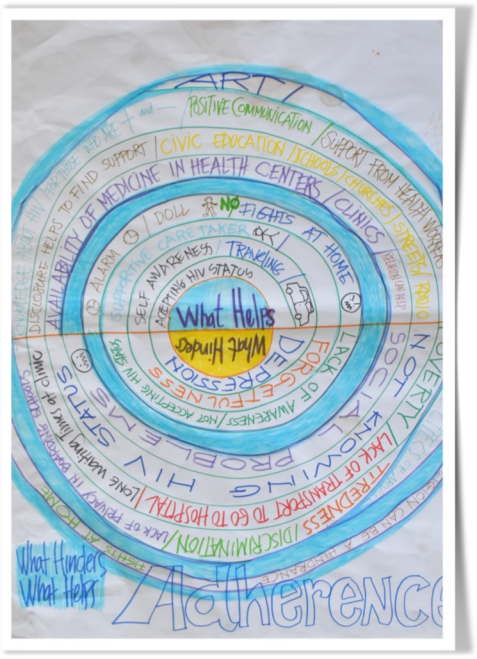




Adherence

What prevents it and what helps it.

Social science research suggests that young people often do not share with doctors the problems they face with adherence. Very often, during counselling sessions with the



doctor or nurse, great emphasis is placed on stressing the importance of adherence to their health. This actually makes it harder for young people to admit that they have not been taking their pills completely as they should. In reality, there are many reasons why people do not take medicines, all of them real and legitimate for that individual, so a more useful approach could be to open space for young people to express the problems they face as a first step to help them find solutions. That was the intention of this exercise.

We worked in groups. Sitting on cushions on the floor. We made a circle. Nadine gave a brief introduction to the topic of adherence. Then we opened the space for the young people. I took note of the opinions of the participants and wrote them in the form of a mandala.



True or false?

