Room for Health: Addiction and the Politics of Intimacy

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This Major Project, entitled "Room for Health: Addiction and the Politics of Intimacy", is an exploration of the ways in which psycho-social art processes can politicize notions of health and well-being by collectivizing affective experiences, and by situating those experiences within socio-relational contexts. This research combines psycho-social and critical disability theoretical frameworks with the fields of trauma studies, disability arts, affect theory, and critical pedagogy. These areas of study are combined to explore how arts-based practices of assemblage, archives, and scenario-making can politicize notions of health and well-being. Expanding its potential implications, this research clarifies psycho-social methodologies for countering dominant neoliberal norms that individualize and isolate people, and that can be seen as causing the pervasive issues of addiction we face in modern society.

This project fulfills the requirements set forth in my Plan of Study, which proposes a study of notions of "intervention" from a socio-relational framework of addiction. This project addresses how notions of intervention might be formulated as a result of findings from two pilot workshops. In the research findings, I also explore my personal capacity as an artist and facilitator of psycho-social art processes.

ACKNOWLEDGEMENTS

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PREFACE

> *Choosing love we also choose to live in community, and that means that we do not have to change by ourselves. We can count on critical affirmation and dialogue with comrades walking a similar path...Working within community, whether it be sharing a project with another person, or with a larger group, we are able to experience joy in struggle. That joy needs to be documented. For if we only focus on the pain, the difficulties which are surely real in any process of transformation, we only show a partial picture.[1]*
>
> *-bell hooks*

The Edge of Beginning

I am buttressed by longstanding ruts that taper off through friend circles and family lines. There is a haze that appears at intervals, heavy yet untouchable, at the periphery of everyday life. It is something that feels too banal and worn-through to mention; unrelenting yet hard to assign any specific location. At one moment it is reduced into a thin line on my brow, and at others it is a tidal wave of crisis that carries with it hospital beds, heated conversations, and funeral flowers. Taking pause, I turn the word 'addiction' around like a coin in my palm. To name something that is amorphous and yet piercingly immediate is to make it tangible for a moment. Yet still, it continuously drifts out from the corners, it skirts forms and models, it is unwieldy in its scope. It is at once hyper-bodily and also distributed like ghosts amongst landscapes and memories. It takes no specific aim, but it arrives with pointed edges.

Something that morphs into so many forms seems extraordinarily powerful. Yet to know it only in its destructive capacities may be to not know it at all. I question not just where addiction comes from, but where it takes us. I ponder how anything with this much capacity to affect bodies, relationships, lineages, and cultures, can't also have the potential to teach us how to live with a resiliency that is dynamic and persistent. It is towards these potentials – yet undefined and unnamed – that I turn. In all its shape shifting, I find an angle and ride its edge. I start with what feels immediate – the impulse to survive – and then dare to insist upon the fullest potentials for myself and those I love. Turning inwards and outwards at the same time, this is an exploration of the footholds of creative life.

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[1] hooks, bell. *Outlaw Culture: Resisting Representation*. 2nd ed. New York, NY: Routledge, 1994, 296.

INTRODUCTION

The Art of Intimacy

Intimacy is the link which seals the beginning and end points of my work, which started amidst the vulnerability and risk of relying on the conviction that relationships can save lives. I am motivated to undertake this work through family crises, the death of friends, and my own personal struggles. But my contact with addiction also includes my work in prisons, homeless shelters, and neighborhoods, in which I have worked as an artist and educator for over 10 years. In witnessing the way in which structural issues of social marginalization are internalized within deeply personal experiences of addiction, I turned to the question of how it is possible to connect these intricate threads. It is through layers of thought, interaction and experience that we formulate our understandings of the most important aspects of our lives. As I deepen my practice as an educator, I continue to turn over the ground of my own experiences and triggers in relationship with others.

Indeed, I consider my relationships as the source of true knowledge that informs my exploration of the meaning of health and well-being, which has found form in the *Room for Health* project. As such, I turn my focus towards relational ways of learning, in order to counter forms of social isolation and fragmentation that can be understood as the cause and result of cycles of addiction. The *Room for Health* project is formulated upon a psycho-social art methodology that that blurs distinctions between individual and social, inner and outer, and private and public. And as can be seen from the practice so far, this work revolves around the intersections of personal and collective life, involving aspects of experience that are not usually tangible or obvious. As people traverse landscapes that are littered with signs of trauma and fragmentation, the power of a psycho-social art practice is that it allows people to understand the power of their affective and embodied knowledge in the midst of social and cultural contexts, in ways that lend to agency and choice.

Importantly, I find that the most pressing questions around addiction are really about the conditions and potentials for people and communities to achieve well-being. It is essential to orient this discussion around life-affirming possibilities; wrestling discussions of addiction away from pathology and downfall is a matter of survival on multiple fronts. It is rather possible to look at addiction as a relational phenomenon that inherently points us towards a deep and profoundly necessary exploration of well-being in ways that merge personal and social terrains.

The purpose of this research is to explore how psycho-social art processes can politicize notions of health and well-being by collectivizing affective experiences, and by situating those experiences within socio-relational contexts.

Defining Addiction

Addiction is a pervasive aspect of modern social life that affects many people in nuanced ways. Yet this research is not focused on drug and alcohol use, nor on addiction as a disease. Instead, I am approaching addiction as a *social and relational phenomenon*; a set of overlapping relationships that can be understood as "sites" of knowledge. These sites merge somatic, psychological and emotive experience with social, cultural, and institutional life in deeply interconnected ways, spanning private and public environments. These environments include the organizations and connected public cultures in which I am carrying out my project, but also expand in diffused ways to encompass larger realms of social and political life. In making this choice, I am certainly not relegating addiction to existing only within realms of discourse, nor altogether denying the relevance of neuro-biological understandings, but choosing instead to take an approach that allows for the exploration of a range of relational intimacies and socio-political dynamics that fall outside the normative treatment focus of rehabilitation settings.

The socio-relational paradigm of addiction "moves from seeing people in terms of qualities, attributes, and potentialities, to seeing people in terms of the nature of their relationships with other people and with other objects" (Adams 2008, 27). In the relational framework, addiction isn't located in the individual but is understood instead as a social event in which people experience a wide array of relational intensities with people, processes, and objects (Adams 2008, 27). Addiction is not a disease, but a range of intricate and interconnected attachments, and reintegration/healing is a process of reformulating these connections in life-affirming ways (Adams 2008, 65). Intimacy is thus the center-point in this approach to reestablishing well-being, which can be understood in terms of physical and psychological closeness, compassion, commitment, and togetherness (Adams 2008, 74-78). Attention to restoring relationships in the midst of the disruption that has occurred in families, groups, and communities is central here.

Politics through a Psycho-Social Lens

I am mobilizing socio-relational understandings of addiction in order to explore notions of "health and well-being" in ways that destigmatize and take the onus off the individual. I approach my discussion of politicization through an engagement with notions of subjectivity. In popular discourse, addiction is a problem located in the stigmatized individual - the criminal, addict, failed parent, homeless drunk. The political potential of a psycho-social methodology is that it removes the onus off of the individual by situating personal experiences within social contexts. I explore how connections between the personal and the social can be made by orienting the process of politicization through an engagement with affective life; the movements and shifts and sensations that constitute everyday states of feeling and existing by which we experience and register a range of intricate understandings of health and wellness. Relational intimacy is thus integral to my notion of the political because it is in this realm of interaction that personal experiences can be connected to social and structural issues, in ways that can lend to collective mobilization.

Because it considers conceptualizations of relational interdependence as primary to social and political life, a psycho-social approach is useful for the *Room for Health* workshops. Wendy Hollway, who uses psycho-social theory to explore the 'capacity to care' within family and social contexts, defines a psycho-social approach: "Broadly, it says that capacities to care are psycho-social in the sense that they develop as part of self-development, which is intersubjective, and that the life histories of individuals during the course of this development are inextricably relational and also derive their meaning from their social setting (structures, cultures, practices and discourses)" (Hollway 2006, 6). Taking a psycho-social approach means that social change is not just about political economy, governance, redistribution, resources and policy and the ways in which these things reproduce social hierarchies and puts classes, genders and other social groups into conflict . Rather my concept of politics includes intimacy and the relational. It takes place through generational patterning in relation to intimacies and personal histories that may not often be seen or taken account within the public realm. Seen through a psycho-social lens, intimate relations have systemic impacts in their generational and social "ripple effect" (Hollway 2006, 2). My approach to the political therefore involves nurturing careful dance between the personal and the social, in which systemic oppression and violence to the self are held in careful tension.

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Situating Addiction within the Social Model of Disability

The social model of disability is thus relevant as a framework for my research because it recognizes cultural, political, economic and religious factors that contribute to disability as both personal and politicized (Singal 2010, 419; 421-423). Rather than focusing on the individual as the locus of the problem, the social model of disability looks at how "physical, cultural, and social environments exclude or disadvantage people labeled disabled" (Barnes 2003, 5). As a field, disability studies has been generally inadequate in its discussions of relationality due to a lack of serious critique of the connections between racialized violence and settler colonialism in the creation of disability (Kanani forthcoming, 4-6). Countering normative orientations within disability studies and the disability movement, a transnational, critical disabilities framework understands "disability as an assemblage of racialized and gendered narratives, national and postcolonial politics, and global capitalism" (Gorman 2013). Thus the field of critical disabilities studies approaches disability through an intersectional approach to the dynamics of power and oppression. Situated within this field, the social model of disability implies a social action approach to research and organizational practice, meaning that there is an emphasis on power dynamics and the exercise of power within relationships, communities and institutions, prioritizing participatory practices and the experiences and solutions offered by "service users" (Taylor 1999, 370-376). It is within this critical social model of disability framework that I orient my exploration of notions of health & well-being in connection with experiences of addiction.

When couching a socio-relational approach to addiction within a critical disability studies framework, it is necessary to recognize addiction as a symptom of traumas that have broad-ranging causes. Addiction can be attributed to number of overlapping sources of trauma, including interruptions in healthy childhood development (Mate 2009; 2014; 2015), social and economic marginalization (Orford 2013, 98-130), and multiple forms of disruption in community relationships (Alexander 2014). In the politicized disability movement, there has been a focus on the expressive and mobilizing force of subcultures to intervene in dominant norms and stereotypes, based out of the positions and authorship of people who identify as disabled (Barnes et all 1999, 203-208). Yet since personal and social trauma is immensely diffused, variously located and even unconscious, there may not be as clear a sense of identity-based orientations around addiction, nor distinct politicized intentions for collective organizing. Furthermore, there

are innumerable subcultures, programs, and groups that take up addiction in widely varying ways. Rather than mobilizing a subculture to disrupt oppressive discourses, the emphasis of a socio-relational approach to addiction could be to build connection and form relationships to counter multiple forms of social isolation and fragmentation. In the context of addiction, fragmentation can be seen as a shift from a range of life-supporting relationships towards a focus on a limited number of intensified connections to relationships with particular substances, processes, objects, and people (Adams 2008, 42). When politicizing notions of health and well-being within groups and collectives, it is important to recognize that people may experience various kinds of trauma, but may or may not identify as disabled. In this approach, an intersection of experiences is formulated in regards to multiple nuanced experiences of trauma, dislocation, and fragmentation that have a plethora of overlapping causes.

Mapping Out an Arts-Based Approach

In the first section of this research, I orient the design of the *Room for Health* methodology through a theoretical discussion which explores how affective experience can be collectivized through arts based practices. When focusing on issues of addiction, the collectivization of experience is related to the ways in which trauma gets taken up and represented in the public realm. I take up a discussion of trauma by looking first at how addiction is construed under neoliberalism, and the ways in which dominant discourses of trauma actually serve to further neoliberal and colonial violence. I then look at the ways in which the field of trauma studies takes up social and cultural dimensions of trauma through textual analysis. By exploring some of the debates from within the field of trauma studies on the limits of narrative and textual representation within testimonial practice, I look at implications for using testimony as a framework for the *Room for Health* project. I next explore how the disability arts movement takes up representation of embodied experience, and explore what it would mean to merge trauma studies and disability arts in developing an arts-based methodology for working with lived experience. I then turn to an exploration of the ways in which assemblage, archives, and scenarios are approaches to the collectivization of affect in ways that can contribute towards community-building.

In the second chapter on the *Room for Health* pilot workshops, I draw on my earlier discussion of my theoretical framework, to design and contextualize the curriculum for an exploration of health and well-being within a collective setting. I offer a synopsis of the group work, as well as some preliminary learnings about what it means to facilitate a psycho-social arts process.

The brief third and concluding section is an aesthetic analysis of the pilot workshops, focused on three significant moments that elucidate the ways in which the arts process politicized notions of health and well-being. I explore the relevance of these findings for notions of intervention as formulated within a socio-relational approach to addiction, and briefly discuss the importance of relational ethics to these notions of intervention.

1   THEORY: THE FOOTHOLDS OF CREATIVITY

Addiction and Trauma under Neoliberalism

In this section I provide context the *Room for Health* project by exploring how addiction and trauma are understood in connection with neoliberal notions of subjectivity. I look at Indigenous movement building to explore the ways in which dominant discourses of trauma actually serve to further neoliberal and colonial violence, and how First Nations peoples have countered these norms. I then look at how the socio-relational paradigm frames addiction as a social and political issue, with a focus on building community and social cohesion.

Addiction is commonly understood as a self-contained, individualized disease, in connection with neoliberal understandings of subjectivity (Room 2011; Jarvinen 2012, 252). Regarding use of alcohol, for example, notions of individual moral responsibility and addiction as a disease have developed in parallel with the lessening of market controls (Room 2011, 147). Ideologies of individualism, consumption and assimilation underlie dominant discourses of addiction (Fabre 2015, 15). Individualized subjectivity is a cornerstone of dominant understandings around the definition and treatment of addiction.

Jodi Dean argues that neoliberal ideology actively constructs subjectivity through a sense of desire for enjoyment – what she terms "juissance" – in ways that strengthen neoliberal free market systems (Dean 2008, 51-53). Old industrial capitalism was part of a disciplinary society in which notions of identity were based on a citizen-subject structured through participation in stable social institutions such as schools, unions, and neighborhoods (Dean 2008, 61). But under

neoliberalism, our sense of subjectivity is much more fluid, given the compulsion towards success and opportunity that continuously ruptures our frames of reference within free-market society (Dean 2008, 61). We are constantly shaking up our subject positions and identity formations: "Thus, rather than providing symbolically anchored identities (structured according to images of gender, etc.) neoliberalism offers subjects imaginary injunctions to develop our creative potential" (Dean 2008, 62).

Dean argues that in the context of neoliberalism, the intolerable criminal is posed as a figure who has failed to achieve the potentials of desire and enjoyment that come from participation in the market (Dean 2008, 62). The idea of the criminal is not of a subject in need of help or who has been disadvantaged in a systemic way, but a person who is rather "inherently unruly or uncorrigible" (2008, 65). Criminality defines a person as dangerous, and the criminal is the scapegoat in a free market fantasy in which there are not supposed to be any losers (2008, 65). Failure to function within the neoliberal system materially or by participating in feelings of enjoyment and success becomes a form of chosen criminality. This notion of criminality aligns with the notion of the addict who makes a free choice to engage in behaviors which are dangerous to themselves and others, and who is understood as monstrous and outside the realm of what is safe and normal – a deprived and immoral subject who lives in failure at the outskirts. Dean's notion of criminality under neoliberalism is reflected in the criminalization of addiction. Resistance to neoliberal norms has formed over the past 30 years in the harm-reduction movement, which has directly challenged neoliberal laws and criminalizing norms around drug use (Gowan et al 2012, 1252).

With a focus on the resistance of Indigenous peoples within Canada to colonial violence, Dian Million has formulated an in-depth analysis of the ways in which trauma discourse is taken up within public realms. She addresses specific ways in which Indigenous peoples, particularly women, have created community agency in regards to ongoing social and economic dislocation, while navigating state control and neoliberal discourse. Million looks at the Declaration of Indigenous Rights by the UN and related notions of humanitarianism within the transition "from a disciplinary colonialism to a normative welfare-state "caring capital" that has now dissolved into our present, a well-integrated neoliberal multicultural politics" (Million 2013, 8). Colonialism has been reconstituted within the welfare system through normative humanitarian approaches to the implementation of community-based therapy. "The term healing is often

associated in a trauma economy as the afterward, as the culmination or satisfactory resolution of illness or, for the Indigenous, a promised safety and revitalization from prior colonial violence" (Million 2013, 8). A sense of emotional and moral downfall behind community struggles and crises such as addiction creates a rationale for the prioritization of "capacity-building" and development programs (Million 2013, 19). Therapy-oriented community-building becomes a myopic form of state-based response to problems caused in the first place by capitalist-imperialist disruption of traditional societies. Emphasizing local responsibility and self-sustenance through the healing of trauma, neoliberalism is expressed as "an economy of political, socioeconomic, and affective personal management carried out in the name of human development" (Million 2013, 9). A therapeutic emphasis on the healing of trauma is the grounds on which community-building takes place under the mechanics of the neoliberal state.

Proposing an alternate future, Million links Indigenous health to economic and land-based self-governance based on Indigenism as "an alternative, active and mobile set of meanings available in the midst of present globalization, mass diasporas and multiplicity" (Million 2013, 13). Trauma theory was not the primary way that First Nations people found meaning around their experiences of the residential schools and other colonial violence, but rather the use of trauma discourse was taken up by choice and used in organizing for justice on national and international stages (Million 2013, 78). Trauma discourse was mobilized and politicized because victimhood was *collectively* claimed by First Nations peoples in relation to the colonial Canadian state, in ways that made it possible to justify their claims for autonomy, self-determination, and sovereignty (Million 2013, 81). These discourses around self-determination and victimization were contradictory, but were part of a series of *strategic choices* around the ways in which testimony could be used to gain international recognition and visibility around historical and ongoing colonial violence (Million 2013, 81).

These choices imply that trauma was not necessarily seen as a matter-of fact principle organizing the experiences of First Nations communities, but rather that trauma could be taken up first and foremost as a politicized discourse that created a range of movement around visibility and redress for social injustices. Million's study shows the need for cautionary critical analysis of how neoliberalism shows up in our everyday lives in ways that are normalized under cultural, economic, and social notions of health and well-being. Under the leadership of First Nations women, strategic choices around the representation of trauma made it possible to make

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silenced and intimate injustices visible and acted-upon within public spheres, and to redefine health in connection with autonomy for First Nations peoples.

Million's study shows how First Nations peoples reframed healing as a process of autonomy by using testimony and trauma discourse to make lived experiences of colonial violence visible within the public sphere. Her study coincides with arguments that free-market globalization and colonialism are actually contributing to and even creating a current critical phase of widespread addiction. There are assertions that addiction needs to be addressed with attention to social conditions and structural change (Alexander, 2014). Bruce Alexander has framed addiction as a result of the stresses of social environments and disruption of social and cultural life (Alexander 2010a). Johann Hari asserts that addiction requires a committed focus to reestablishing social bonds and connections (Hari 2015). The socio-relational paradigm of addiction forms a critique of neoliberal norms as at the root of the disruption of social connectedness: "Materialism is really a system of belief or behavior which considers material things, particularly the control and possession of material things, as more important than human values such as connection, love, or spiritual values such as recognizing the unity between everything" (Mate 2015b). In the socio-relational approach, addiction is not located in the individual but instead characterizes a whole *system of relationships* that affects a number of people in dynamic and changing ways, primarily through a loss of connectedness (Adams 2008, 42). Framing addiction within a socio-relational paradigm can allow us to explore notions of health and well-being in ways that can offer insight into how communities might disrupt neoliberal understandings of subjectivity, and envision and enact new ways of life.