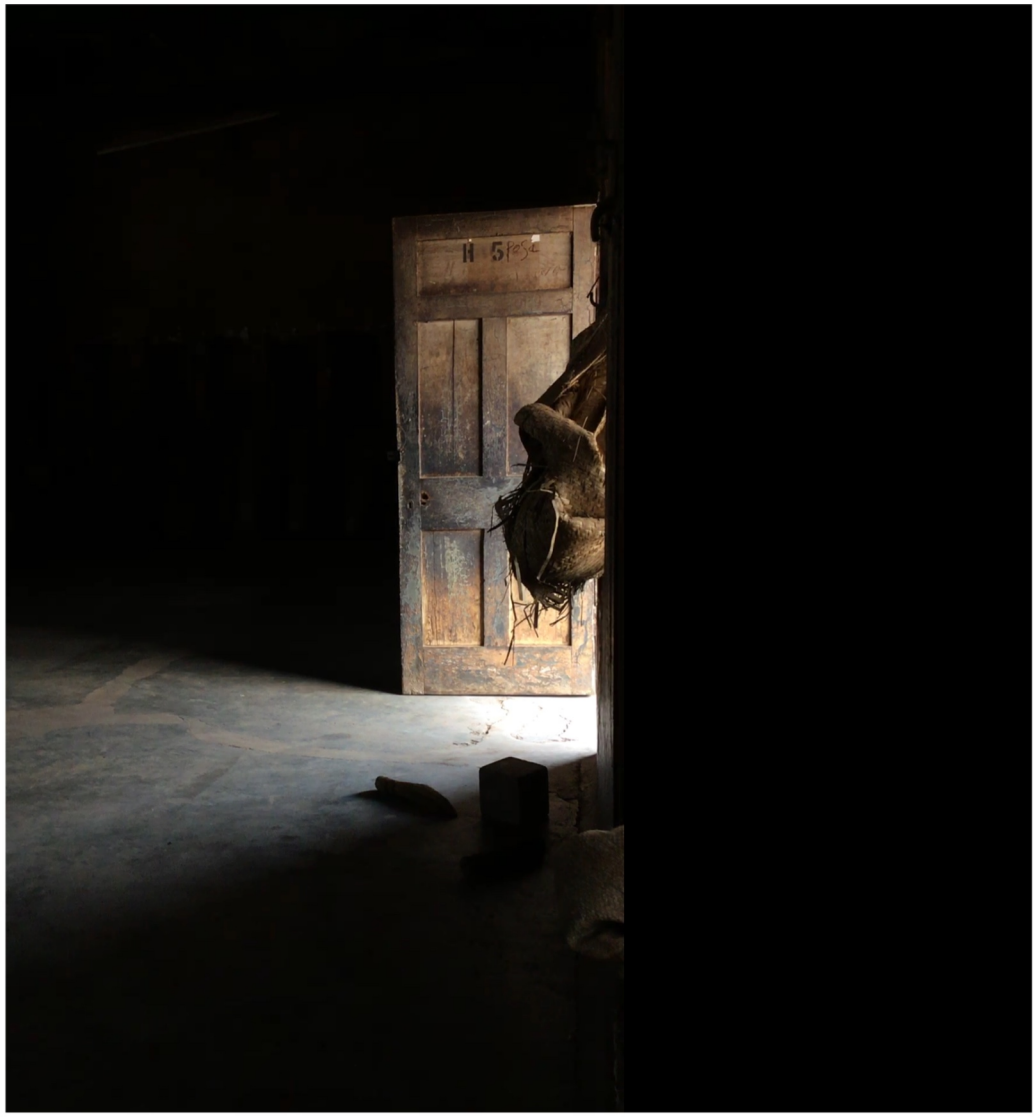


A Game

We write a list of true and false information about HIV. With this game, we had the opportunity to touch on health issues, a list of Malawi's most disparate taboos on sexuality and HIV, adherence, etc.

The game area is divided in two by a board, and True and False written on the floor on either side. A person acts as a reader. The young people when listening to the reader, jump to one side or the other of the board on the floor, depending on their opinion. Everyone wins, nobody loses.







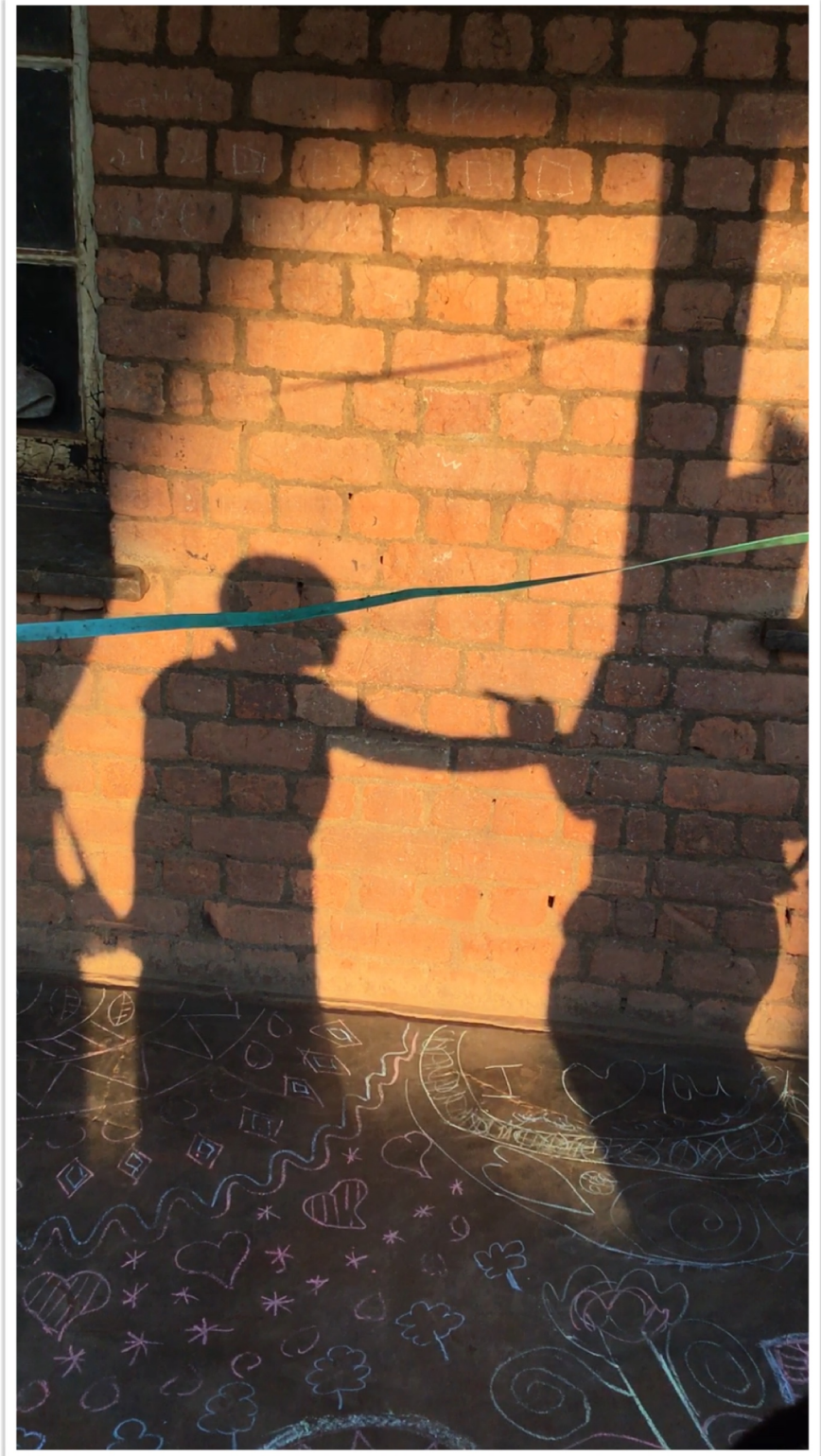
Zikomo- Give

We can all give. Not necessarily something material. We can give a little of the joy we feel and share it with a drawing or some letters. On a piece of paper, on the floor, a message of affection with your face or body. We can give tranquility, understanding, neutrality.

Nadine took us to the dormitories for the relatives of the patients of the Zomba Hospital. A dilapidated room, where people lie on sleeping mats during the night. They stay there, to take care of their patients during the day. They cook, they wash their clothes, they are nurses without salary. They themselves, tremendous Givers.

In the small corridor we leave drawings made with colored plaster and good omens. The young people ended up with incredible energy and enthusiasm at the end of their act of love drawn.

“Zikomo” means “Thank you” in Chichewa.



Chiso y Chikonde



After drawing in the corridor

Mourning



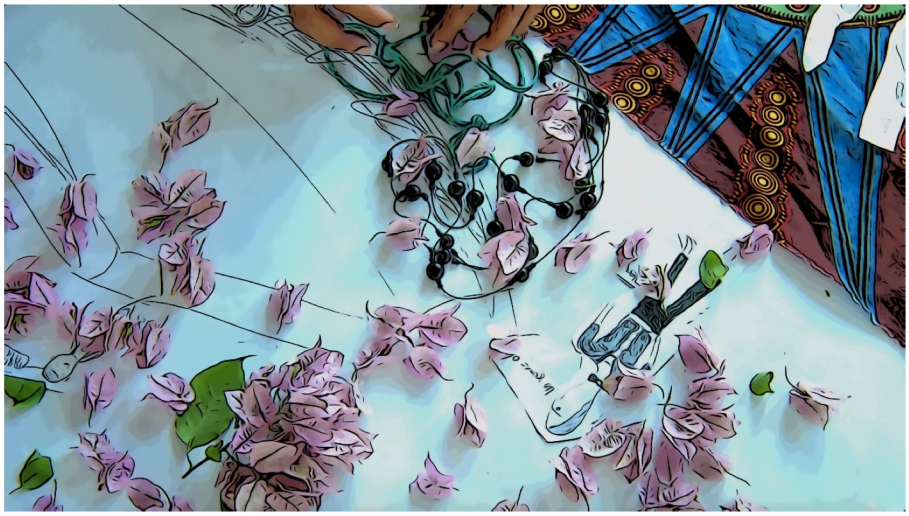
We made a little ritual. Remembering family that are no longer with us.





The kids cut out pictures of family members who are no longer alive, and placed them on a Chitenje - the traditional Malawian dress-

We placed flowers around the drawings.



Mindfulness





Full Attention

Paying Attention

We went for a walk to the Botanical Garden. We walked, had lunch, played drums and played the game of "felt sense" an introduction to Mindfulness.

The game consists in recognising objects, aromas, textures, flavours. sounds and shapes while blindfolded. Let the body speak its mind.

This was an introduction to Mindfulness.

The young people enjoyed the time in the gardens very much.