Bruce Alexander, a long-time psychologist based out of Vancouver, asserts that there is a social project to be looked at when understanding addiction and its histories, and that to address addiction at its roots requires political responses (Alexander 2010, 4). Alexander works with a definition of addiction in which there is "overwhelming involvement with any pursuit that is harmful to the person or to society" disbursed across many different behaviors and can range from mild to severe effects (Alexander 2010, 34-36). The causes of this wide range of addiction come from the disruption of psycho-social integration caused by free-market society (Alexander 2010, 60-64).

"In free-market society, addiction is best understood as a *political* problem rather than a criminal or medical one. If the political process doesn't find new wellsprings of social meaning and membership to replace those that have been paved over by globalizing free-market society, ever more people would become addicted, ever more severely with terrible consequences for society" (Alexander 2010, 69).

Addictions are attempts to restore a sense of connection in ways that only serve to further dislocate people through impacts on health, relationships, stigmatization, and further kinds of alienation (Alexander 2010, 63). The exacerbation of psycho-social dislocation occurs in the form of multiple addictions, on a mass scale.

While the socio-relational framework to addiction usefully looks at addiction on the socio-political sphere, the body of literature doesn't give as much attention to what it means to address social fragmentation on the local and personal levels in which addiction is most directly experienced. For example, Bruce Alexander situates addictive behavior in historical and political contexts in ways that remove it from the biomedical view. However, in his analysis, he doesn't get specific about how dislocation leads to very personal, psychological, or relational struggles. He includes a large range of historical time periods and locations under "free-market" without distinguishing the particulars of how the neoliberal economic system makes impacts on the local and personal environments in which addiction is experienced. Alexander proposes that action be taken in regards to social dislocation in topical ways, focusing for example mass media, restoring land claims for indigenous and urban communities, reviving community arts, and rewriting drug laws (Alexander 2010, 364 – 383). He also states that, "The best way out of addiction is overcoming dislocation by finding a secure place in a real community" (Alexander 2010, 340). But in what ways do people achieve the kinds of everyday social cohesion that can counter the many forms of dislocation that underlie addictions on personal and social levels? Furthermore, what does it mean to take up individual experiences in practice, while not necessarily relying on therapeutic/rehabilitative frameworks that locate the problem in the individual?

The socio-relational approach to addiction requires the formulation and analysis of particular methods for generating social cohesion on the local level. The *Room for Health* project is thus consciously situated within group and community settings. However, given this emphasis on local practice, the project will also inevitably be situated within organizational

contexts that are often burdened by funding needs that place them in dependent positions to foundations and governmental ministries. The project is likely to fray against dominant priorities and understandings of public health that are focused on individual and family intervention. The neoliberal context is likely very prevalent and felt in these settings. When formulating particular arts-based methods for working with the socio-relational framework of addiction on a local level, it is also important to look at how trauma might be taken up in the public realm, in ways that move beyond individualizing treatment and generate options for autonomy or political inclusion. It is with these priorities in mind that I now turn to an exploration of the social and cultural dimensions of trauma.

Trauma in Private, Trauma in Public

Though *Room for Health* is focused on an exploration of health and well-being, rather than on delving directly into experiences of trauma, a discussion of trauma is relevant to the project. There are inherent vulnerabilities in exploring issues of health and well-being, because as Brene Brown, a social researcher on vulnerability, claims, "When you ask people about belonging, they'll tell you their most excruciating experiences of being excluded" (Brown n.d.). Questions about health and well-being are also implicitly about challenges and barriers to the same, and require that we grapple with personal ruptures as well as ongoing social struggles. In this section, I explore how trauma has been taken up within psychotherapeutic practice, as well as public domains, through practices of testimony.

Trauma can be understood in regards to the symptoms that serve as defenses against the impacts of an overwhelming event that is beyond the individual's control and that requires an evolving process of reconstitution (Herman 1997, 1; Felman 2002, 79; Saltzman and Rosenberg 2006, xi). In some forms of psychoanalytic practice, the process of healing from trauma relies on the narrative reconstruction of a story of the event (Felman and Laub 1991, 3; Heddon 2007, 56). Narrative testimony has been used as main method of psychotherapy; stories told in order to regain a sense of self amidst the absence and incoherence of trauma. Testimony works with and draws together kinds of experiential and historical excess that haven't yet been acknowledged or incorporated into conscious understandings of reality (Felman and Laub 1991, 5). "As a relation to events, testimony seems to be composed of bits and pieces of a memory that has been overwhelmed by occurrences that have not settled into understanding or remembrance, acts that

cannot be constructed as knowledge nor assimilated into full cognition, events in excess of our frames of reference" (Felman and Laub 1991, 5).

In extension, testimony as a form of advocacy has become the recognized means by which social movements aim to bring about support for their demands for social justice. As Felman and Laub remark (1991, 6), testimony is the predominant form of knowledge generation around "crises of truth" particular to notions trauma in the contemporary era. It is a way in which social violence is taken up within public and legal realms between governmental bodies and local communities, and as exemplified by the Truth and Reconciliation Commission, as well as in courts of international war crime (Herman 1997, 3; Million 2013, 9-12; Heddon 2007, 53).

In her seminal book "Trauma and Recovery", Judith Herman outlines the healing process for trauma as it is understood within psychological practice, with the arc of her analysis built on testimonies of trauma survivors. The ability to heal requires that there be an external witness to acknowledge the truth and reality of trauma as something that isn't metaphorical, but that requires a direct retelling and piecing together of reality. Herman also speaks about this healing process in regards to the need to restore connections between private and public worlds, and situates trauma within historical and political contexts. For example, she bases her analysis within historical trajectories of anti-war and feminist movements of the 20th century, in which PTSD and domestic violence were first conceptualized and publically addressed as wide-scale social issues (Herman 1997, 2-3). Denial, depression, and dissociation happen on social as well as personal levels, and traumatization has required political movements in order to not be cut off and relegated to an unseen part of the past (Herman 1997, 2). Herman's analysis includes individual and socio-political realms in which healing processes must be active -- family, friends, and lovers in the individual realm, and political movements within public realms (Herman 1997, 9). Given Herman's recognition that healing must also happen within the public domain, it is helpful to further explore how trauma is understood and represented within social and cultural contexts.

Trauma Studies: The Social Dimensions of Testimony

If trauma is as much part of the public domain as the private, then it is useful to look at how socio-cultural aspects of trauma can be represented. This discussion is relevant to the *Room for Health* project because in a socio-relational approach, addiction involves personal as well as

social dimensions of trauma. Testimony is central to the ways in which trauma is relayed, but there are debates around the degree to which trauma can be represented. It is especially necessary to explore these questions around representation in regards to how trauma might appear within an arts-based practice that involves personal and social dimensions of experience.

Based in the humanities, trauma studies is invested in socio-historical analysis around the effect of trauma on societies, culture, and politics (Berger 2004, 564-565). Trauma studies is a useful framework for socio-relational understandings of addiction, because it is focused on a study of the social and political symptoms of shattering traumatic experiences and notions of healing on a social level (Berger 2004, 564). A central question in the field of trauma studies is around the degree to which signification of experience is possible through practices of representation. It has been argued that traumatic experience cannot be reproduced, and requires literary forms that can allow for simultaneous knowing and not knowing (Caruth, as cited in Collins 2011, 6). It has also been argued that trauma is partly representable but that it involves a transference, or redirection of experiences from the past, onto the present (LaCapra, as cited in Collins 2011, 6; LaCapra as cited in Friedlander 1992, 44-45). Representation of trauma can be understood as a way of remembering or recalling a traumatic event – the representation continues to turn us back as a way of accessing or reliving or incorporating or understanding it – an assimilation of the event (Wallace 2006, 3). At the same time, it also may be the case that trauma supersedes any attempt at representation, in that representation reveals the unavailability and inability for the event to be taken up in any kind of material and signified way (Wallace 2006, 3). In connecting the past to the present, there is a sense of the impossibility of the totality of the original event to be carried forth: "Trauma signifies the collapse of signification. There is a breaking point after which new ways of representing experience must be generated. Trauma studies focuses on how these post-traumatic discourses come into being as "symptoms, ruins, ideological constructs and fantasies – all of which are indirect, symbolic, metaphoric figures for what occurred during the missing, obliterated time of trauma" (Berger 2004, 566). Representation of trauma experience thus may have a simultaneous presence and absence, as well as visibility and invisibility. In this regard, trauma studies is concerned with the way in which mediums and objects become signifiers and referents that exist materially, but are more than what they are (Berger 2004, 566).

At the same time that testimony is highly specific to particular referents and experiences, it is also always received through broader frameworks – historical, psychological, pedagogical – that fix testimony along trajectories of thought and meaning (Blocker2009, xix). Testimony is mediated in relation to the grounds of accepted or preconceived knowledge and discourse, as well as pre-established ways of knowing. These frameworks are important to explore and critique, because the modes for representing traumatic experience in large part determine its meanings – both in regards to the narrative turn of psychoanalysis, as well as visual or intertextual mediums. Dynamics of witness and testimony are an ongoing negotiation of what can be represented and thus known, in relation to what has already been deemed real. It is thus necessary to critique and give attention to the mediums of testimony, as well as the broader contexts and disciplines in which testimony is relayed, in the quest to make meaning out of what seems unintelligible. For example, there has been discussion and critique around representation in regards to nonlinguistic/non-narrative testimony, in the fields of journalism, art history, and art critique (Blocker 2009, xx; Berger 2004, 568 & 577). Photography and archives of Holocaust experiences have been met with challenges around the recreation of the objectifying and dehumanizing impulses and impacts of violence in the organizing principles of the art itself (Van Alphen 2006, 223).

In an example of how trauma studies pays attention to historical and social dynamics through the analysis of a medium, Shoshana Felman explores testimony through a series of literary encounters. In an analysis of 19th century Stephane Mallarme's poetry, she shows how testimony in the written form is not just the recounting of a history or of a trauma, but marks an irreversible political and historical change that reveals the necessity of new forms of life (Felman and Laub 1991, 18-20). Felman explores how the advent of free verse in Mallarme's work was a form of "linguistic rupture" and the "explosion of its medium" (Felman and Laub 1991, 18-20). "[T]he breaking of the verse becomes itself a symptom and an emblem of the historical breaking of political and cultural grounds, and the freeing, or the liberation of the verse – through its decanonization – implicates the process of a vaster desacralization, of a vaster liberation taking place in social consciousness and in culture at large" (Felman and Laub 1991, 20). Thus testimony to cultural, historical, and political change can take place through a break of expression and a new use of a textual format– something Felman terms "the accident in free verse" (Felman and Laub 1991, 20). However, as the poet, Mallarme was working with a sort of

insight that wasn't totally conscious or planned (Felman and Laub 1991, 21). There is something unexpected and fragmented and broken-apart about the shift in the use of a text or medium that isn't totally understood in the moment it happens, and which is a form of testimony to socio-political changes taking place in wider spheres (Felman and Laub 1991, 23). Because testimony in literature draws forth historical references, it isn't purely clinical but also political (Felman and Laub 1991, 10-11). There are cultural and historical referents in testimony, as well as signals of political and social oppressions (Felman and Laub 1991, 12). The unveiling of historical and political realities that occur in textual forms makes testimony at once both therapeutic and educational process, especially when distributed to wider witness/audiences.

Testimony as Socially Engaged Art Practice

After taking space to think through some of the debates in trauma studies around the representation of trauma experience, it is now possible to also think through the implications of these debates to the development of an arts-based practice. While the art practice in *Room for Health* involves multiple forms of mediums, it is also premised on the collectivization and politicization of personal experience. Thus in development of an arts methodology, it is important to think through how testimony functions through various textual forms, as well as how it takes up the social and political dimensions of lived experience.

A close reading of texts within trauma studies, with an eye towards moments of rupture, transformation, and change, is central to the exploration of historical transmission of experience into the present moment (Berger 2004, 565). Trauma studies focuses on the reading of texts and discourses in regards to signs and symptoms of social trauma (Berger 2004, 567) and ensuing shifts in ways of knowledge and perception in the socio-cultural sphere. As a way of representing trauma within socio-cultural contexts, testimony can take form through multiple modes and mediums, including narrative, oral, visual, and textual. It is through such mediums that meaning is made and transmitted (Berger 2004, 567). "Witnessing is an act of representation, of picturing, an act that is staged in the aesthetic domain of the visible and invisible" (Blocker 2009, xvii). Though trauma theory has generally relied more on linguistic rather than visual analysis (Blocker 2009, xx; Saltzman and Rosenberg 2006, xii), trauma should really be understood through an overlapping combination discourses and mediums. The visual and nonverbal is as much art of the discourse on trauma in modern times as narrative approaches

that are more common in therapeutic practice. "Each discourse, verbal or visual, claims its status as a specific version of the real in accordance with the shaping of consciousness as a set of practices and a means of production" (Saltzman and Rozenberg 2006, xi).

While it is important to look at how testimony relays experience through various forms and mediums, there are also larger critiques about the universalization of trauma as it is taken up in trauma studies. As the notion of trauma has been taken outside the purview of psychoanalysis and been applied to wide-scale social catastrophe, testimony discourse has created a sense of the universalization and dehistoricization of trauma (Weigel 2003, 85). Furthermore, when brought to the public realm, testimony can be problematic because it holds out the perhaps forced expectation that the retelling of stories will lead to a healed, unified public future in ways that don't address ongoing violence or material and social circumstances (Heddon 2007, 57-58). Likewise in trauma studies, there has been a "political inadequacy" (Berger 2004, 577) in the universalizing of trauma, given a lack of attention to the particularities of how trauma plays out through injustice, or in particular arrangements of experiences that have to do with the intersections of identity. Universalized notions of trauma and healing may overlook how different types of trauma experience might intersect in complex ways and come to be politicized in relation to intersecting identities, histories, and contingencies of power and oppression.

Julie Salverson discusses some of the problematics of testimony as it is used in group-based art and performance. She critiques forms the ways in which testimony is used simplistically in performances of victimhood and hurt that don't build solid connections to structural and political oppressions (Salverson 2006, 148). "[C]laims to complex analysis that move the personal into the political – the dynamic relationship between psychological, social, and political factors – are rarely fulfilled" (Salverson 2006, 148). This highlights the importance of paying attention to the possibility that representations that come out of performative can become reductionist, reified or made explainable. Salverson identifies two dangers in the act of witnessing: to "fix, relieve, or disappear the tragedy through reductionist representations, and to keep a silent, paralyzed distance based out of a felt need to protect others or oneself (Salverson 2006, 149-151). The first problem of the dynamic of testimony and witness is the reduction of tragedy to monolithic and redundant accounts of loss, rather than being open to possible responses to tragedy that are not already preconceived (Salverson 2006, 149). The second pitfall

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is to center one's own insecurities and worries about being a witness based out of fears of intrusion or further damage (Salverson 2006, 151).

Art-making about well-being with people who have experiences of trauma could very well be the post-traumatic "emergence of something out of nothing" (Berger 2004, 566). Images and objects about experiences of well-being, as well as participation in verbal conversations, could refer to what people experience of well-being, but also what continues to be absent and missing. A focus on the ways in which trauma may be represented is fundamentally a recognition that participants in the Room for Health workshops are dealing with various forms of trauma experience. Taking this reality up in a concerted way means that discussions of the representation of experience should not become abstracted from the implications of the art practice on peoples' everyday lives. An exploration of well-being does not mean that people will be able to realize their visions of wellness immediately or at all, and nor does it remove the reality of possible power dynamics and conflicts that may emerge in the discussion of a topic that has deep relevance to each person in different ways. The tendency to fix, reduce, simplify, or deny the realities of experiences of trauma and their connection to issues of well-being requires attention in this work. Thus ongoing analysis of the representation of personal experience is important to the ethics of this project.

Disability Arts: Representing Embodied Experience

A socio-relational approach to addiction lies parallel with the kinds of social, cultural, and political analyses that are prioritized within these various mediums of trauma studies. Yet there are other ways in which thek representation of experience may be taken up than through frameworks of trauma. If we are sensing widespread disruptions and traumas in social life that permeate into every-day addictions, how is it possible to ground these forms of analysis within experiences of people in regards to the particularities of their everyday lives? Furthermore, how might it be possible to engage forms of representation in order to collectivize traumatic experience within local group and community contexts, in ways that take up and allow space for intersecting issues of power and oppression? In making these links, it is important to look towards modes of representation that are rooted in embodied experience of mental and physical wellness. Because addiction is embodied, and because experiences of addiction also involve social isolation and issues of power and oppression, it is also helpful to consider how

representation of experience is taken up within disability culture. While trauma studies tends to take up metaphor, object relations, and signification within texts, disability studies is oriented towards textual analysis and artistic practices that legitimize visceral, embodied experience as a primary form of knowledge.

Disability arts politicizes the way in which metaphor is taken up by formulating analysis and critiques of stereotypes as an expression of social ideology (Barnes et all 2009, 199-203). The intersection of art and trauma is often relegated to art therapy, with a focus on individual modes of healing (Barnes et all 2009, 205). Arts-based approaches with people experiencing trauma are most commonly approached in terms of disability-oriented art therapy, which lends to a sense that people are in need of help, rather than being active as artists and agents affecting change (Gorman 2011, 20). Instead, disability arts couches the representation of embodied experience within political contexts, as a strategy of movement building (Abbas et all 2004, 1). "These works and the artists who produce them highlight issues of oppression, social constructions of the body, and the quest to build a disability identity grounded in pride by using their work to challenge traditional discourses of disability" (Abbas et all 2004, 1) Here primacy is put on the representation of embodied experience as a form of political intervention into public cultures, as well as a critique of normative cultural stereotypes, artistic practice has been at the forefront of disability activisms. We already have many deeply-engrained ideologies about what it means to be well and the metaphors we use are reflective or resistant to those ideologies, and disability arts engages in critique and reworking of these dominant ideologies. Disability arts is understood as part of a movement, and political aspects of the work are as important as the aesthetic ones. Furthermore, there is a social and institutional contextualization around the production of the work, including aspects such as access to training, space, opportunities, and funding (Abbas et all 2004, 2; 42-43). The cultural realm serves as a space of mobilizing in which disability culture is seen as collective empowerment (Abbas et all 2004, 4).

Psycho-social practice can be understood differently depending on the context, intention, and motivations behind the work. It is important to look at how art that expresses embodied experience can lend to the collectivization and politicization of experiences of addiction in ways that might not be possible through traditional therapeutic practice. In her work as a facilitator in mental health settings, Petra Kuppers described her work as artistic rather than therapeutic because it was oriented towards sharing of work within a group or social setting, rather than used

as a way of viewing the internal psychological and emotional states of an individual, and was also oriented towards social interventions around notions of mental illness (Kuppers 2007, 124). She noted that in mental health contexts, clinical categories are asserted in such a way that self representation can hardly exist outside of these notions, definitions, and discourses (Kuppers 2007, 125). "The theme of madness subsumes self-expression, or governs it" (Kuppers 2007, 124). To counter these norms, she focused artistic practice on exercises that draw attention to embodiment of space and the connection of "internal" to "external". These exercises allowed expression for people who have experienced stigma and stereotypes about their physical and mental presence, have been excluded from public spaces, or have been forced into institutionalized ones.