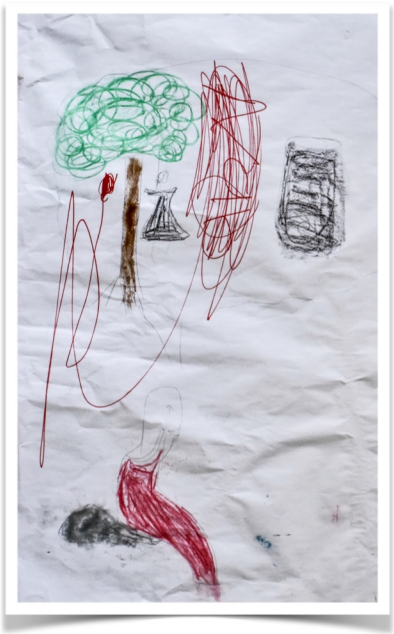


Suicide

Near the end of the workshop, we were joined by two "Teen Experts". They are HIV positive and work in the hospital as educators, counselling other adolescent patients, who are also positive.

Memory and Melina are two young students who, in addition to working together, have a common history. They tried to commit suicide when they found out the result of their HIV test.

We organised sessions on a personalised schedule. Due to the time limit we concentrated on three exercises. They made their self-portrait, the calendar of events in their lives and the Diary of emotions.



Memory explored her suicide attempt. She produced a piece in which she is seen crying at the foot of a tree, then hanging from one of the branches. She wrote and then energetically stained the word "PAIN" or Hurt. She spoke for a long time, sharing what she felt.

In her self-portrait she drew herself as a Lion. Her boyfriend fleeing her for fear of death. He ended the relationship and he then married someone else. She explained to me that "she stopped being Memory" and "became the Virus".

Memory went through a period of promiscuity and wished to punish other men, wanting to infect them. Her physical attractiveness and her intelligence placed her in a position of sexual advantage over any man. She referred to this as “creating her own church”. She saw herself with the power



to give or take life away. When I met her she was processing everything that happened. And she felt guilty for her behaviour.

Unhappily, due to the shortage of time we stopped seeing each other.



Both young people agreed that the abrupt way they knew about their HIV positive status was decisive in their suicidal feelings. During their childhood they had created a very negative image of HIV, from everything they had heard around them at home and at school. Their close relatives had lied to them about their status. By the time they received a response of their diagnosis, all this misinformation caused them chaos.



At the end of the workshop, Nadine continued in contact with Memory and Melina. They still work in the Hospital as advisors for Positive Young People.



Depression





One morning Nadine received a couple of her patients. Dorothy and her daughter Florence. Both HIV positive. For three years Dorothy has struggled with severe depression. Her life situation is extremely unstable. She lives in poverty, she has separated from her husband and, because of the depression she often stops administering ARVs to Florence. She also stops taking them herself. Hospital visits have usually been frequent, always coming out of one crisis and then entering another.

They are stable now. Even though Florence lives between her mother's house and her father's. She has managed to gain weight and has not fallen ill.

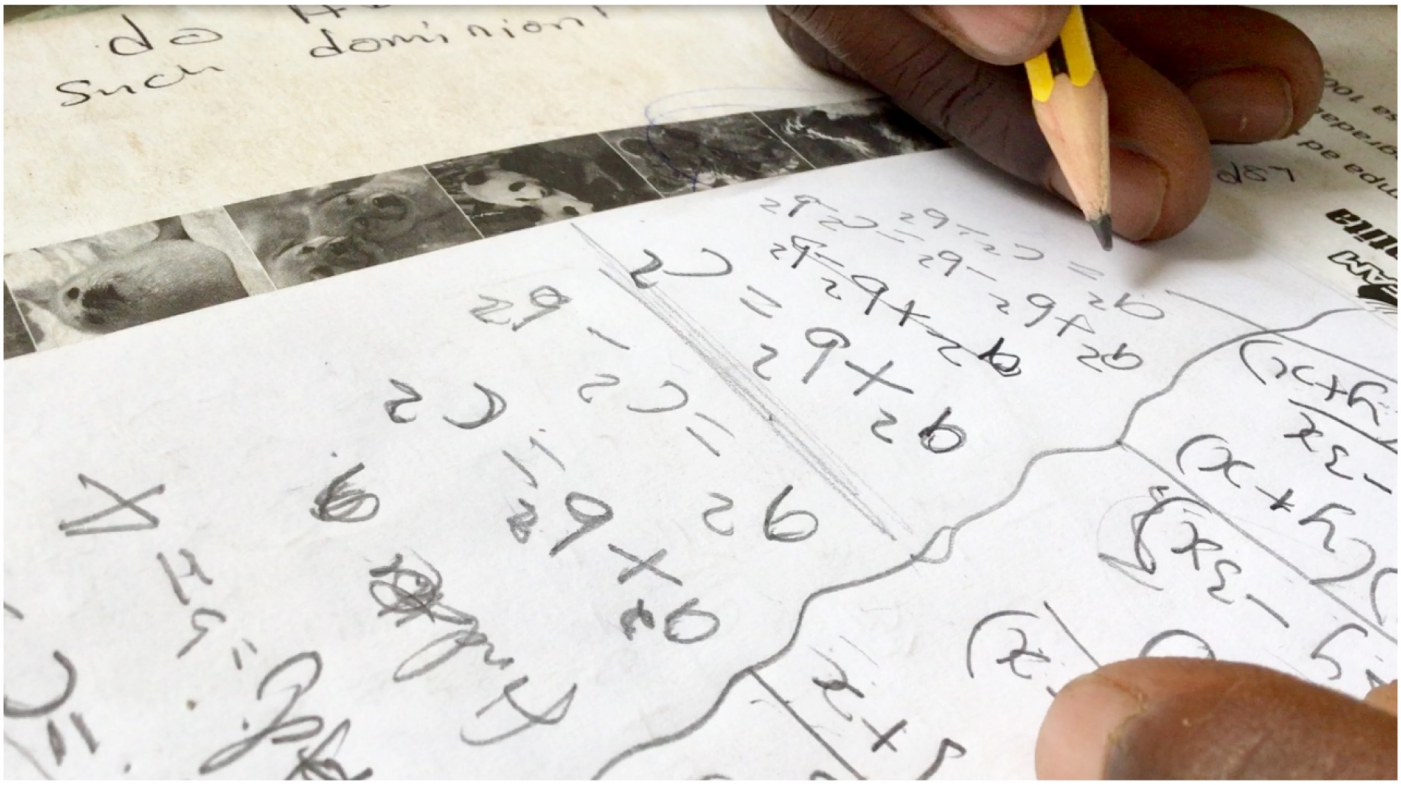
The biggest problem is Florence's health. Both parents are unstable, in conflict with each other and cannot agree on Florence's care. Florence's father is negative. He separated from Dorothy and has another partner. For Florence's father to administer the ARVs is a difficult task. He has to do it in secret, away from the eyes of his new wife, neighbours and the rest of the relatives in the house.

Discrimination, taboo and lack of information are reasons that often influence non-adherence to medicines.

That morning Dorothy chatted with Nadine about her progress and Florence's. Both rested and ate. Then we painted and played.