Kuppers found that when facilitating in mental health settings, 'centering exercises' could be challenging for people who have had difficulties asserting or defining themselves on their own terms, and that "validating our spatial experience became an important aspect of our work" (Kuppers 2007, 125). Body meditative, body movement exercises can allow people to explore ways of asserting and validating their experiences in a space, connect internal sensations and feelings with an external space filled with objects of meaning, and communicate thoughts and sensations with fellow collaborators. Distinguishing these exercises apart from therapeutic practice meant focusing on immediate bodily sensations and tactile connections with the environment, as well as kinesthetic vocabulary emphasizing bodily movement, rather than visualizations that could enter onto psychological issues (Kuppers 2007, 126). "Work that happens at this initial level can eventually change the participants' sense of themselves and, through this, power relations and representations in the larger social sphere. This appropriation and habitation of inner space is a way toward being wholly in the shared, social sphere" (Kuppers, 2007, 127). Kuppers approach could be applied within the Room for Health workshops through a focus on sense-based encounters with objects and the formulation of assemblages within particular scenarios or sites.

By merging trauma studies and disability arts, it is possible to build a methodological road map for working with modalities of representation that link deeply personal and embodied experiences with critiques of social ideology. Trauma studies and disabilities studies are both interested in "radical remaking of social structures, institutions, and norms" (Berger 2004, 577) but have different approaches to textual analysis and representation. Trauma studies tends to lack

intersectional analyses around identity, while in disability studies there is a diversion from explorations of personal trauma and loss in favor of politicization of collective experience (Berger 2004, 576). Trauma theory takes up an analysis of metaphor and the possibility "for saying the unsayable, or saying that for which no terms exist", while disability studies takes up critiques of metaphor and representation as aspects of social discourse (Berger 2004, 576). Bringing these fields together can leverage the rigor and range of political possibilities of representation in regards to experiences of addiction and well-being. The combination of trauma studies and disability arts draws attention to how trauma is played out through intersectional socio-political spheres, with particular attention to textual analysis around nuanced representations of intangible trauma and visceral, embodied knowledge.

I now turn to an exploration of how to put these theories of representation into practice. Assemblage, archives, and scenarios can provide structure for thinking about how to work collectively with affect and embodied knowledge. These practices are forms of knowledge-production that allow for active negotiation of lived experience within private and public realms. Furthermore, assemblage, archives and scenario creation can help us understand what community-building and political action entail in relation to the representation of affective and embodied experience.

Sites and Assemblages

With the advent of site-specific work in the late 1960's and early 1970's came a turn towards consciousness and critique of institutional forces of meaning-making and associated cultural and political sites of the production of these meanings, such as the gallery, studio, art institutions and markets (Kwon 1997, 88-89). While these critiques initially centered on accentuating awareness of the architectural space and norms of the gallery, the attention to spatial dynamics of art creation and engagement also included the embodied and socially situated encounters of the audience, including dynamics of race, class, gender, and sexuality (Kwon 1997, 88). Another characteristic of site-based art was the impermanence of the work, as an assertion of nonconformity to commodification and marketization of art production. "The 'work' no longer seeks to be noun/object but verb/process, provoking the viewers' *critical* (not just physical) acuity regarding the ideological conditions of that viewing" (Kwon 1997, 91). Site-based work has since left the art institutions as the main focus of critical engagement and

critique, and has turned towards more public spaces of everyday life, centering on engagement with a broad range of social issues (Kwon 1997, 91).

> In this way different cultural debates, a theoretical concept, a social issue, a political problem, an institutional framework (not necessarily an art institution), a community or seasonal event, a historical condition, even particular formations of desire, are now deemed to function as sites. This is not to say that the parameters of a particular place or institution no longer matter, because site-oriented art today still cannot be thought or executed without the contingencies of locational and institutional circumstances. But the *primary* site addressed by current manifestations of site specificity is not necessarily bound to, or determined by, these contingencies in the long run (Kwon 1997, 93).

The discursive content is related to but not inextricably linked to an actual place or setting, so that the "site" of the work becomes the cultural and conceptual frames of knowledge that may be communicated through multiple texts rather than bound to particular locations (Kwon 1997, 95). "A provisional conclusion might be that in advanced art practices of the past thirty years the operative definition of the site has been transformed from a physical location – grounded, fixed, actual – to a discursive vector – ungrounded, fluid, virtual" (Kwon 1997, 95).

It is helpful to look at critical geography of drug use as a possible way of understanding issues of addiction in connection with Kwon's discussion of site-based art work. Cameron Duff explores the notion of "contexts" of drug use in order to understand what kinds of cultural interventions can contribute to harm reduction practices (Duff 2007, 504). He defines context as "an *assemblage of relations* drawing together diverse experiences of space and spatialization; embodiment and becoming; conduct and social practices" (Duff 2007, 504). Drawing on Deleuze and Guattari, Duff uses the word "assemblage" because elements of cultural context are always interacting and active: "Assemblages draw together myriad 'heterogeneous elements' including bodies, practices, affects, relations, semiotic systems and signs, enunciations and utterances that in their 'consistent' arrangement express a certain quality, intensity or identity" (Deleuze and Guattari 1987 as cited in Duff 2007, 506). Noting that social and cultural contexts are "typically reduced to some vague notion of background, culture, or setting", assemblage is useful for building more nuanced understandings of cultural and social terrains (Duff 2007, 504). Duff situates his definition of context within post-structural theory, which "insists that contexts are never merely the passive and malleable product of exogenous forces, but rather embody their own constitutive and active rhythms, forces and energies" that are spatial, embodied, and put into

practice (Duff 2007, 506). Here, space is made through encounters, negotiations, and organizing of cultural and relational practices in such a way that people create spaces and give them particular meanings and parameters that are in continual flux (Duff 2007, 509). In connection, "place" is made through histories, stories, memories, and experiences, in which there is an embodied set of practices and engagements with space (Duff 2007, 510). A sense of "place" can only be made through physical or corporeal engagement, in a way that impacts and influences how one's body is experienced and given meaning in connection with different spaces (Duff 2007, 510). If, as Duff suggests, drug use is contextual, site-specific, and dynamically interrelated with notions of "space" and "place" through embodied experiences and daily practices, then actions for health and well-being can also be seen within these frames.

Space and place-making through assemblage, using tangible practices of site-based art, is an orientation for engaging with experiences of addiction (and associated traumas) in ways that might allow for contextual, interactive, and nuanced relational approaches. As such, assemblage is a method for working with affective experience in ways that allow for layering and juxtapositions. Foucault gives language to what it might mean to function within space-based orientations:

> Structuralism, or at least that which is grouped under this slightly too general name, is the effort to establish, between elements that could have been connected on a temporal axis, an ensemble of relations that makes them appear as juxtaposed, set off against one another, implicated by each other-that makes them appear, in short, as a sort of configuration. Actually, structuralism does not entail denial of time; it does involve a certain manner of dealing with what we call time and what we call history (Foucault, 1984).

Foucault talks about space as the prominent orientation of social life, in ways that affect how we understand historical trajectories. This orientation towards notions of space can help us think about what it means to create "spaces" of well-being in ways that are interactive and relational, as well as think about what place-based community-building means when approached through art-based practices.

In more recent writing on space and geography, Doreen Massey discusses how many argue that the compression of time and space under globalization has brought about a sense of disruption or fragmentation that coincides with increasing needs to make a claim to local places and nostalgia for a sense of community (Massey 1994). However, Massey notes that a

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progressive way of understanding place doesn't equate to a boundaried community, but that places are rather points in which many networks of social relations converge (Massey 1994).

> "An (idealized) notion of an era when places were (supposedly) inhabited by coherent and homogeneous communities is set against the current fragmentation and disruption. The counterposition is anyway dubious, of course; 'place' and 'community' have only rarely been coterminous. But the occasional longing for such coherence is none the less a sign of the geographic fragmentation, the spatial disruption, of our times" (Massey 1994, 1).

Massey's look at the felt need for community under the fragmentation of globalization could be read beside Bruce Alexander's emphasis on the importance of community in countering pervasive psycho-social disruption in free-market society. However, Massey complicates matter-of-fact notions of community-building because she recognizes that people experience space and mobility through a complex "power geometry" that includes, for example, gender and race (Massey 1994, 2-3). Because intricate power dynamics are at play, places cannot be conflated with static notions of community, but are instead "constellation[s] of social relations, meeting and weaving together at a particular locus" (Massey 1994, 7). Notions of community are thus not limited to boundaried locales, but instead can be understood as dynamic interactions that are not insular but expansive (Massey 1994, 7). Site-based art and assemblage can be seen as methods of critical practice and analysis in relation to Massey's dynamic notion of place because they open up a whole range of possibilities for actively working with complex juxtapositions of identity and experience. If, as Massey argues, the specificity of place comes from a particular arrangement of social interactions (1994, 8), practices of assemblage can be a way of making such interactions and power dynamics around the discursive "site" of health and well-being available for critical analysis through visible and tangible mediums.

Objects of Intimacy

Object play is a starting place for developing an arts-based assemblage practice. D.W. Winnicot theorizes that cultural experience – a great proportion of life that includes religion, art, and creative activity of all kinds – is located in the zone between subjective and objective experience, where transitional objects are activated and used (Winnicot 2005). This transitional realm is first experienced in infancy as the space between the baby and the mother, in which the child has not yet completely made the distinction between self and other (Winnicot 2005, 138-

139). The objects that the child begins to play with at this time of development are integrated with its sense of trust that external reality will coincide sufficiently with its needs and desires (Winnicot 2005, 138-139). Thus trust found through object play is integral to the creative realm: "It can be looked upon as sacred to the individual in that it is here that the individual experiences creative living" (Winnicot 2005, 138-139).

Considering the possibilities of assemblage and site-based art for collective exploration of well-being, it is important to look at how material objects might serve as mediums for ethical encounter in ways that might incorporate, leave behind, or work around the edges of narrative. In theorizing the ways in which trauma is integrated into aspects of everyday emotional life, Ann Cvetkovich takes up a discussion of Leslie Feinberg's *Stone Butch Blues*, a novel about femme-butch intimacies. Cvetkovich's analysis of the novel shows us something about the way in which material objects can be folded into the creation of public cultures, and transmit relational ethics of care. The butch character Jess couldn't relate her trauma experiences around past experiences of homophobic social violence or other aspects of relational intimacy directly within her love relationship, so wrote a letter that went into the New York's Lesbian Herstory Archives. The archive was a venue in which her ex-lover might see Jess's letter and where it might be "read" as parcel of the collection of everyday experiences of trauma, realities that are usually left silent and unseen under the muting gaze of heteronormativity. "The emotional literacy that Jess ultimately acquires is a function of finding the cultural language to express stone butch feeling, including stone butch blues" (Cvetkovich 2003, 76). As an object of intimacy, the letter was undeliverable except through the public archive, somewhere where the emotionally untouchable could be made tangible and kept safe (Cvetkovich 2003, 78). In this account there were still silences left unsaid in Jess's letter. Yet there was something about the intimate relationship as it was constituted in the public archive that allowed for understanding instead of pathologization of silence and "stone butch feeling" (Cvetkovich 2003, 76).

The Lesbian Herstory Archives allowed for many instances for expression of public and private feeling through objects, in ways that also allowed for important and significant gaps and silences. The archive was large and unconditional enough to allow for and forefront those silences.

"Public and private feeling comingle in stone butch blues, since the public arena structures the private exchange of feeling and the public expression of feeling does not always compensate for feelings that remain privately uncommunicated. Jess's untouchability cannot be read merely read as an absence of public display, gendered however questionably as masculine, as a sign of utmost vulnerability and a queer and passionate response to homophobia. The untouchability is a form of feeling that started as a register of both homophobic and queer emotion, even when it seems invisible. Not just in spite of it, because of her untouchability, Jess has a heart" (Cvetkovich 2003, 79).

Untouchability and silence are also forms of feeling and an archive that leaves space for these gaps seems an integral part of the dynamics of how an archive of objects can register care. The archive is a place of expression and accumulation of a public culture in which an ethics of care is possible because multiple feelings can co-exist in ways that challenge norms around pathology and instead provides a format for unconditional love and acceptance on a community level. The importance of this conversation is that it helps us understand how people relate to experiences of trauma without assuming they are pathological, as well as see how it is possible for a collectively curated public culture to widen the range of possible emotional responses that are not automatically wrapped up in purely psychological trauma discourse (Cvetkovich 2003, 81). "Trauma and penetration are still linked, but numbness and fears of feeling and vulnerability are complex modes of response and resistance instead of pathological" (Cvetkovich 2003, 80). The archive of emotion, taking form through material objects, can encompass a breadth of expression, absence, silence, feeling, trust, risk, and numbness in ways that allow for an unconditional acceptance of pain and trauma and the multiple and even unspeakable ways in which it is experienced.

The important thing here is that there is an ethic of care that allows for the completion of relational circuits within this archive, and that intimate relationships in their many forms are situated within this larger ethic of care. Rather than dominant patriarchal and heteronormative public cultures that isolate and diminish, there is a strong ethic in the queer archive that allows for silence and multiple overlapping experiences. There is a sense of a collective space that allows for experimentation and responsiveness to the ways in which trauma is expressed and taken up. The archive is needed in order for the ethic to be worked with because it creates space for multiple forms of expression to happen over time, without judgment.

Subject to the idiosyncrasies of the psyche and the logic of the unconscious, emotional experience and the memory of it demand and produce an unusual archive, one that frequently resists the coherence of narrative or that is fragmented and obstensively arbitrary. Memories can cohere around objects in unpredictable ways and the task of the archivist of emotion is thus an unusual one (Cvetkovich 2003, 242).

Trauma becomes collectively politicized not through trauma discourse or traditional witness and testimony interviews, but through the gathering of artifacts and mementos of queer public culture in which emotional awareness and expression takes many nuanced forms. Cvetkovich's analysis of Stone Butch Blues is encouraging because it gives an example of how a material collection of objects and artifacts can lend to the creation of public culture by relaying the significance of everyday emotional life. "Butch-femme culture is a semi-public sphere that makes up for the failures of the public sphere, providing the space for emotional expression that is not available elsewhere" (Cvetkovich 2003, 82). These formats don't rely on privileged and regulated venues and forms of expression, but instigate alternative collective creativities in ways that are race, class, and sex-conscious. Her analysis shows how artistic and creative forms can link with and extend the ethic that underlies the collection of such objects to wider audiences, in this case through the form of a novel. Her analysis also shows us how it is possible to sculpt public cultures in order to buffer and heal from wider social pathologies of patriarchy, homophobia, and colonialism.

The Power of Affect

Whereas Ann Cvetkovich discusses archives in the sense of "repositories of feeling and emotion", Sara Ahmed builds a somewhat different discussion around how archives give form to affective life (Cvetkovich 2003, 7). In Ahmed's analysis, feelings are not located or situated within objects, but are shaped by the kinds of interactions that we have with objects (Ahmed 2004, 5-8). Similar to Winnicot's theory of object relations, in Ahmed's analysis, objects are formed internally – they can even be thoughts and memories (Ahmed 2004, 7). In Ahmed's understanding, the archive is made through "multiple forms of contact", some of which can be with texts, but some of which might be much more elusive (Ahmed 2004, 14). The archive is organized around contact and touch and dynamic interplay between things:

"What I offer is a model of the archive not as the conversion of self into a textual gathering, but as a 'contact zone'. An archive is an effect of multiple forms of contact, including institutional forms of contact (with libraries, books, web sites), as well as everyday forms of contact (with friends, families, others). Some forms of contact are presented and authorized through writing (and listed in the references), whilst other forms of contact will be missing, will be erased, even though they may leave their trace" (Ahmed 2004, 14).

In other words, Ahmed looks at the archive as constituted by the circulation of emotion in relationship to words and objects. In her textual readings and analysis, she looks at how texts show something about the "very public nature of emotions, and the emotive nature of publics" (Ahmed 2004, 14). She specifies that objects are not the cause of our feelings but instead it is the "contact" and interaction that we have with objects that makes impact in public and political realms (Ahmed 2004, 6). The reading of contact is about looking at the impact of this relational interaction with objects, and how we experience our feelings in relation to objects; emotions can be forms of orientation towards or away from objects.

Ahmed also discusses the location of emotions as not inside or outside of us; the psychological view has created a pervasive orientation around emotions as internal and as passed between people, while sociological/anthropological perspectives locate emotions within outside "social and cultural practices" (Ahmed 2004, 9). Her understanding of emotions is different than either of these views, in that emotions are neither inside nor outside of us, nor are they individual or collective, but rather mediate our interactions with objects (and each other). Emotions are not contained within and passed between people, but are circulated and active in constituting our interactions; we move in tension with objects and emotions mediate that contact (Ahmed 2004, 10-11). "What moves us, what makes us feel, is also that which holds us in place, or gives us a dwelling place. Hence movement does not cut the body off from the 'where' of its inhabitance, but connects bodies to other bodies: attachment takes place through movement, through being moved by the proximity of others" (Ahmed 2004, 11). The significance of Ahmed's 'reading' of emotions is that the attachments that we form to objects are connected to relations of power. The ways in which emotions mediate our attachments has implications for social norms and potentials for political change, such as the tendency to push towards or resist political transformation (Ahmed 2004, 11).

Ahmed's discussion of emotions is important to the *Room for Health* workshops because it shows how emotional interaction with "objects" (understood as histories, memories, and ideas)

as well as the kinds of attachments that are formed and broken in cycles of addiction, translate into a political range of motion.

> My argument about the cultural politics of emotions is developed not only as a critique of the psychologization and privatization of emotions, but also as a critique of a model of social structure that neglects the emotional intensities, which allow such structures to be reified as forms of being…Attention to emotions allows us to address the question of how subjects become *invested* in particular structures such that their demise is felt as a kind of living death (Ahmed 2004, 12).

Ahmed is speaking about the investments and attachments we make to our social realities. If in the *Room for Health* workshop we are working and maneuvering objects, it may be a way of exploring and creating critical awareness about how we are attached to the forms of life that we interpret metaphorically or in direct connection with objects, thoughts, and memories. This way of working makes the group a powerful site, in which emotions are a way of working through possibilities of adaptation and change in the cultural and political sphere. By making object relations tangible and by creating dialogue around them, we are able to start exploring the scenarios of "cultural politics or world making" (Ahmed 2004, 12). We can recast and create critical analysis around the scenarios of our everyday lives by looking at how emotions mediate our attachments and investments to particular ideas of health and well-being. This approach to the art process asserts the importance of emotional-affective experience in constructing and reconstituting how we imagine the socio-political scenarios of everyday life.