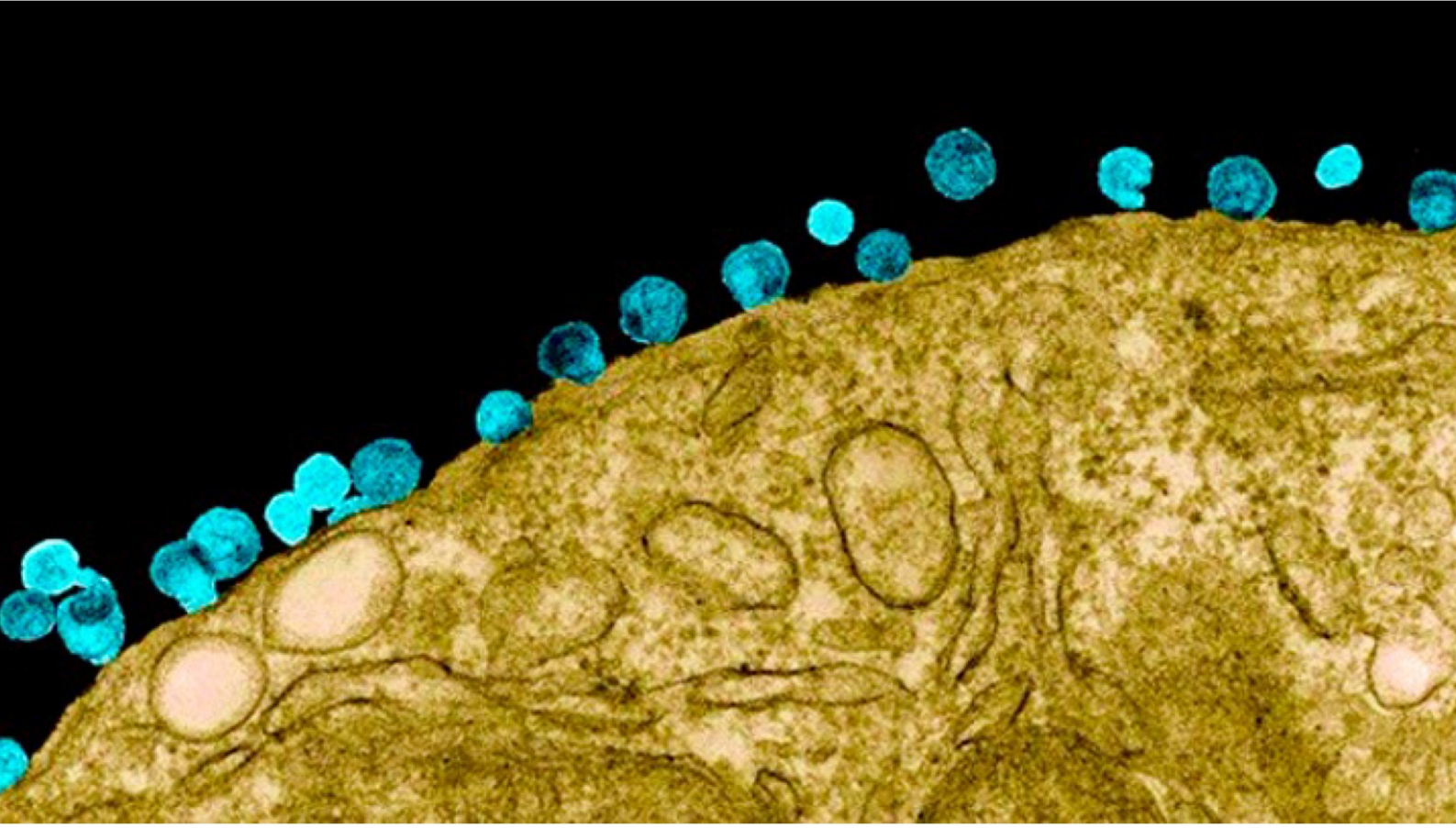
Maths

Chiso and James became good friends. They met at five each morning to review maths for Chiso's upcoming exams. James patiently taught him the formula of the Pythagorus Theorem. I would bring them breakfast.

Chiso lives with his grandmother in the countryside. His parents died when he was a child. He was the only one in his group who included in his calendar the day he received the news of being HIV positive. He wants to learn to paint murals. He has adherence problems. ARVs have produced side effects in his body - gynecomastia or enlarging of the breasts.





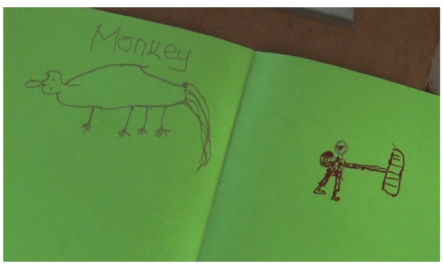


This is the HIV virus.

Every fifteen days in the Hospital the Teen's Club for HIV-positive adolescents meets. Nadine took me one Saturday. Young people congregate to receive counselling and medicines. They share friendship, games and dance. The session ends with a lunch.



That day we worked with a group of thirty young people. We asked them to draw the HIV Virus - just as they imagined it.



The result was interesting. Most imagined the virus as small frightening monsters. In their mind's HIV took the form of the bugs they feared the most, in particular centipedes or snakes. Some drew monkeys, insects and small characters of their creation.