The Embodied Repertoire

Diana Taylor's discussion of the textual archive and the performative repertoire helps to further clarify what it would mean to formulate a practice around site-based work using object play. Taylor discusses the archive as a form of memory and knowledge that prioritizes textual recording and "works across distance, over time and space", and which functions through the meanings attached to it as well as how its contents are values and interpreted (Taylor 2003, 19). The archive came to dominance during colonial-imperial rule, as way of repressing and making obsolete forms of knowledge that were conveyed through performative, embodied acts such as dance practices and ritual, as well as communal actions that were deemed idolatrous (Taylor 2003, 18-19). Taylor contrasts archival knowledge with living, performative memory of the

"repertoire" that "exceeds the archive's ability to capture it" (Taylor 2003, 20). The archive and repertoire are ways of understanding different ways in which knowledge gets reproduced, and are deeply interlinked and reciprocal; there is not a clear binary or divide between them (Taylor 2003, 21-22). However, what distinguishes these different forms of knowledge creation and transmission is that in the repertoire, that which signifies or gives meaning stays attached to the individual or collective body, while the archive is constituted through texts and their codes in which the signifier is detached from the living form (Taylor 2003, 24). This way of distinguishing the archive of the repertoire has significance when considering the importance of embodied knowledge to discussions of health and well-being.

Exploration of the repertoire – of embodied practices – requires performative methods of analysis (Taylor 2003, 26). In particular, Taylor talks about how *scenarios* code an incredible amount of information – the setup, actions, roles, gestures, expectations for what is allowable, what is outside the frame of perception, what is predictable, and what ways the scenario might be subverted (Taylor 2003, 28-29). The scenario is thus a method of analysis, "a paradigm for understanding social structures and behaviors that might allow us to draw from the repertoire as well as the archive" (Taylor 2003, 29). There are multiple elements of scenario that are involved in such an analysis (Taylor 2003, 29-31). One element is to look at the construction of bodies in space and the ways of working with these social actors that can defy or challenge the traditional way of understanding how the scenario might take place. Another element of a scenario is the "formulaic structures that predispose certain outcomes and yet allow for reversal, parody, and change" (Taylor 2003, 31). The setup, actions, roles, and behaviors can be worked with and changed and can us help gain perspective on the dispositions around the creation of the scenario (Taylor 2003, 31). Another point of analysis is the audience and acts of transfer, and the ways in which scenarios get recreated over and over again in ways that can shift and change (Taylor 2003, 32-33).

Ahmed's way of discussing performativity is similar to Taylor's in that the signifier or sign that gives meaning is attached to the body: "I suggest that the work of emotion involves the 'sticking' of signs to bodies: for example, when others become 'hateful', then actions of 'hate' are directed against them" (Ahmed 2004, 13). Thus performance in this sense is not limited in the conventional sense to staging and roles, but can also be seen epistemologically as embodied practices and ways of knowing (Taylor 2003, 3). By using performative modes of analysis that

put emphasis on the action of emotions as well as the structuring of "scenarios" and "social structures", it is perhaps possible to detach from engrained notions of health and well-being through forms of critical analysis that approach site-based practices through object-play and scenario creation.

Consolidation

By working with assemblage, archives, and scenario-creation, discourses on health and well-being can be navigated as "sites" of knowledge, using various texts and mediums. These practices can allow us to bring together ideas, memories, histories and other elements of experience in ways that are active and continuously in flux. As orientations to an arts-based practice, these modalities are not about creating static or fixed backdrops, but are rather about the active negotiation of meanings through the juxtaposition, arrangement, and layering of texts. In this regard, these approaches to artistic production are not so much about creating a finished product, but are *conceptual and embodied processes* that take up space, objects, and scenarios in ways that are relevant to the dynamic intersection of life experiences within group and community contexts.

An assemblage of objects and artifacts can make affective and embodied experiences around trauma and well-being tangible, while still allowing for the gaps, silences, and pauses of associated trauma experiences, in ways that are not individualizing or pathologizing. The archive can alternatively be understood not as a collection of tangible objects, but as a "zone of contact" (Ahmed 2014, 14) in which emotion and affect mediate our cultural and political influence. As well, by using performative approaches to analyzing the scenes of everyday life, we can merge an exploration of emotion and affect with socio-political critique. Modalities of assemblage, archive, and scenario creation can allow us to critique the intricate, everyday norms that determine the way life is structured. Resistance can also be formulated through affect: "Affect eludes, present before and beyond any singular consciousness. Affect has transformative power wherein building intensities electrify moments of potential. Affect has no "natural" projects; thus, affect might be imperceptible or incite or mobilize intensities of any possibility in any situation" (Million 2013, 49). Affective life is central to the creation of socio-political realities. By engaging affective experience in exploring notions of health and well-being, it might be possible to touch upon the undercurrents of political and cultural mobilization.

2   WORKSHOP SUMMARY: AN ARCHIVE OF PAIN AND JOY

The Orientations of Critical Pedagogy

I am drawing upon the preceding theoretical conversation to design the *Room for Health* workshop curriculum. I have chosen a pedagogical framework for consolidating modalities of assemblage, archive, and scenario creation into a grounded group practice. Of primary consideration to a psycho-social methodology is the means by which the 'personal' and 'social' can be connected through processes of learning. Critical pedagogy offers orientations to the creation of this methodology because it brings together questions around what it means to work with lived experience, as well as offers ways of understanding the purpose and design of a curriculum that includes social critique. In this work, it is necessary to look at what is happening for students/participants as well as the facilitator, as both of these types of learning emerged in the *Room for Health* pilot workshops.

Paulo Freire poses that the process of critical reflection is dependent upon a subject-object dialectic in which a person is able to reflect upon the world (Freire 2000, 40-42). "Consciousness of and action upon reality are, therefore, inseparable constituents of the transforming act by which men become beings of relation" (Freire 2000, 40). Reflection on the connections between personal and political can be seen as an essential part of this critical consciousness that allows people to act upon the world and make change. Addressing addiction on the personal level involves awareness of oneself in ways that it is possible to make choices about well-being. Critical pedagogy is a way to incorporate self-world awareness within group practices, in ways that can involve of social action as well as choices about personal well-being. Making connections between the personal and social within a psycho-social methodology is necessary to working with the realm of lived experience. This is necessary, given the deeply subjective nature of experiences of health and well-being in connection with issues of social fragmentation. The very specificity of people's everyday experiences can lend to deeper understandings of how social and structural power dynamics are enacted and experienced in various ways (Ramazanoglu 2002, 130). Yet working with the specificity of experiences also brings about the question of how to understand what claims to knowledge are more or less valid. Personal experiences can be contradictory and are always value-based. Though there are no general rules or criteria for working with the realm of personal experience, it requires explicit, conscientious reflection on the complexity of multiple truths. "Common frameworks for

representing experience are thus produced, rather than discovered, and require agreements and alliances to be negotiated across differences" (Ramazanoglu 2002, 137). In the negotiation of the convergence of multiple experiences, it is important to be critical without being overly exclusionary of divergent experiences (Ramazanoglu 2002, 138-140).

Sherene Razack discusses the importance of story-telling as a way of working with subjective, personal experience as a primary means of critical pedagogy. She defines critical pedagogy as resisting "the reproduction of the *status quo* by uncovering relations of domination and opening up spaces for voices suppressed in traditional education (Razack 1993, 60). Storytelling is central to critical education that is based on the everyday experience of students in ways that counter the status quo. In practice however, multiple subjectivities are not necessarily taken up adequately in educational practice because the stories of the oppressed are not critically engaged, but are rather considered to be static sources of truth that counter oppressive norms (1993, 60-61). This doesn't leave room for intersections, contradictions, difficulties, and ambiguities of multiple overlapping stories. "In critical educational and feminist theory, what are being sought, then, are ways to come to terms with the contradictions of everyday life, contradictions that reveal themselves in the stories of the oppressed and in which are located the seeds for critical consciousness" (1993, 62). Unless there is an ethical consideration of how we take up the differences between various subjectivities, we don't have the capability to understand what kinds of agency and change are possible (1993, 62). Razack calls for 'ground-clearing', which is, "reflecting critically on how we hear, how we speak, when, how, and most important of all, developing pedagogical practices that enable us to pose these questions and to use the various answers to guide those moral choices we are constantly being called upon to make" (1993, 68). She wants to pay attention to *how* we know, versus *what* we know, when working with personal experiences through story-telling.

Critical reflection upon the intersection of personal experiences is important in that it has implications for the capacity of groups and collectives to have political impact. Cornelius Castoriades' ideas on political autonomy are useful for helping us understand how critical reflection and collaborative participation can lend to political praxis. In much of his philosophical career he looked for "the germ" from which political autonomy might emerge (Kanellopoulos 2012, 153-154). Castoriades understood autonomy as "the capacity, of society or of an individual, to act deliberately and explicitly in order to modify its law, that is to say, its

form" and saw critical reflection as essential to individual and collective autonomy (Kanellopoulos 2012, 140). Autonomy deals with the ability of a group to critique its own trajectory and history (Kannellopoulos 2012, 165). Considering the role of creative practices within pedagogy, educational approaches that locate creativity within the autonomous individual psychologize the creative process in ways that remove political, philosophical and social critique from learning. But when education is concerned with collective reflection that includes political analysis, it is possible to understand the creative process as an exercise of individual and collective autonomy (Kanellopoulos 2012, 155-157). In regards to artistic practices, pedagogies that center improvisation allow collectives and groups to question *how* they should create on its own terms. Thus a collective improvisational pedagogy "is crucial for a context of constant questioning" and lends to individual and collective autonomy (Kanellopoulos 2012, 165).

One of my major considerations in the design of the *Room for Health* workshops was how to create exercises that offer participants skills in art creation that are simple and accessible. Yet given this simplicity, it is also important that the exercises can lend to the building of a collective repertoire that connects personal experience to socio-political issues in ways that are relevant to the group. In this process of critical reflection, it is important to recognize that trauma experiences are likely part of the *how* of learning in the *Room for* Health workshops. In this regard, therapeutic impacts may very well be part of the learning process, as people do the work of connecting personal and social aspects of well-being. It has been important to think through parameters and boundaries around how to help guide the group through potential triggers, and trauma experience did show up in the workshops, as described below. The intersection of creative practice and critical analysis may be an avenue by which the arts pedagogy politicizes trauma and makes these experiences available as forms of knowledge that can be entered into the public domain, through art production. The *how* of learning in *Room for Health* also involves issues of power and oppression. It is important that the *Room for Health* workshops are critical zones for working with the power dynamics that emerge in relationships and group work. I bring my experience teaching in prisons and facilitating diversity dialogues on the intersection of race, gender, sex, class, ability, and age to this work. Below is a description of my journey through two pilot *Room for Health* workshops, and my learnings about facilitation that unfolded in the process.

Recruitment and Facilitation

In my process for recruitment I prioritized a socio-relational orientation, in which people may identify in numerous ways to issues and processes of addiction. I relied on my own relational networks, and recruited via word of mouth and personal invitations. I spoke with participants before the workshops about the purpose, which simply put was to explore notions of health and well-being using the arts. I did ask participants about their own experiences with addiction as a process of recruitment, but told them that the workshop was premised on their own life experience around issues of addiction and wellness, in whichever ways they felt it was relevant.

The first workshop was 5 hours long and included 5 participants recruited from peers and acquaintances that had experiences with addiction. The second workshop included 7 participants and one peer support co-facilitator and was 7 hours long. Participants were recruited via email outreach to networks that were connected with social service agencies and drop-in centres, as well as through my professional networks. (The call for participation is included in Appendix 2).

I was the sole facilitator for the first workshop, which took place in an art studio and food and refreshments were provided. Exercises were selected from an expanded set of curriculum. (The curriculum used for Workshop #1, as well as the expanded set of curriculum from which these exercises were drawn, are in Appendix 1.) The plan was to include more exercises from the curriculum, but the exercises took longer than expected, and the group needed longer breaks between exercises than planned. It is important to note that the unstructured time in the workshop was an important aspect of the work; it allowed participants to process the group work as well as do self-care – eat, walk, talk, journal.

The curriculum that I used for the second workshop was developed based on the benefits of the first workshop. (The curriculum used for Workshop #2, as well as the expanded set of curriculum from which the exercises were drawn, are in Appendix 2.) The workshop took place in an art studio. Food and refreshments were provided, including breakfast, lunch and snacks. Tokens were also provided to participants who needed them. Two of the conversations that emerged from the art exercises were audio recorded. We were able to cover all of the exercises planned for the day. There were frequent breaks for self-care. Resource information for free mental health and addictions support was provided to all participants (included in Appendix 2).

Journals and pens were also provided to the participants for those who wanted to take notes throughout the day, or journal post-workshop.

An important difference between the first workshop and the second is that an addictions peer support worker was asked hired to co-facilitate (whom I paid professional rates). A peer support worker is someone who has been through experiences of addiction and mental health as a "client" or service user, and who has received professional training to support others to make choices that can lend to their well-being. Peer support is situated within a harm-reduction approach, in which it is up to each person to decide how to navigate their own addiction, and includes a wide range of options. The purpose of peer support is to offer people skills for making informed choices about their own well-being, as well as develop greater awareness around personal triggers. Peer-support was integrated into the Room for Health workshops because the first workshop indicated that triggers can quickly become part of the content of the group work, and because I do not have professional training as a therapist or peer support worker. In larger groups, and not knowing who might arrive to a workshop or what the interaction might be between participants, I felt it necessary to bring someone in who could maintain concentrated observation on emotional dynamics and potential triggers, speak with any people who might need extra support during the workshop, and lend their input on the readiness of the group to engage in particular art exercises. The merging of arts-based facilitation and peer support was an innovative collaboration which has contributed to the development of the Room for Health curriculum in terms of an expanded range of art exercises that include aspects of meditation and embodiment.

Room for Health Pilot Workshop #1

In the facilitator intro, I reviewed my background with the group, which includes personal and family experiences with addiction, as well as the work I've done in institutional and community settings in which addiction coincided with cycles of incarceration and social marginalization. The group was informed that the workshop was not art therapy and not focused on addiction, but rather an educational approach using the arts to exploring notions of well-being. I communicated that people could choose to participate in whatever way suited them - to listen, speak, observe, or to pass if they wanted. I also let the group know that they were not

obliged to stay if at any point in the process they chose to leave, and to use the space in whatever ways that suited their needs.

Participants next gave short introductions, and we entered established ground rules for our work together. After this, I led the hopes and needs exercise, in which I asked the group to choose pieces of colored paper, and to write or draw their hopes for the workshop on one side, and needs for the workshop on another. This took about 10 minutes, and then we put these papers on the floor and had a discussion about what the participants had written (Images from the hopes and needs exercise are in Appendix 1). The needs that people expressed included both ground-rules/requests for group participation as well as more personal needs around expression, advancing self-knowledge, and emotional needs oriented towards self and others. Hopes included ideas around learning and new ideas, expression, inspiration and possibilities, and connectedness with others.

In framing this exercise for the group, I explained that needs and hopes are an important aspect of the group work, and that we could revisit these at any point in the process. This was an important inclusion, because needs resurfaced throughout the day in various ways, and it was important to be able to return to this initial conversation. In one instance, a participant needed more time for an exercise, so held up her needs sign. In a more complex interaction later in the day, someone brought up self-care, and the difficulty of navigating various needs for self-care within a group setting. As well, after an exercise in which some participants felt triggered, they were able to come back to the group and determine their own needs for how much they wanted to discuss these triggers in the group or not, as well as express their needs for guidance from me as a facilitator. (More detail on this exercise will follow below.) It was important that a framework be put in place for the group early in the day in regards to needs and hopes, because this structure gave the group a roadmap to identify these as central dynamics of the group process. It also clearly communicated the responsibility participants had for expressing their own needs and hopes, as well as gave a point of reference for discussing the various kinds of needs that emerged throughout the day.

In the **object ice-breaker**, I picked up an object – an empty spool – and we did an ice breaker imagining all the things the object could be, other than a spool. This was a creative and simple way of entering into object play after the seriousness of the conversation on hopes and needs. It also gave a sense of the group's mood and served as a warm-up for creative

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communication. The **object meditation** exercise deepened the engagement with object play. I asked everyone to choose any object in the room that might represent something about their well-being. I then led a 10-minute meditation in which I asked people to move through the space and pay attention to their breathing as well as their physical connections to their environment. In the meditation, the object they had chosen was to mediate between their "inner" and "outer" environments; I asked them to feel the object and notice its physical characteristics, as well as meditate on how it connected with their internal breath and thoughts. Next, everyone was asked to place their objects at the center of the floor, and stand or sit in a circle to discuss what thoughts emerged for each person.

This exercise gave people skills for reading associations and metaphors onto an object, and let the participants begin to develop a sense of what well-being meant in embodied and personal ways. For example, one person chose a roll of paper, and talked about how it sometimes unravels and can easily disintegrate, and can be both momentary and also hold lots of memories and histories. Another person chose a wire sculpture that was shaped as an empty and uneven sphere, and talked about how it was not perfect; it needed to be reinforced from the outside, and yet contains so much space on the inside. Another object was a container of hand cream, which the participant chose because it represents the ongoing and uncertain work of self-care. Another object was a small image of an elephant, which the person chose because elephants are so heavy but also playful and represent how it is important to bring levity to things that feel difficult and heavy. The exercise was effective because it was very simple, and people were given the space to communicate their inner life within the group. It accessed the texture of peoples' inner lives, as reflected in the following quotes from participants in the exercise debrief:

> *We went through a lot of scales of analysis, so looking at history, our own lives as time passes or comes back in a circle, our daily practice. They are all intertwined in how we understand our selves, how we understand our well-being. In a daily way, in a moment's thoughts, how it intertwines with these larger social questions around health and how we are born into all of these structures and we have these opportunities to engage with them or remake them.*

> *Just from seeing the objects, I'm captivated by the shadow and what it could represent. Like what's not seen in the visceral parts of it, or the abstract essence that remains, or depending on the light you use it could be different depending on the mood you are in. When there is not enough light the shadow is different. Your mood can affect different things, kind of like the light affects the shadow.*

One thing that stands out from all the objects is self-preservation as imagination. You have to think about objects, or daily ways of reminding yourself, kind of like imagining your way out of a bind. It could be playful or through art or it's just like basic survival strategies but the capacity to imagine seems really important to health.

Just to add, in a balanced way, a lot of imagination can take you to other places. In the current health system that we live, someone could be diagnosed with paranoia or schizophrenia, and I don't have PHD or humongous research into that. But if I have come, based on my personal experience, for example the Ontario Schizophrenia Society, they would for sure diagnose me because of all the symptoms and put me into that category. But lucky, who knows from where, my instinct told me, no, you know, let's wait, this is too early…carry on.

As these quotes show, the object exercises brought forth an elaborate and nuanced vocabulary around well-being early in the workshop. People spoke about their objects in ways that were layered, idiosyncratic and personalized around understandings of well-being that also connected to social and institutional domains. The abstraction of the exercise in combination with the literal, tangible quality of the objects allowed for a grounded and immediate conversation around ideas and feelings that may otherwise be hard to communicate.

Next I introduced the **memory poem** exercise, in which each participant was asked to write a brief poem about a moment or memory that evoked well-being, including 5 senses: what they saw, smelled, tasted, heard, and touched. Again this exercise was simple and straight-forward. It had a similar intent as the object meditation, in that it was structured to connect thoughts around well-being to an artistic medium, this time through writing that included the senses. This exercise resulted in different forms of writing – one was a list, one was a short story, and others were poems. (These writings are included in Appendix #1).

I designed the next **collective scenarios exercise** as a way of collectivizing and combining the content of the poems. For the most part, this exercise did not work as planned. I asked the participants to form 2 groups of 3 and share their poems, then choose 3 motions, 3 sounds, and 3 objects from their combined poems. I then asked the groups to form very short scenes that incorporated the elements they'd chosen into a movement and sound scenario. The purpose of this exercise was to develop a group expression that collectivized experiences of well-being. A main reason this exercise didn't work as expected was because it entailed many steps and the group didn't yet have the needed skills to make a coherent scene; the participants didn't

know what was being asked of them. Yet the two groups did very different things that revealed important learnings about the use of artistic mediums to collectivize experience. One group made up a playful and even silly performance, yet it wasn't meaningfully connected to the emotional and embodied exploration on well-being from the preceding object exercises. The other group used the work time to have a conversation, instead of creating a collective scenario.

When we debriefed the exercise in a group conversation afterwards, the second group shared that they used the work time to discuss their issues and willingness to engage in group participation. Later in this conversation one of the members of the second group talked about how group work in itself is very triggering for her. These thoughts were reflected in her notes, which she decided to share with me at the end of the day:

> *What I do or don't do with my body are all questions of choice. Expression, individuality, freedom for me come from working alone or deciding very carefully, with a lot of time, who I want to work with and why. I see and value the importance of collective work, but being pushed into it without a way out brings up past trauma for me. Group work/collective work when it's not a choice is scary and uncomfortable. It makes me want to control the process or disengage from it entirely. How do I deal with and overcome the triggers that group work causes me. My most severe addictions and mental health issues emerged in the context of group work. Group work is a trigger.*

The debriefing of the collective scenario exercise was filled with a sense of emotional sensitivity, a degree of hesitation, and silence combined with moments of intensive talking. One participant expressed that she didn't yet feel comfortable doing small group work. Another participant voiced her thoughts around the difficulty of navigating self-care within a group. Given these comments, I revisited the earlier exercise around hopes and needs, gave a summary/synopsis of the issues that had emerged in the group, as well as gave recognition to the challenges of discussing well-being within a collective setting. This was important because it gave the group a way of understanding that what had happened was an acceptable and important part of our time together, and that it was within the realm of the workshop to address such issues and needs.

After this conversation, the group was given 2 options: (1) to work on developing soundscapes as a way of further developing our work with the poetry, since the scenario exercise had been a difficult task, or (2) to move to a different exercise exploring challenges to well-being. Perhaps because challenges had already emerged, the group chose the latter option. In

the **challenges to well-being exercise**, I asked the participants to take 5 minutes to write about a scenario that represented someone experiencing a challenge to well-being, and to write a set of words that represent their needs for well-being in that scenario, which would all be placed at the center of the floor. I made a point of asking people to choose a scenario rather than to talk about something in their own lives, so that we wouldn't enter into any triggering conversations.

We came back to the group and had a conversation in which each person shared their scenarios and the associated words. A couple of people had decided to pair up to discuss a scenario, and came back with the example of clean water and environmental safety. The other people worked by themselves, and had scenarios that were very personal, despite my intention. However, the ability for people to become specific about the actual challenges they were facing in their own lives was very productive and seemed to link in with the level and quality of depth from the earlier object meditation exercise. One person revisited the earlier conversation about her triggers working within groups. Another person talked about a close friendship with someone who is addicted and how he struggles to support his friend while also getting his own needs met, and the ways the relationship triggers his own addiction issues. Another person talked about the challenge of self-care and navigating different needs for self-care within relationships. These latter 3 scenarios all touched on people's triggers and emotional needs.

In navigating these triggers, I found it necessary to offer a summary of what each person said as a form of recognition, and tie it back to the assigned exercise in which our goal was to write words that could be put on the floor. People were receptive to this kind of structuring through the art exercise, which was really effective in creating boundaries around how far we would take the discussions of triggers. For example, one participant raised the question of how to differentiate between needs for well-being and the kinds of needs she experiences within her addiction cycle since she gets confused between the two in her everyday life. In order to bring her back to the art exercise, I suggested that she could simply put a question mark next to the needs she wasn't sure about, and that this would be a great contribution to the collection of words we were gathering. She easily agreed that this was a good solution, and we didn't continue to go into a deeper conversation about her triggers. I made it clear that the goal here was to share a collection of written words, and people seemed ready to have this simple way of consolidating some potentially overwhelming emotions and questions into a collective arrangement. (An image of these words can be found in Appendix 1). As a way of providing

closure, I revisited the hopes and needs exercise from the earlier part of the day, and gave a summary of all of the input that people had given, as was represented in our collection of words.

Room for Health Pilot Workshop #2

In the facilitator introductions**,** the co-facilitator and I took 5-7 minutes to describe our backgrounds and the reasons for facilitating the Room for Health workshop. The co-facilitator described her training as a peer support worker. Next I led participant introductions, simply asking participants to introduce their name and why they felt motivated to come to the workshop, in brief one or two sentences. A handful of the participants went into some depth around their needs and interests in the workshop and began to talk about some of their personal experiences around addiction. This indicated that some people were already feeling interest in speaking in some depth about their own lives as well as the potential triggers to enter the conversation. For this reason, it was important that we next went over **facilitator roles and expectations** for the workshop, in which I spoke about my orientation as an educator and arts-based facilitator, and explained that neither I nor the co-facilitator were trained therapists. It was made clear that the workshop was not intended as group therapy or art therapy and that there were 3 specific goals for our time together:

- To use art to explore ideas of health & well-being
- To collectivize our exploration of health & well-being (instead of approaching our experiences as solely individual)
- To strategize about challenges and opportunities for health and well-being in particpants' lives and communities.

It was important that we did this early on, and the co-facilitator and I had discussed how to communicate these principles in some depth in advance of the workshop.

Next the peer worker led a short, 5-minute **grounding exercise**, in the form of a walking and breathing meditation. We then facilitated a conversation to establish a group **comfort agreement**. This included the establishing of ground rules, as I had done in the first workshop (images of these ground rules are in Appendix 2). I also included an additional group agreement on how to recognize and address emotional triggers. In order to introduce this conversation on triggers, I let the group know that our purpose was not to do therapy around trauma experiences, but that we were using an arts-based educational framework. That said, I let them know that emotions are an important and necessary part of conversations around well-being, and these

conversations can also bring up challenges. Dialogue can trigger people, and I explained that for this reason we would include an agreement about triggers in our comfort agreement. The co-facilitator led a discussion, asking the group to define triggers, and to come up with a set of ideas about how to navigate and address triggers in the group if they arise (image of this list is in Appendix 2). The peer worker explained that if anyone left the room, she would check on them, and that she was there should anyone need extra support or conversation, or even if they just needed to check in about the group dynamic. I then handed out a list of free addictions and mental health resources, in case the participants felt the need for follow-up after the workshop. The participants readily engaged in this conversation on triggers, and seemed comfortable and clear about the agreements in place around the purpose of the workshop, as well as the comfort agreement. This set the foundation for the art exercises for the rest of the day.

Next we did the **hopes exercise** in a similar manner as the hopes and needs exercise in the first workshop, in which participants were invited to choose a colored sheet of paper to write down their hopes for a conversation on well-being. I chose not to include needs in this conversation, since we had just done some in-depth work around needs in setting the comfort agreement, but given more time I would have chosen to include the needs exercise because of its importance to the first workshop. Participants took about 10 minutes to make their hope drawings, and then we put them all on the floor. This generated dialogue on what the participants wanted to contribute to the expectations for our time together, and let people learn more about what motivations were shared within the group.

Next I lead the group in the **object meditation**, because it was so effective in the first workshop and because I wanted to see if it would generate similar observations about well-being. Indeed, this exercise was even more nuanced than it was in the first workshop, and people took 5 minutes or more each to talk about what their objects represented (images of this exercise are included in Appendix 2). One object was a bar of soap, which the person associated with a particular childhood memory of getting her mouth washed out with soap. This seemed like it was a potential trigger, but she also followed up with another comment about how she liked its color and smell, and how it helped her think about ideas of cleanliness and new starts. Another participant chose a spool of thread, and mentioned that she was drawn to it because of its color and because it represented how well-being is both strong and fragile. Another object was a small, glass vase, which the participant chose because it represented breakability and see-through

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vulnerability, and also empty internal space. I noticed that in this exercise, and throughout the day, there were long silences in which the group waited for someone to speak or to find the words to express their ideas. More than the first workshop, this group's work was marked by long moments of silence. Again, it felt like the timing and pace by which people accessed their thoughts and chose to speak was an important part of the workshop that was markedly different than most agenda-driven group settings.

After lunch, I led the **object ice-breaker** as in the first workshop, this time passing around a green, plastic leaf. I chose this ice breaker as a lead-in to the **object mind map**, an exercise I designed in order to generate greater depth of discussion around needs for well-being. Because the conversation on needs was so important to the first workshop, I wanted to spend more time on this, but with more structure and more ways by which to find language to express a range of needs. In this exercise, I asked everyone to choose an object from a collection on the table, and to place it on top of a large piece of paper. I then asked them to make a mind-map, coming up with 8-10 things that that object could represent about their needs for well-being (Images of the mind-maps are in Appendix 2). Leading out of the mind maps, I asked everyone to choose one of the items they had listed and journal for 1 continuous minute about whatever that topic brought to mind. We repeated this free-write 2 more times. I chose to do a free-write in order for people to have time to think in more depth around what was important to them, and to generate a set of further associations that might serve as working content for the next exercise. If I were to do the object mind-map again, I would pause for dialogue around what people wrote on their mind maps instead of individual free-writing, because it would have been useful for people to examine and explore the connections between their various needs. In the second workshop, the group had been working independently for more than 10 minutes, so it would have been good to bring them back together as a group to discuss the needs that emerged at that stage of the exercise. In linking this to the practice of facilitation, this indicated the importance of noting what will build connections, based on the mood and energy of the group.

For the **collective collage**, I spread out a pile of magazines on the floor, and asked each person to choose images that related to the needs they had identified in their mind-maps and any other associations that came up in the free-write. The group worked for about 15 minutes cutting out images and placing them on a large black piece of paper on the floor (images in appendix 2). Once we had filled up the paper, I facilitated a conversation about what images they had put

down and why, as well as the connections they saw between various images. This conversation continued for almost an hour about issues of feminism and gender, after which we took a break.

When we reconvened, the peer worker let a meditation exercise for five minutes. I then took the group for a **listening walk**, where we walked around the block as a group for about 10 minutes, with the instruction to listen and pay attention to 'outside' sounds and 'inside' sounds. When we returned, we did a quick go-around and people talked about what they noticed. In this feedback, no one had paid attention to the 'inside' sounds – the thoughts or perceptions they were experiencing during the walk – but did come back with a range of environmental sounds. I then led the group in creating **sound scenarios**. I broke the group into 2 smaller groups, and asked them to choose one person who would agree to be an anonymous character. The group was to choose a scenario in which the character was experiencing some situation that affected their well-being, and to give context to what was happening. One group chose a mother dealing with her child, who was having a tantrum on the street, and the other group chose an interaction between a parent and a teenager. I then asked the groups to think of sounds that reflected what was happening in the scenario – sounds that reflected the environment as well as what the person was thinking or feeling. After about 10 minutes of working, each group shared their scenes.

The purpose of this exercise was to develop skills for using sound as a medium that could link 'inner' and 'outer' realms, and to access immediate sense perception to make scenarios that described challenges to well-being. I decided on this exercise because I wanted to experiment with approaches to scenario creation and soundscapes that hadn't worked as planned in the first workshop. Although the participants were willing to participate, this exercise didn't expand on the gender dialogue that preceded it, and it didn't lead to a critical analysis. This exercise would have worked better if the content of the scenarios was connected to issues that were pressing to the participants. If I were to do it again, I would do the listening walk, but also a series of simple exercises exploring how sound can be used to show what is happening in the 'inner' life before entering into scenario creation on issues that emerged from the gender dialogue. This indicated that all of the art exercises need to be responsive to the active relational dynamic present in the group, and offer ways for people to take up the issues they face in their own lives through an art form. When disconnected from the relational dynamics of the group, the art exercise largely loses its meaning and relevance. This exercise also showed me that scenario creation around challenges to well-being requires simple exercises that can give participants skills for working

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with multiple modalities of sound which would lend to more textured and layered scenarios. However, in their evaluations, several people said that they really liked this scenario creation, and that it even showed the amount of connection we had formed as a group.

At the conclusion of the workshop, participants completed evaluations forms, and we also had a small group interview to evaluate the day (the written evaluations are included in Appendix 2).

The object work was something different and interesting and fresh. Liked the object work. That will focus me on things that come up, and I can go back to that particular item.

Like free writing connected to objects, mind maps, then free-writing then collage – this was brilliant. It was logical – it was amazing. Because there was a progression I was engaged and stimulated and the conversation that came out, it was learning so many things.

The starting of the day set the tone for what was to come, in terms of the meditation – very focused and freeing to feel, smell, touch, what we wanted, without feeling fearful of what we would feel. I found the day easy to stay engaged in what was going on, and the different senses was a breath of fresh air.

The images in the magazines connected to the here and now that entered us into a conversation. What if it was a different group of people, how would that have changed it? You never really know who will come to a workshop and for today it was perfect because that conversation was mind blowing – so much came out of that exercise that was amazing.

Some of the feedback included appreciation of the use of the 5 senses, the use of object play, the connections between exercises, mindfulness meditations, and the use of metaphor. Participants also said that the conversations helped them get in touch with feelings that get lost in the everyday, helped them see what other women's wellness journeys look like, put them in touch with their challenges to well-being, and created awareness and some strategies around needs for well-being. Some suggestions were to have shorter sessions and to focus on one sense at a time, to change the order of some of the exercises, to change the name of the workshop (to attract more men), and delivering the workshop to people who identify in-similar aspects. Overall, the feedback reflected a sense of inspiration and interest in continuing the work.

From these pilot workshops, I garnered some initial learnings about the facilitation of a psycho-social arts practice. The conversation about group participation that came about from the collective scenarios exercise showed me that the purpose of the art process in the *Room for Health* project is not just the making of an artistic product that communicates experience, but also is a vehicle and roadmap for relational development. The artwork provides a way of helping the group navigate their connection between inner experiences and affect and collective expression within a group setting. In this regard, more complex and layered forms of site-based art can only come from a sustained and in-depth level of group involvement and participation, which inherently involves the raising of issues and even triggers which must be navigated as the participants move through the artistic process.

Moreover, the aesthetic and content of the artwork comes directly from the navigation of relational dynamics within the group. Given the short time we shared together in the context of the first workshop, the exercises brought forth a significant issue around participation that was central to the capacity of a group to collectivize their experiences. This demonstrated that the early stage of this art process reveals central relational dynamics that must be understood and worked with as the foundation of any artistic product. Seen as an aspect of an artistic process, these conflicts and triggers would also likely be a key part of the content of a collective art piece. Furthermore, unless the art has an emotional connection, the motivation for authentic engagement in a collective process may be lost. Indeed, the art product would be impossible without serious thought and intention around these relational issues. It is in the multiple lines of emotional connection to the art objects, as well as the relational development that results from the exercises, that a conceptual and emotional map of intimacy can emerge within the group.

Overall, the participants engaged in ways that were more vulnerable and intimate than the initial instructions called for in the exercises I'd designed. This indicated that a larger need was emerging within the group to deepen their relational investments, at the same time they contended with the risks and challenges to do so. As a facilitator, it is important for me to be able to facilitate this relational aspect of the group development, as well as be able to assess what kind of art exercise, form, or medium will be appropriate for the needs manifesting within the group. This means that I must develop a repertoire of exercises that can be used in appropriate

moments, and that facilitation would entail a great deal of keen, perceptive, and well-informed improvisation on the ordering of such exercises.

I also saw that the pace and timing of group development was not a function of my curricular plan, but that the group went through slow and methodical contemplation, as well as "growth spurts" of unplanned and intense communication and interaction. Being able to read this sense of timing and pace, and to balance and provide space for the multiple sets of converging needs within the group, became immediately apparent as a result of these exercises. It is essential that the facilitation of *Room for Health* is not predetermined, so that the art process is reflective of the relational development and levels of intimacy within the group. In this way, it is necessary to provide a great deal of structure, as well as simple art exercises in the early stages of group development. It is also important that the facilitation is adaptive to the group members' readiness to make choices about their own artistic and relational process.

3   ANALYSIS: THE AESTHETICS OF INTERVENTION

There were significant instances that emerged in the *Room for Health* workshops that can clarify *how* collectivization of affective experience is politicizing, and what the implications of these politics might mean for processes of healing. More specifically, these instances give clues about how to re-conceptualize the possible sites and meanings of 'intervention' in cycles of addiction, in ways that counter the neoliberal notion that the individualized subject is the site of healing and rehabilitation. I would like to focus on three moments in the pilot workshops that elucidate the ways in which the psycho-social art practice politicized notions of health and well-being: the resistance to group participation, the emergence of a discussion on gender relations and feminism, and the communication of personal associations around the theme of well-being. Because these moments of learning happened as part of an arts-based process, *Room for Health* can help us consider how aesthetic engagement can be understood as essential to the politicizing of addiction in ways that might challenge norms around individualized subjectivity.

Aesthetic Engagement

Before beginning my analysis of these significant moments that emerged in the pilot workshops, it is important to further consider the meaning of aesthetic engagement within the project. Educator Yolanda Medina claims that aesthetic engagement allows us to share

experiences, as well as recognize issues of oppression, because it includes embodied and emotive ways of knowing when interacting with works of art (Medina 2006, 53). Given this focus on the sharing of experiences as well as critical analysis, "aesthetic engagement" can be seen as a process of learning that involves interaction with art. However, it is important to not just equate the art to something functional that only serves to engage people in a process of collective learning or research. *Room for Health* is flanked by fields of art therapy and arts-based research, which tend to trivialize aesthetic considerations and side-step the importance of looking at art on its own terms. Art therapy often uses art as a means by which to get to moments of self-realization in ways that tend to neglect aesthetic analysis of the art itself (Gilroy and McNeilly 2011, 120). Art is taken up within arts-based research in ways that are a means of inquiry into a topic or experience (Knowles 2007). As well, there can be a tendency in organizational and community contexts for art to serve goal-oriented outcomes that undermine the aesthetics of the work in favor of the idea that the art serves something 'out there' (Bishop 2006; Nicholson 2005, 56-57). In contrast, by focusing on aesthetic engagement in my analysis of the *Room for Health* project in ways that prioritize an examination of the art process, it is possible to consider how artistic practice is vital and necessary to processes of politicization of health and well-being in ways that counter individualizing norms. I thus take lead from the realm of contemporary art in my exploration of aesthetics, given the rigorous ways in which artists and art critics have given attention to aesthetic study and the tensions and contradictions around notions of subjectivity (Gonzales 2008).