At the end of each drawing we showed them a photograph of the Virus, taken with a powerful microscope. And we asked them what they thought. Everyone responded that they had never seen or imagined it as in the magnified







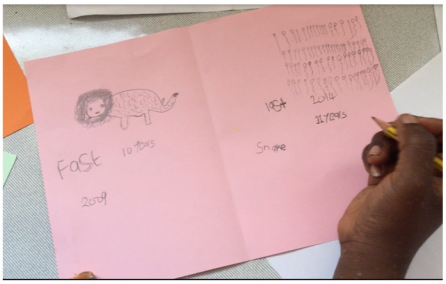




photo. In the health center they had seen educational pamphlets about HIV with other images. Cartoons of little monsters, whose characteristics were vaguely kept. In their drawing, everyone made an attempt to remember how "the animal" looked.

The word microorganism is not translatable in Chichewa. Health educators use the word Kachirombo or little animal, bug, to describe the Virus. This word, along with the education brochures leave in the minds of young people an enormous space to supply their animal with the most frightening characteristics that their imagination can provide for them.

Church was another influence in how people saw the virus, helping to explain why young people so often drew a snake - the devil from the Adam and Eve story.. The whole “ABC” message has become interlinked with morality, with a strong inference that those infected did not abstain, where not faithful or did not use a condom. Young people talked of a strong perception among their peers that you had to do something wrong to become infected with HIV.

At the end of the exercise they almost all told us they were relieved, saying that seen real images of the virus was one of the most important things they had learned. It was much less frightening than the monsters they imagined taking over their body.

To Patience the Virus was beautiful. It looked like a flower.



Music

There is a song still sung in Malawian primary schools, supposedly to create HIV awareness. Everyone knows it and sings it. It says:

"Aids is a killer, Aids is a killer. Aids is a killer. And that is why people die."

They young people worked on new words, modifying it to: "Aids, Aids, Aids is not a killer, Aids, Aids, Aids is not a killer, and that is why people live. And why? Tell me why? Because of ARVs, Because of ARVs." We sang it to the rhythm of rap.

Theatre



Mesi, together with other youth of the Teen Club put on a small play. They called it How you want to be treated in the Hospital. It was fun and informative.



Celebrating Life

Trip to Lake Malawi

It was a wonderful trip. We closed the workshop in nature.























Nadine was a tremendous team-mate. Her knowledge and work in Africa as a nurse and teacher gave the workshop incomparable support.



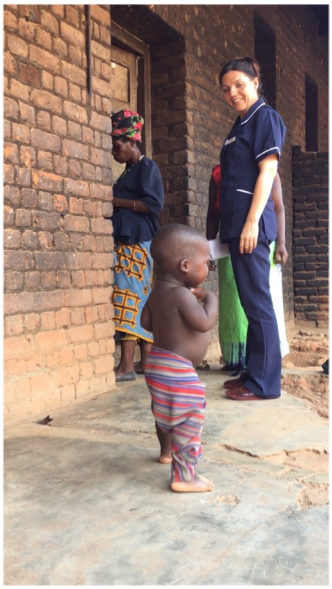








We worked in each phase of the Workshop together. Analysing and evaluating every day which areas needed more attention, information, etc. When this happened, we adapted the games and activities to be developed. She took care to keep a record of all information, systematically, taking notes and data in tables for each of the young people.







Nadine still lives in Malawi. She works today on a National Training Program for Nurses and Midwives.



Meditation: with pencil and brush

Anyone - without exception - can make art. In the workshop we proposed to young people to temporarily put aside external aesthetic parameters; the concepts "pretty", "well done", "ordered", or "symmetrical".

The daily practice of drawing and painting, meant a commitment to personal research, an attempt to know and authentically reflect.

The young people could observe that when we draw, we experience varied feelings of well-being. When we create we work for ourselves, we awaken sensations that are often asleep or unknown to us. By creating we activate internal processes of self-care, acceptance and self-knowledge. We give ourselves the opportunity to instinctively create an inner organisation to order emotions, first recognising them and naming them, then giving them a shape, colour or image. This process is a sublime journey from the human interior to the outside world.

When creating a drawing or painting we meditate with the brushes, the pencil and the paper. For some it is much easier to give non-verbal expression to our emotions, transforming them into images in a creative way, than to talk about them. Art is a very accessible way to cultivate wellbeing. It always happens on the present. For the young people struggling with HIV, it provided the space to explore the reasons why they find taking medicines difficult. And once a state of quietness and well being is experienced, Art can become a refuge that can be returned to, again and again.