Aesthetics can be understood as more than criteria of assessment of artistic practices. In Jacques Ranciere's terms, "Primary aesthetics can be understood as the system of a priori forms determining what presents itself to sense experience. It is a delimination of spaces and times, of the visible and invisible, of speech and noise, that simultaneously determines the place and stakes of politics as a form of experience" (Ranciere 2006, 12-13). Aesthetics in this light refers to what is known, and *how* it is known. Aesthetic critique is a way of approaching what is visible and recognized within communities and societies, and the forms and relationships that constitute this knowing. In Ranciere's words, "The important thing is that the question of the relationship between aesthetics and politics be raised at this level of the sensible deliminations of what is common to the community, the forms of its visibility, and of its organization" (2006, 14). In this regard, aesthetics refers to what enters into collective experience. As the *Room for*

Health pilot workshops were only the beginning stages of what could be a longer-term group engagement, the art forms may have appeared somewhat rudimentary – a collection of words written in magic marker, a scattering of magazine cut-outs, a series of simple drawings on the wall, a gathering of objects on the floor. Yet the level of self-exploration and social critique that developed in this short time was significant, and these developments should be understood as part of the aesthetics of the art production. The merging of art production and social critique signals the significance of aesthetics that go beyond beauty, skill, and conceptual nuances to address the impact of art on how people experience social and political spheres.

Aesthetic critique can be taken up in connection to collective artistic practices through a focus on dynamics of relationality. Exploring aesthetic and ethical criteria for collaborative and collective art processes, Grant Kester takes up issues of relational authorship within contemporary art and the shift from a concept of art based on self-expression to one based on the ethics of communicative exchange" (Kester 2004, 106; Kester 2011, 10). One of his central concerns is how conventions of art theory and criticism are changing in regards to a shift from "textual" art practices "centered primarily on questions of visual signification", to "collaborative" ones "concerned with the generative experience of collective interaction (Kester 2011, 10-11; 24). The textual paradigm is defined by aesthetic autonomy of the artist as author, in which "compositional and receptive roles are fixed" and fabricated for viewing, while the collaborative paradigm is oriented towards intersubjective exchange (Kester 2011, 29; 36). Kester sees textual and collaborative practices as increasingly interlinked, and enters into a larger discussion of authorship and labor as defining elements of these shifting practices. Underlying his discussion around the turn to collaborative practice within contemporary art is a challenge to the "critical remove" of text-based authorship (Kester 2011, 22).

In his attention to the shift in paradigms from "textual" to "collaborative" art production, Kester argues that there is an ethics to authorship, and these ethics are simultaneously reflected in the aesthetics of the work itself. "[T]he question that can help us grasp the complex and necessary interdependence of the aesthetic and the ethical is to what extent the work remains mindful of the violence of community and of representation itself" (Kester 2011, 76). In other words, the creation of social sites and experiments within contemporary art involves the engagement and formulation of communities (temporary or longstanding) in acts of representation. These representations require relational and community responsibility for the

aesthetic choices used in their making. Because the artist is no longer positioned as autonomous and independent as in purely "textual" forms of modern art, this newer collaborative paradigm challenges notions of individualism, in favor of "art as a form of research into the production of collective and individual identity" (Kester 2011, 113). The ethical implication for collective art processes is that questions of relational agency (and how it is attributed and negotiated) become a central focus of the work and its aesthetics.

The importance of analyzing art on its own terms is that it is essential to the negotiation of knowledge creation in relational and social life; art influences what becomes known and how it is known. In taking these discussions on aesthetics into consideration in the analysis of the Room for Health workshop, I am choosing to pay particular attention to the kinds of relationship dynamics that emerged in the workshop in connection with the art exercises, as well as what kinds of experiences entered into the collective group dynamic based off of engagement with the art objects. I turn now to an exploration of 3 significant moments in the Room for Health workshop that can elucidate the ways in which the psycho-social art practice may politicize notions of health and well-being through the collectivization of affective experience.

Collectivizing Affective Experience

In the collective scenario exercise in the first workshop, participants were asked to use motions, sounds, and words to create a collective scenario, in order to integrate their thoughts and memories about a personal moment of well-being. The reactions to this task were significant because they revealed a resistance to group participation, as reflected in one participant's notes:

> *What I do or don't do with my body are all questions of choice. Expression, individuality, freedom for me come from working alone or deciding very carefully, with a lot of time, who I want to work with and why. I see and value the importance of collective work, but being pushed into it without a way out brings up past trauma for me. Group work/collective work when it's not a choice is scary and uncomfortable. It makes me want to control the process or disengage from it entirely. How do I deal with and overcome the triggers that group work causes me. My most severe addictions and mental health issues emerged in the context of group work. Group work is a trigger.*

It is important to look at the possible challenges of entering into collaboration around the collective representation of experiences of well-being. The task in this exercise brought up a resistance to participation in which it wasn't the content of the art that was triggering, but the

collective art process itself. This resistance in relation to the process of collectivizing experiences was significant because it instigated an active exploration of the willingness of the participants to enter into collective expression together. This moment of resistance also revealed the necessity of the negotiation of relationships in the process of gathering experiences into representational form as a collective. This participant needed to maintain individual control over the work she produced, but she was also actively navigating her boundaries in relation to others within the creative process. Once she was able to verbalize this tension, it became an issue that was relevant to everyone in the group, rather than something that isolated her from group involvement. In a seeming contradiction, her desire for separation and space brought her deeper into the group process on her own terms, rather than isolating her. This navigation of relational interaction took her out of an isolated position in regards to her challenges and concerns around well-being. This moment can be seen as indicative of a methodology of assemblage, which as discussed above, centers the tensions and contradictions of a 'place', understood here as the group context. The art process instigated an exploration around the tensions between group involvement and the need to maintain independence. The important thing here is that the boundary between self and other was being actively worked with in a way that removed the onus of well-being from the individual. In this instance, the participant was addressing her own deeply personal needs and experiences around healing and wellness in a way that required a negotiation of interdependence within the group context.

The second moment was the shifting of the individual notions of well-being to collective orientations, which emerged through a discussion on gender relations and feminism. This conversation resulted from the object mapping and collective collage exercises. Participants were first asked to use an object to generate a mind map about their own needs for well-being. They then created a collective collage of their needs for well-being using magazine cut-outs.
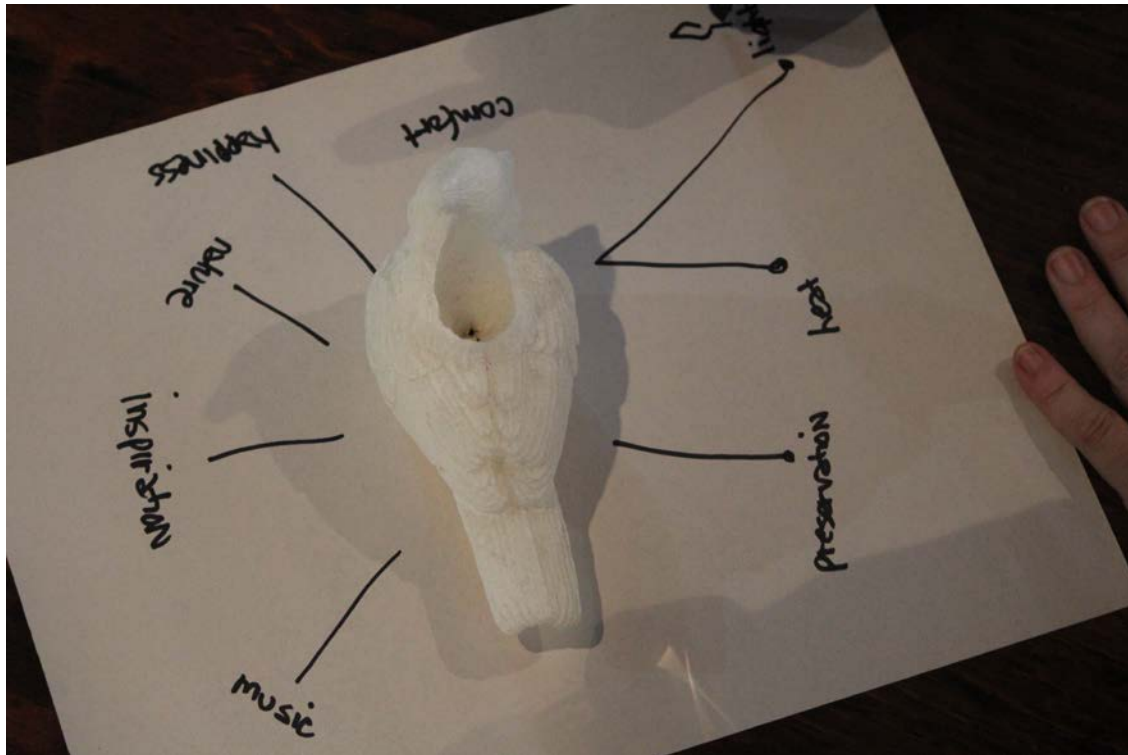
Object Mapping Exercise

Collective Collage Exercise

Representing their needs in a way that could be combined in a single image, participants began exploring the connections and associations. For example, one person found a map that showed that all people in the world, no matter what country they are from, are interconnected. From this she concluded that we have more similarities than differences. Another image she chose was of a woman from an article about Africa that she felt contrasted with white images of beauty:

> *I wanted to show that there is so much beauty in women and we forget to compliment ourselves around our own beauty, and to stop thinking of beauty as what you see, but also the inner part of ourselves. We are not just an image, we are people just like everyone else. We should not be idolized or victimized because of how we see beauty.*

Another person chose an image of a hummingbird diving into a flower, connected to ideas around life and vitality, as well as ideas around freedom to move in space and to find vitality and nutrients. She also chose an image of water to reflect ideas of freedom and movement:

> *You see the space in the water, there is nothing obstructing, it is just water. So then I got the sense of freedom from that as well as movement, submersion and then also if we were to also see that live, the water itself would have movement with the light coming through.*

One woman chose a set of words instead of images:

> *I added a few words, and I was finding it difficult to find an image. But it falls in there - there is a theme through my diagram, my free write, and the images I found. Part of it was about breaking the rules...This whole world doesn't seem to be working, so why can't we be more like kids. Change the rules. Who made this black, white, right, wrong, men, women...why do we have to do it that way? Looking at the fact that there is so much more to me and so much more to you than what we first see. How many people know that I play music, that I sing, how many have heard it? Well they don't because I've been too busy filling too many of the roles that have been put upon me for me to look at some of my dreams and my roles and not what keeps me from being as well as I can be. So it is sort of all tied around. The space and the freedom, you know, we are sort of stifled into compartments: I'm a mom, I work, I do this, but there are other parts of me – there is a sensuous part, there is a funny part. Few get to that point because we are all so busy and looking at their own shit too. So slow down.*

Another person chose a pink flower:

> *My needs for well-being were centered around this flower, which to me was like Echinacea, and it has a really warm, fuzzy center to it. And so that was one of my*

needs I guess, so I have this space which is a directional space pointing to a mountain towards this more wide-open space – and heading towards something bigger and unknown, trying something . We need to sort of stop and smell the flowers, and so I have animals with big eyes and visions so that people will know to look beyond what they see and look to find something more connecting to themselves and with respect to nature as well. …And I put this word 'transformed' because once you change your life you feel transformed and I also put 'rebirth' because there is a need for something better. My need for well-being was to look at these foci.

Yet another person chose to talk about her mind map object, which was a statue of a cherub angel:

First it was more like representing peace, but as I start to look at it more and more, I start to look at this body, who is naked, I start to think about my own journey about body image and food addiction, my own journey. I thought it was funny that, when you look at this angel, you wouldn't think to criticize his body, you would think he is completely perfect just the way he is. And yet, if we are looking at this we have such a hard time being kind to our body, and yet this angel, which is clearly overweight, just seems to be perfect. So this connects me to a memory of a workshop, where 15 years ago, someone actually helped me through my journey to see my body as loving, useful…So when I picked up the magazine, I picked up the one with food because I think that food should be pleasure and nourishment. So I took a picture of a woman who looks like she is eating completely guilt-free, we take it for nourishment completely guilt-free.

This exercise brought out a range of associations and ideas about well-being that were both personal yet also touched upon societal meanings. During this conversation, a couple of the participants began drawing connections between images, and we began talking about how the images and ideas were related. Doing this collectively shifted the nature of the conversation from an exploration of individual needs (as was reflected in each person's mind-map) to an exploration of the way in which needs for well-being manifest in relationships. The conversation became in an active negotiation of the needs the women had in relationship with each other, as well as an exploration of larger social and cultural contexts that influence the ability for women to form relationships with each other. Significantly, feminism became the main through-line of this conversation.

During a brief pause in the conversation, one woman asked, "Do you find that women are cruel to each other, do you find that women are more critical of other women?" I recognized this form of question-posing as a significant shift in the conversation. The group was composed of people who all identified as women, and I took this shift as a sign that the group needed to

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navigate their potentials to engage in relationship to each other. From this point on, the conversation moved away from the images on the paper, and towards a more focused and intense, free-flowing dialogue about how women are hard self critics, and hard on each other. Up to this point of the conversation, I had facilitated the group in making connections between their images. But at this point, the group didn't seem to need the images and instead started to talk about the connections between their experiences in a more direct way, making eye contact and speaking with each other. This conversation ensued for about 50 minutes, in which the women shared personal information about how they saw themselves, as well as how they chose to interact with other women:

> *When we look at people in my mother's generation, they were doing feminist work, even before the Gloria Gaynors, they just weren't recognized for what was. I think that women are hard on each other and harder to themselves as a result, and getting caught up in it.*

> *I was thinking about learning and also unlearning. In thinking about my own writing, I think a lot of what we are talking about too is unlearning modes of oppression, internalized standards, ideas of competition, that get in the way of well-being.   I think it is important to add to well-being ideas of that kind of hinder us or stifle us. That also surfaces, right?*

> *In the conflict resolution training I'm doing, we talk about the iceberg a lot, about what is under the iceberg. When you look at an iceberg, you only see a third, and two-thirds are below. I think a project like this done in a group of women and a project like this done in a group of men, I think that we would find a lot of similarities under the iceberg. But because of the barriers and conditions that have been imposed on both male and female, that's where we need to start. That it's ok to end the stigma, like you know about mental wellness, illness, addictions, it all. You know I was conditioned where it is ok for us to talk about this where we can cry, it's not taboo or anything like that, whereas guys, big boys don't cry, come on, put on the big boy pants, toughen up, give a good shot in the arm. That it's in fairness to them they have been given the short end of the stick too in some ways. And maybe it is in projects like this is where we see some of the stigma being taken down, that we see that there as many similarities as differences, you know?*

> *It made us feel kind of melancholy, I'm like, wow, this is a big topic. It's not easy to put emotions forward; it's kind of a way of expressing. I think this is good for our daily work as well, because say you encounter a woman like in this picture with lines through her face. She is coming to you and asks you for a job. What is the first thing that comes to mind, is it the deficits that you see, that she would not be hired because of the way she looks? How could we make that more*

meaningful for her…so that she can feed her family, have a roof over her head, be well. You know not be in the hospital because she is thinking the mental illness is happening to her because she can't do all of these things, 'she's a failure, she's a failure, she's a failure', right? So when we in our daily lives and our daily work, are looking at women who come from different places, often different cultures, language, are we internalizing that? What are we doing internally that we should not be doing, as women, or even as people? I'm not even talking about gender here, I'm talking about person to person, a person with blood going through their veins, a person that has the same feelings that we do…the reality is when you are out on the workforce, out on the front lines, we are seeing more deficits than we see positive…We've got to say, this is how I feel, this is how I've come about it, what do I do to unlearn what I've learned? We all have judgement, we all have biases, we all have our stigmatizing, we discriminate. But how do we do less of them, how do we get to more of an understanding than a judgement.

You know and I think dealing culturally, it is it is understanding. I have no idea what you experience everyday, you know, as much as there are similarities, there are differences. And it is not about running away from those differences. I mean for me to look at you and say I don't see color, that's a lie. And what a horrible thing to say to someone because that means, you know, I don't see you. You know, I won't walk ahead of you or behind you but I'll walk with you, I'll support you.

One of the things I like is that we talk more about mental wellness than mental illness. And it's because there are so many different cultures that, I mean if you think about how North America it is stigmatized, in other cultures, it's even worse. So when we start talking about wellness and how to feel better, it's not saying to feel bad for the way you are, it's about feeling better…As opposed to looking at a typical medical, hey, you're sick, so if you tell someone they are mentally ill, depending on how it is interpreted, it may mean that you are sick, you are broken, and you know that's not bad at all. Let's focus on where you are and work holistically. I really like this shift that is happening around wellness instead of illness or deficit.

As indicated by these quotes, themes emerged around women's responsibilities to each other, including discussions about feminism and social othering. This conversation also took up ways to negotiate gaps and differences, and the need to expand the scope of what well-being is to social and community realms. These quotes also show an increasing level of intimacy in the group, in terms of willingness to talk about judgements, as well as to be honest about racial relations and personal opinions. Interestingly, the group's conversation seemed to be oriented around feminism as a necessary factor for socio-relational well-being. The orientation around individual needs for well-being shifted to an exploration about what it means to care for other

women within everyday situations of power and oppression, as well as how it might be possible to engage men in conversations about well-being. The shift from individualized to collective orientations to well-being involved in-depth socio-political critique based on an earnest conversation about women's responsibilities and intentions in relationship with each other. Here, the conversation on well-being led the group to consider potential forms of action or intervention in regards to issues of social isolation of marginalized peoples within group and public scenarios, such as classrooms and work spaces.

A third significant learning from both the first and second workshops came from the communication of personal associations around the theme of well-being during in the object meditation exercise. In this exercise, participants were asked to do a movement meditation in which they explored what an object of their choice might represent about what well-being means to them. Participants moved through the room with their objects in a silent meditation, then placed them in the center of the floor. In a group conversation, they then shared what kinds of associations they had made about their own understandings of well-being.

Similarly to the collective collage exercise, the object meditation exercise collectivized individual experiences through the placement of art objects that participants had associated with aspects of well-being. In this exercise, participants were able to integrate many different memories and meanings of well-being in their lives, and share these associations with others. Here considerations around well-being revolved around a personal orientation, reflected a wide range of meanings in ways moved beyond an individual focus:

> *We went through a lot of scales of analysis, so looking at history, our own lives as time passes or comes back in a circle, our daily practice. They are all intertwined in how we understand our selves, how we understand our well-being. In a daily way, in a moment's thoughts, how it intertwines with these larger social questions around health and how we are born into all of these structures and we have these opportunities to engage with them or remake them.*
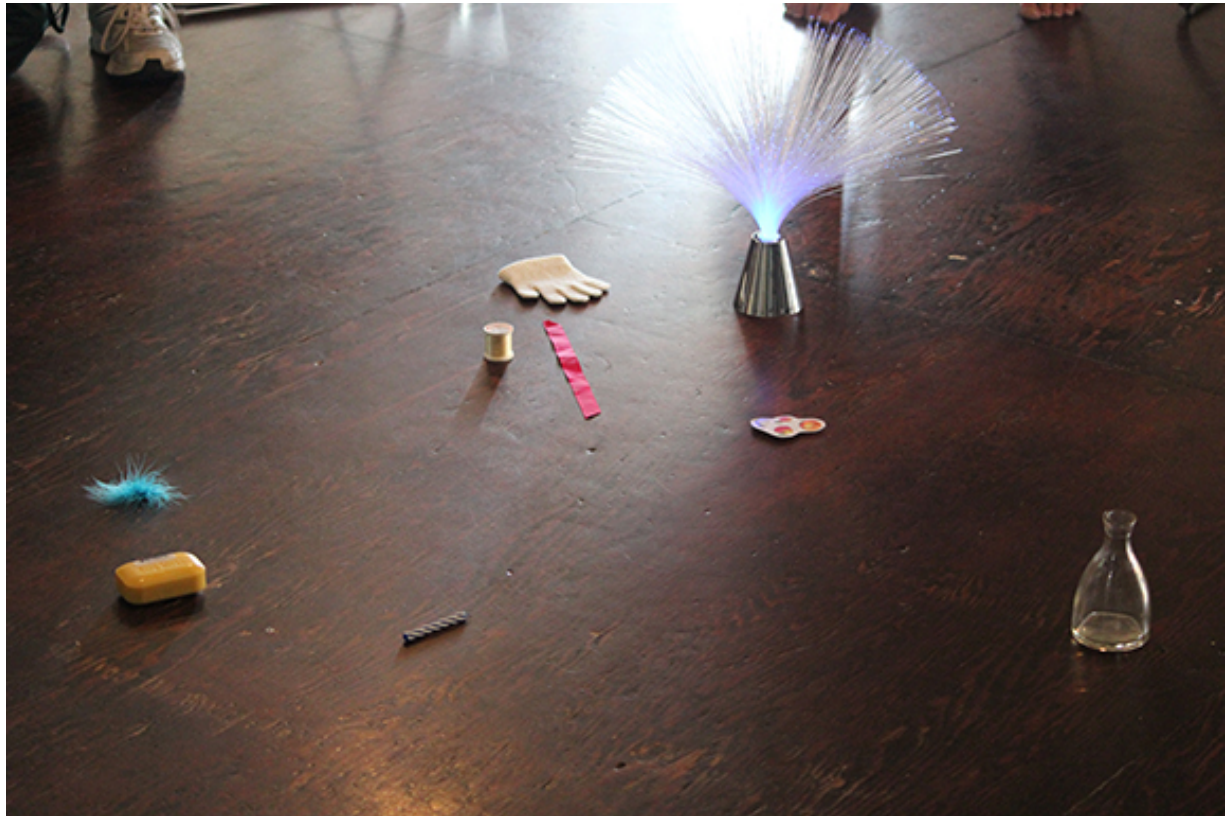
Object Meditation Exercise in Workshop #2

Object Meditation Exercise in Workshop #1

In this exercise, participants situated their own deeply personal experiences through a wide range of associations – their memories, thoughts, and feelings. As well, these personal explorations had connections with a wide array of associations that were formed interpersonally. In this instance, highly subjective experiences were framed as part of a metaphorical landscape in which the personal was not individualized, but was connected in intricate ways with other peoples' subjective experiences of well-being.

I saw that the art exercises were effective when they brought out relational issues and relational intimacy within the group, but that this shift was unplanned and the content unknown until it emerged. I also saw that the art exercises give people entrance into exploring their challenges to working together, as well as providing a means by which people can reveal thoughts and experiences that are idiosyncratic and often not verbalized. To me, this seemed to connect to the dynamics of witness and testimony, as mediated through objects and images. In both workshops, the content of sharing was around past experiences that were triggering on some level, but had direct relevance to the emerging group dynamics and questions around relatability and participation. Although the conversation in the second workshop was not as emotionally sensitive to intense personal triggers, it did touch upon personal challenges to well-being encountered by the women. It was striking to see that in both workshops, the groups went through a shift in relational intimacy, but that the conversations followed different trajectories. Each group began to develop psycho-social analyses around needs for well-being, according to the immediate issues that surfaced within their particular interactions with each other. In both groups, the conversation around needs instigated this development, which indicated to me that this is an important topic, as it spanned personal, relational, and social dynamics.

Summarizing these findings, the art process dissolved individual orientations to well-being through the negotiation of group participation. It led to the contextualizing of individual needs for well-being within relational socio-political contexts. The art process also created a framework by which it was possible to see deeply subjective experiences as interconnected. As these examples reveal, the politicization of notions of well-being wasn't simply about moving from an individual to collective framework of learning, as might happen in a shift from individual therapy to group-based engagement. Politicization also wasn't only about the formulation of social critique as might happen in a classroom of critical pedagogy, though this was an important element of the aesthetic analysis of the artwork being produced in the workshops.

Politicization rather happened through participation in a relational zone of exploration that was sustained through engagement in the art exercises and through interaction with art objects. Staying in this relational zone together allowed for a careful exploration of affective experience around well-being that was simultaneously personal and shared. Interaction with the art objects (sounds, images, words, physical objects) allowed participants to maintain an

affective engagement with each other in ways that let them shift away from individualized orientations to deeply personal experiences around the needs and challenges to well-being. The aesthetic engagement in this practice of assemblage kept people in this realm of exploration in a way that allowed a movement away from routine understandings of addiction as an isolated or individual experience. Furthermore, the art process connected the personal to the social through a process of intimacy – interactions that foregrounded communication and shared experiences within the realm of affective life – in which it was possible to break down reified barriers around the individualized self. Assemblage and the development of a group archive helped activate and sustain this relational zone as a 'space' of dynamic and layered tensions, interactions, memories, and histories. In this regard, the politicization of health and well-being happened through the dynamic relational engagement between 'self' and 'other' in ways that shifted and dissolved normative individualized orientations around experiences of addiction.

Addiction "Intervention": Relational Engagement and Ethics

Addiction intervention within rehabilitation and treatment settings is focused on the individual as the locus of change and healing. However, the findings from the *Room for Health* workshops reveal different potential sites of intervention, including interpersonal relationships, groups and collectives, and shared public spaces. The *Room for Health* project furthers the literature on the socio-relational paradigm of addiction because it offers distinct arts-based methods for a socio-relational approach to intervention, and shows how notions of health and well-being can be politicized in through a focus on affective experience. It also shows that addiction can be addressed through pedagogical approaches that may involve therapeutic elements, but that center people who have direct experiences of addiction as leaders in facilitating change processes based off of their own experiential expertise.

Working at these alternative sites of addiction intervention requires a focus on relational engagement and relational ethics. Relational ethics provides avenues for exploring the interdependency between people, the vulnerabilities of relationships, as well as the space between the self and the unknowable 'other'. "We do not know the other; we know the other as a subject that we cannot fully know…hence we are in the same relationship to the other that we are in with ourselves. We face that dark hole of non-knowing that is, amongst other things, perhaps, the unconscious" (Frosh 2011, 228). We enter into relationships knowing that we can

be misunderstood, attacked, and hurt.   Resilience in the face of these risks is what makes us available for being in relationship (Frosh 2011, 229). Relational ethics is about establishing our capacity to be in relationship with each other as connected yet separate.

Wendy Hollway engages developmental psychology to explore how we can understand what it means to have ethical encounters in personal relationships as well as across distances of broader social and political terrains. Her exploration of psycho-social capacities to enter into caring relationships centers on the care-giver/child relationship as the foundation for life-long and broad-ranging capacities to care. She looks at families as the crucible of caring relationships, recognizing that even if there are policies and resources in place, capacities to care are deeply reliant on close personal and intergenerational relationships (Hollway 2006, 6). Though she is looking at capacities to care psychologically and developmentally around infanthood, her focus on families underlies the importance of paying attention to groups and community relationships as a part of personal and social development of capacities of care over the course of someone's lifetime, and within wider social contexts. "The psychosocial inquiry does not reduce to individual or interpersonal problems, but underpins the big questions of society, politics, ethics and global environmental sustainability" (Hollway 2006, 2). Similarly to my own inquiry into relational notions of "health and well-being", Hollway asks what "care" means as a relational term that is not just discursive, but that can address actual relationship dynamics as they are lived and experienced. She looks at how care extends from personal to social and political realms in ways that explore how relational dynamics play out in everyday life. Her study shows the ways in which practices of care are interactive and in flux in dynamics of everyday life and practice, rather than looking at how care might be understood procedurally or prescriptively (Hollway 2006, 4). Her theorizing of care connects to my own exploration of intimacy within social and political life by taking the conversation out of the routine assumption that intimacy is relevant only to personal and private encounters. Relational ethics, formulated around dynamics of relational trust, care, and intimacy, is the binding point of a psycho-social pedagogy.

Returning to witness and testimony as a cornerstone of the pedagogy, Julie Salverson explores the role of the "witnessing subject" who must not remaining an outsider to structural and social issues that may emerge in arts practice, while also recognizing the positionality of their experiences (Salverson 2006, 152). It is important to speak and to be known as a subject in

order to enter into relationship with ones who are giving testimony. To be a "witnessing subject" allows for differences in privilege and experience to be recognized as part of the ongoing tensions that are inherent in the engagement of witness and testimony. The subject position allows for risks in an encounter that may leave the witness open to the real vulnerabilities and challenges of being present and responsive. This subjective witnessing is an ethical willingness to be known as well as to know. Indeed, the task of collectivizing experience brings us to a juncture that we are not necessarily used to facing and that can be challenging; the kinds of negotiations of what it means to engage in the realm of intimacy that is required of relational orientations to healing.

Closing: The Badge of Intimacy

At the outset of this project, I set out to understand how art processes can politicize notions of health and well-being by collectivizing affective experiences, and by situating those experiences within socio-relational contexts. I was interested in how issues of social fragmentation that cause and result from cycles of addiction could be taken up within group and collectives. I was motivated by an orientation to politicization in which notions of individualized subjectivity might be disrupted in the process of connecting deeply personal experiences to relational and social contexts. *Room for Health* was an encouraging example of how these politics may emerge and evolve through collective arts-based engagement.

What I found was that there can be processes of resistance to participation in group processes, and in negotiating that resistance the facilitator has to attempt to integrate the experiences of the participants into the relational dynamic. This resistance may be a sign of trauma emerging within the group, and may reveal some of the layered causes and systemic blocks that create feelings of isolation. But resistance to participation is also a powerful point of connection that can actively break down the stigma of individualizing norms around addiction. I also found that by drawing connections and associations between individual needs for well-being by using art objects and images, a powerful potential for critical analysis was released within the group dynamic. This ability for critical engagement with the art mediums was something that emerged from the inherent knowledge and wisdom of the participants, and brought forth conversations about race and gender in ways that were nuanced and complex. As well, I found that the use of art objects as mediums of testimony allowed for a poetic layering of experiences

to be merged within the group dynamic in such a way that personal experiences became part of a collective landscape of metaphors and meanings about well-being.

I began this work propelled by my work as an artist and facilitator in settings in which the most drastic impacts of social isolation are prevalent and immediate. Having done this research, I am now even further convinced in the power of art to bring about significant social impacts. In the process, I have honed my skills and my aptitude for working with the multiple layers of trauma and dislocation that affect communities affected by social violence. My proximity to issues of addiction was primary to the process because it was through lived experience that the power of the process emerged, for all involved. In facilitating the pilot workshops, I was not removed from the participants in a role of authority or with the position of predetermined knowledge. I was very much navigating the terrain of intimacy along with others, discovering the surprising meanings and challenges to well-being that were unique to each person and each group. The skills of facilitation involved a keen perception of the ruptures and shifts that happened through aesthetic engagement, as well as my own perceptions, emotions, and thoughts. My practice as a facilitator in this psycho-social process can only be developed through the building of sincere relationships that can sustain the weight and vulnerabilities of experiences of racism, homophobia, sexism, and other forms of social marginalization that are connected to experiences of addiction.

Affect and intimacy are often seen as purely emotional, irrational, and even messy aspects of life. Within a psycho-social arts practice however, an engagement with the affective dimensions of life are in fact crucial to skilled intervention in the personal and social domains in which addiction plays out. With this recognition of the importance of affect comes the assertion that it is necessary to develop a set of methods for working collectively with very rich terrains of affective experience and knowledge. In *Room for Health,* intimacy required a nuanced set of capabilities and skills for engagement. It also required a keen sense of observation and reflection of interpersonal encounters, out of which came precise social and political critiques.

In conclusion, *Room for Health* isn't just about bringing people together to do art; the depth of aesthetic and relational engagement changes the framework of addiction from being situated around the treatment of individual traumas, towards a deep exploration of what it means to live within the potentials and limitations of collective life. Indeed, there are risks in forming intimacies that are nuanced and constantly adapting, as people learn about the similarities and

differences between their life experiences. Art practice coming from a relational paradigm must be premised on accountability in forming ethical relationships. Furthermore, an emphasis on relational ethics within the art practice is deeply connected with, and necessary to, the socio-relational paradigm around discourses of addiction and related notions of health and well-being. Intimacy becomes essential to the politicization of processes of healing, because ethical relational engagement is central to the reconceptualization of individualized subjectivities that underlie dominant understandings and approaches to the phenomenon of addiction.

Addiction is an experience in which individualizing norms are actively constituted and given meaning. When we move the site of healing off the stigmatized individual, vast possibilities are revealed for simultaneous personal, social, and cultural transformation. The collectivization of experiences of addiction is vital for intervening in institutional and cultural norms that limit our capacities to realize the depths and heights of our potentials, while giving serious focus to the processes needed to heal the impacts of interpersonal and social fragmentation. Making the choice to move beyond notions of addiction as individual downfall, we can discover a powerful convergence of experiences that allow us to manifest bold, new futures. In the joys and vulnerabilities of collective engagement, multiple threads of memory, thought, and feeling can be drawn together through conscientious intimacies, and formed into radical approaches to healing.

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Appendix 1: Room for Health Pilot Workshop #1

Room for Health Workshop #1 FINAL CURRICULUM

FACILITATOR INTRO (10 MINUTES)

Explain purpose and parameters of the workshop, as well as personal reasons for facilitating the work.

GROUND RULES (20 MINUTES)

Facilitate the creation of a group agreement for working together around issues of health and well-being.

HOPES AND NEEDS (20 MINUTES)

Ask participants to take 2 pieces of colored paper, and on one side write their hopes for the workshop and on the other side their needs for the workshop. Participants can draw or write, depending on preference. Ask everyone to put their papers on the floor and facilitate a discussion about hopes and needs for discussing well-being in a group.

BREAK (10 MINUTES)

OBJECT ICE-BREAKER (10 MINUTES)

Choose and object and pass it around the circle with the prompt: This is not a __; This is a __

OBJECT MEDITATION (30 minutes)

Choose an object from the table that could represent something about well-being to you. (Facilitator lead a meditation for 10 minutes where participants move through the room, connecting 'inner' to 'outer' using the object.

Discussion: What happened for you during the meditation? (Explore notions of well-being draw comparisons between the associations people made with the objects.)

LUNCH (40 MINUTES)

MEMORY POEM (10 MINUTES)

Write a brief poem about a moment or memory that evokes well-being for you, including 5 senses: what you saw, smelled, tasted, heard, and touched.

COLLECTIVE SCENARIOS (45 MINUTES)

Participants form 2 groups of 3 and share your poems in your small groups.

Choose 3 motions, 3 sounds, and 3 objects from your combined poems and create a short scene that incorporates these elements into a collective scenario.

(After about 30 minutes of sharing and collaborating, ask the groups to share their scenarios.)

BREAK (15 MINUTES)

CHALLENGES TO WELL-BEING GROUP WRITING (45 MINUTES)

Take 5 minutes to write about a scenario that represents someone experiencing a challenge to well-being. Choose a set of words that represents their needs for well-being in that scenario, and write them on a piece of colored paper.

(Share the words by putting them in the center of the floor and discuss.)

WORKSHOP DEBRIEF/CLOSING (20 MINUTES)

Workshop 1 Draft Curriculum Set 1

INTRODUCTION & WARM UP (30 MINUTES)

10 minutes: Facilitator introduction: My story and the purpose for this workshop.

10 minutes: Participant Introductions

15 minutes: Make a collective map of ground rules/agreements for working together
 (eg. Confidentiality, Respect, Support, etc.)

10 minutes: Take two pieces of paper – on one write your hopes for the work today, and on another write your needs (discuss).

EXERCISE: CIRCLES OF HEALTH (1.25 HOURS)
Objectives: Identify determinants of health that are important to the group; build relationships within the group; look at differences and similarities in experience of health and well-being

Exercise: Circles of Health

(10 minutes)
What factors in your life help you feel and be healthy? You can think about your experiences in the past week or month, or it can be more long-term, if you like. These are things that are already part of your life that contribute to you feeling and doing well.

Write these on orange pieces of paper and make circles around them for how important they are – big and small circles.

(10 minutes)
In groups of 3, share what you have written. What similarities do you have? Are there some differences in what you prioritized?

(10 minutes)
Now choose one or two red circles and one or two of your blue circles that are most important to you. Cut them out and tape them on the wall.

(15 minutes)
Gallery walk: Take some time to walk around and read what is on the wall.

(20 minutes)
Large Group Conversation:
> What are your reflections on what you see? Are there similarities and differences that stand out to you? What did you put on the wall and why is it the most important to you? Are there any group priorities around health and well-being that you see on the wall?

(5-10 minutes)
Wrap-up: Going around the circle, say one word that describes what you learned about what health and well-being means to you or to others.

SUPPLIES

colored construction paper

Workshop 1 Draft Curriculum Set 1
markers
scissors
tape

Workshop 1 Draft Curriculum Set 2

WARM UP: OBJECTS EXERCISE (15 MINUTES)

(15 minutes)
Facilitator chooses an object and passes it around the circle. Each person comes up with a metaphor for what the object could be that relates to what makes her feel healthy, well, or good. For example, if the object is a hat, I might say, "This is not a hat, this is a swimming pool on a hot day".

EXERCISE: MY BOWL IS FULL (1 HOUR 45 MINUTES INCLUDING BREAK)

Objectives: Explore health and well-being using object play; Introduce participants to methods of site-based art making; Participants share experiences within the group using metaphor and imagery; Explore possibilities and limitations for group sharing and collaboration; Relationship building within the group

Exercise: My Bowl is Full Poems (35 minutes)

(10 minutes)
Movement Exercise**:** If you had a bowl that you fill up with things that contribute to your health and wellness, what would you put in it?

The group walks in a circle, snapping or making some kind of beat with hands and feet. This is our "bowl". One at a time, each person enters the circle and says what they would put in the bowl, and makes a movement to go with it (eg. good food, water, plants, friends, etc.). After everyone is done, we stop and face the center of the circle and repeat all of the movements and words of what people put into the "bowl".

(15 minutes)
Poem Exercise: Think of a moment or instance in your life when you felt like your bowl was full. Write a 5-line poem using your five senses, plus one line to say how you felt overall.

(If help is needed with writing, participants can work in pairs and a partner who can write down the lines of the poem as she speaks them.)

Example:
I saw colors and lots of kinds of fabric
I smelled warm food
I tasted salt and sweet
I heard many voices and laughter
I touched hands and shoulders and I touched wood grain and I touched trees
I felt alive, I felt strong, I felt supported, I felt surrounded by good people

(10 minutes)
In groups of 3, share your writings

BREAK 10 Minutes

My Bowl is Full Scenes (60 minutes)

Explanation of Exercise (10 minute

Workshop 1 Draft Curriculum Set 2

Step 1: Choose Excerpts from Poems
Getting back into groups of 3, put your poems down in front of you. As a small group, choose 3 objects, 3 sounds, and 3 actions from all of your poems.

Step 2: Represent Poems though Objects and Actions
Objects: Choose an object in the room or draw an image on paper representing objects in your poems
Sounds: Use your hands or body or objects in the room to create sounds that are in your poems
Actions: Find ways of acting out a few of the motions or actions in the poems

Step 3: Create a scene
As a small group, combine these objects, sounds, and actions to create a short performance/scene. You can also incorporate lines of your poems into the scene, or read your poem before or after you present your scene.

(I will give examples of these steps in the explanation.)

(20 minutes)
Small Group Work

(15 minutes)
Each group of 3 takes 5 minutes to present/perform their "my bowl is full" scene to the rest of the group

(15 minutes)
Discussion: What was it like working with others to create the scene? What did it feel like to combine aspects of your experience with those of others? What did this exercise show you about working collectively to say what health and well-being means? Is it easier to work alone or in a group? Did you learn anything new about yourself or others?

SUPPLIES

Paper

Pens

Markers

A set of objects to use for creating scenes

Workshop 1 Draft Curriculum Set 3

WARM UP: CALLING YOUR NAME (10 MINUTES)

(10 minutes)
Think of the ways that people have spoken your name – the attitude and way they have said it. Standing in a circle, the group goes around saying their name in that way, and the rest of the group repeats it.

Brief comment on how we are part of so many kinds of relationships and how there are so many ways that we know ourselves through relationships: *In today's workshop we will look at our landscape of relationships. We have relationships that are unique to each of us, but we also share these landscapes because we have relationships with each other. What would it mean for us to create a collective landscape of the relationships that are important to our individual and collective well-being? How do we visualize these relationships?*

RELATIONSHIP LANDSCAPE 1 HOUR 50 MINUTES
Objectives: To describe relationships that are important to participants; to create a repertoire of metaphors and ways of describing essential relationships in participants' lives; to visualize the system of relationships that exist in the group

Relationship Landscape

(10 minutes)
What *relationships* have been important to you? This could be relationship with a thing, a person, a place, etc. Make a list of 3-5 relationships that are significant and write a brief explanation for each about why each of these is important to you.

(30 minutes including instruction)
Wagon Wheel
Make 2 rings, one with half of the group on the inside ring facing out and the other half of the group on the outside facing in. The wagon wheel creates diads. For a few minutes each person, share what you thought/wrote about those relationships that are important to and why they are important, each person talking for a few minutes. After 6-8 minutes in each diad, the outside group stands up and moves left one seat, so that new diads are formed. For example, the first diad talks about the first relationship on each person's list. The second diad talks about the second relationship on everyone's list, etc.

(15 minutes)
Large Group Conversation
Facilitator takes notes on a board:
1) What kinds of relationships did your partners talk about?
2) Why were these relationships important?

Workshop 1 Draft Curriculum Set 3

(45 minutes)
Collage
Using magazines or by creating drawings, participants create a relationship landscape on the wall, choosing imagery that represents the kinds of relationships that were discussed in the group and why they are important.

(10 minutes)
Closing
Looking at this collage, what are a few words that describe this landscape of relationships that are important to us as a group?

SUPPLIES

Pens
Markers
Participant Sketchbooks
Scissors
Magazines
Construction Paper
Glue Sticks
Tape
A large roll of white or black paper to put on the floor or wall for collage

Workshop 1 Draft Curriculum Set 4

The group work takes 2 hours so the circle may just start with a quick go-around on a question that is relevant in making a connection to the previous week's exercise.

COLLECTIVE SCENE-MAKING (2 HOURS)

Collective Scene-Making

10 minutes
Explanation: *We are thinking about what contributes to our health and well-being, but also it can be useful to think about what challenges might be and how to address those challenges. To think through this as a group, we are going to create a scene together that lets us think through how to represent challenges to health and well-being through sound, movement, and words.*

In groups of 4, think of an example of situation or scenario in which there is a character or small set of characters in a situation where they are experiencing challenges to their health and well-being. This might be a scenario about something one of you have witnessed or an issue that is important and relevant to your lives.

Describe this situation or scenario:

Who is involved?
What are they feeling?
What actions are happening?
What is the location where it is happening?
When is it happening?

10 minutes
Report Back: Each group briefly describes the scene or situation they have come up with. Decide as a group which scenario we will work with – a scenario that people resonate with or they are interested in working with.

Instruction: We are going to create 3 groups, one for people interested in music/sound, one interested in action/movement, and one interested in making a script or poem

Take 30 minutes in each group to create:

Group 1) a sound motif (think of the "bowl is full" circle)
What is the mood or pace and sense of time in this scenario? Use instrument, objects, vocal sounds, or body percussion to make a 10 minute soundscape.

Group 2) a movement motif (think of actions or motions and expand on them or change them)
What actions or motions are happening in this scene? Try acting them out and expanding them

and interacting with each other to show the movements of this scene. This can be literal or more abstract – just play and find movements that you feel comfortable with.

Group 3) a short writing/poetry
Think of the "my bowl is full" poem using five senses and create a short script. You might each come up with a few lines and combine them, or work together as a group to create a list of words or even some sentences of what is being said in this scene

30 minutes
Group work to create 10 minutes work of working material

10 minutes
BREAK

20 minutes
The 3 groups come back together and improvise the combination of their segments, integrating sound, movement, and script

10 minutes
 In this scene, what needs are there so that we can change the scenario? What factors would contribute to a different outcome or a better situation for this character or set of characters?

 What relationships are needed?
 What emotional dynamics are needed?
 What dynamics re power & oppression are needed to be changed or given attention?
 What resources are needed?
 What locations or places are needed?

 Individually, write your ideas on blue pieces of paper and make circles around them for how important they are – big and small circles, and tape the papers on the wall

10 minutes
Gallery Walk

20 minutes
Group Discussion:
 What are your thoughts about what is on the wall? What needs are there so that there is better sense of health and well-being? How is this related to needs that affect our own lives? Do you share in any of these needs? Are there needs that we have in common within our group? What are our group's priorities in terms of the changes we feel are important?

5 Minutes Wrap Up:
Go around the circle and state a word describing how you feel.

Appendix 1: Workshop 1 Hopes and Needs Image 1

leave w/ inspiration for think about how notions of Health + well-being connect to my own work and process

hope

leave w/ a better understanding of what health and well-being mean for me

Connect w/ ppl in the room

to learn 4m ERIN's facilitation process

HOPES:

- ♥ learned something new
- ♥ walk away feeling inspired
- ♥ walk away thinking of new possibilities
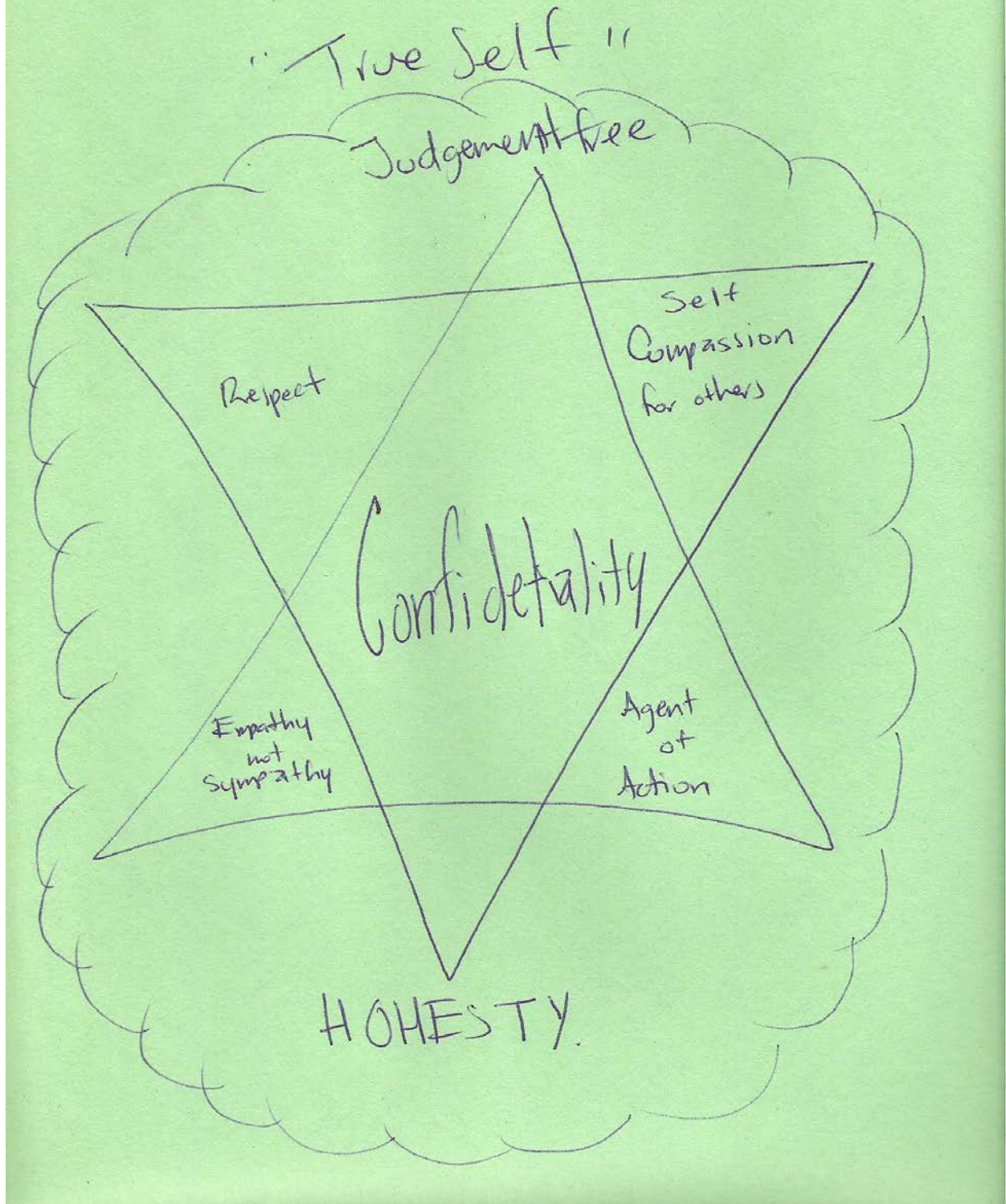- ♥ feel heard
- ♥ feel not judged

HOPES

TO GET NEW IDEAS

TO FIND OUT ABOUT
THE ART - HOW IT
WORKS
HOW IT DOESNT

TO LEARN (TO GROW AS A
FACILITATOR)

"True Self"

Judgement free

Self
Compassion
for others

Respect

Confidetality

Empathy
not
Sympathy

Agent
of
Action

HOHESTY.

NEEDS:

♥ confidentiality

♥ open minds

♥ no super invasive questions

♥ optional sharing (ability to opt out/pass)

♥ respect & kindness

♥ supportive vibes

♥ empathy

Appendix 1: Workshop 1 Hopes and Needs Image 6
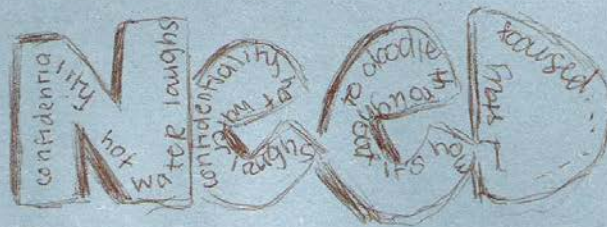
NEEDS (of others)
(for self)

CONFIDENTIALITY

INSIGHT

FEEDBACK

THOUGHTS

IDEAS

SOME THINGS
ARE HARD
TO EXPRESS

(WILLINGNESS)
TRYING OUT NEW THINGS

"THE LAUGHTER I HEARD"

felt
experienced joy when I went to see my
friend Davia;

bougth some flowers and some food to
share with her at her home...
the flowers smelled fresh and alive
and I knew my friend was going
to feel excited when I saw them
for her;
the soup, dip and ckakets tasted
delicious almost as good as her
company and warm good energy;
meanigful interactions with meznigful
friends and meanigful food for me
are at the core of my well being!
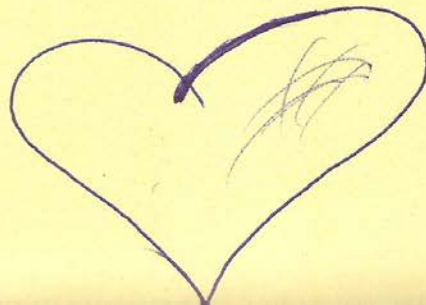
skin
salt
support
soil
ripples
wind
splash
breath
open

OBJECT * MOTION * SOUND

~~I felt~~ arms around me &1

~~I felt my~~ tears dry on my cheeks.
I lick the salt of my sadness off my lips and it is gone a moment
Silent sighs of ^loud support —

(all that needs to be said)

I open my eyes and see in my skin
"love thyself"
And so I do

✳

arms around me
tears dry on my cheeks.
I lick the salt of my sadness off my lips and it is gone a moment
silent sighs of loud support — all that needs to be said,
I open my eyes and see in my skin:
"love thyself"
and so I do.

this
one
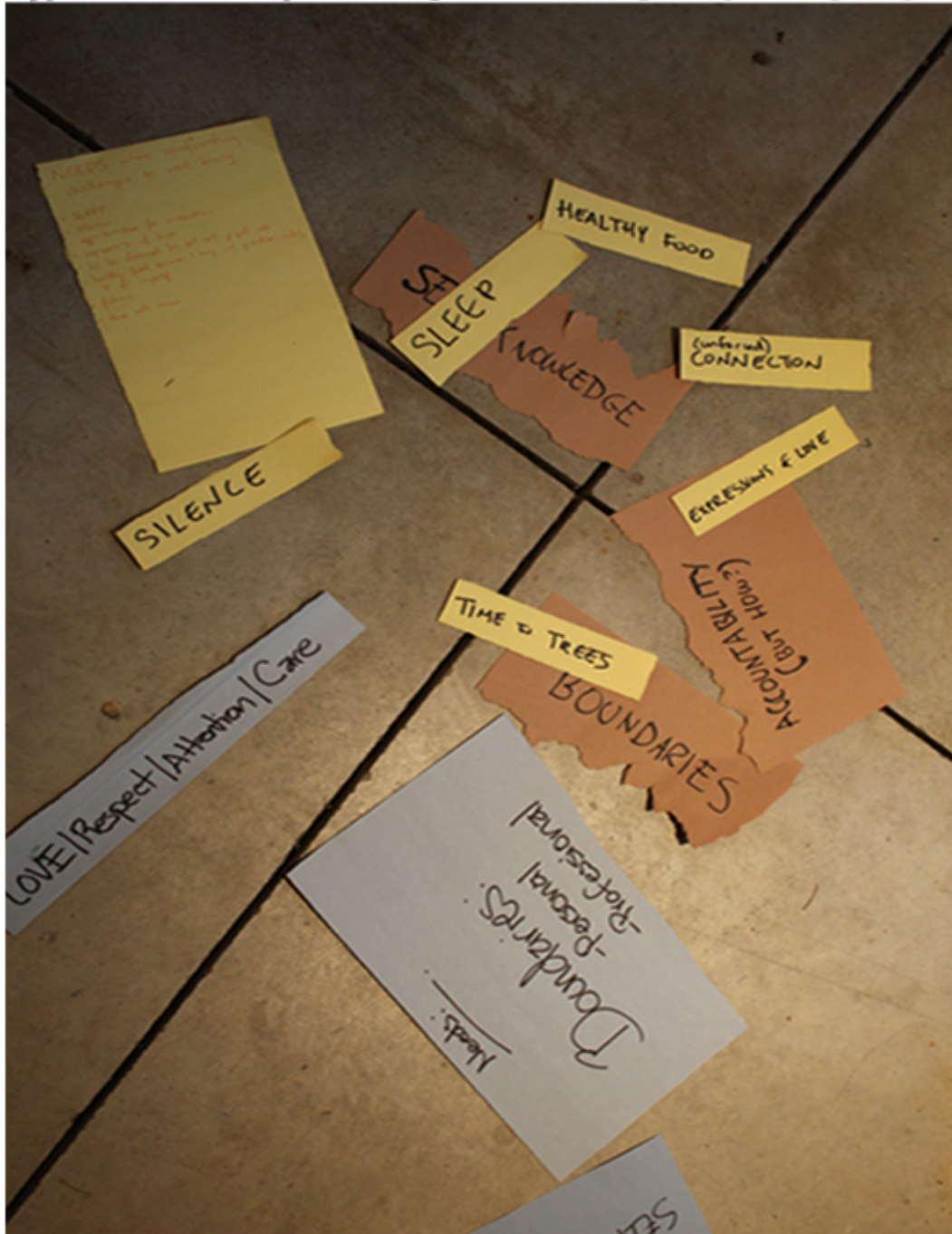
I heard the wind through the trees, at pen to paper
transcribing human thoughts
I smelled the soil ~~and~~ richly and alive ~~active ecosystems~~

I tasted foods that strengthened and cleansed me

I touched the world and land around me as I ambled up hillsides

I saw the clouds touch the earth, I saw ~~hands~~ recent strangers
hand in hand

I felt connections that support life

As I moved through
the forest the
intensity was vibrant
amounts of shapes. ¢ the
depth. rushed the frames of
seconds. every

The sound was constant
had a roaring essence.

I tried to grab the
air that ran through my
fingers.

The aromas potent
visitors. elegant. sensual,
playful. erotic. delicious
Tasted like million gardens

Appendix 1: Workshop 1 Collective Scenarios

Appendix 1: Workshop 1 Challenges to Well-Being Group Writing Image 1

Appendix 1: Workshop 1 Challenges to Well-Being Group Writing Image 2

Needs:

Boundaries:
- personal
- professional

SELF CARE

TIME

AWARENESS OF
OTHERS
(SPACE)

LISTENING

Needs
- quiet time
- to sit w/ all feelings
  not react
- boundaries / boxes
- connection
- imagination
- time to create
- space to connect
  my ideas + experiences
  w/ others
  - make my own
    decisions
  - connection
  - control

A

space, place, the arrangement

of objects

what I do or don't do

with my body

are all

questions

of choice.

GROUP
WORK IS
A TRIGGER
xxx ▾▾▾
▾ ▾ ▾
▾ ▾ ▾

most severe
my addictions
and mental
health issues
emerged in
the context of
group work

Expression, individuality, freedom

for me came from working

alone or deciding very

carefully, with

a lot of time

who I want to work with and wh

I see and value the importance of

collective work, but being pushed into i

without a way out brings up past trau

for me. From Group work / collective work

when its not a choice is scary and

uncomfortable. It makes me want to control

the process or disengage from it entirely.

~~promote~~ How do I deal with and overcome the triggers that group work causes me.

Appendix 2: Room for Health Workshop #2

Room for Health Workshop #2 FINAL CURRICULUM

10:00 – 10:30 SETUP

Art Table: Objects/Journals/Name Tags/Markers
Food Table: Fruit/Tea/Napkins/Drinks
Make a circle of chairs

Pass out ethics docs for signing/Journals/NameTags/Breakfast
Check with participants if they have any time limitations – if they might be able to stay till 5:15/5:30
Try to start by 10:15/10:20 but have listed the time as 10:30 just in case people are late

10:30 – 10:45 FACILITATOR INTROS (7-8 MINUTES EACH)

Share our stories for how we came to do this workshop, and why it is important to us, in a way that can build trust for the participants in our skills as facilitators, as well as our ability to lead the process.

Erin explain the orientation how the work came out of experiences around addiction, recognizing the personal and systemic. Julie say something brief about training as peer support worker. The purpose for the day is to explore what well-being means to us based out of these experiences.

10:45 – 10:55 PARTICIPANT INTROS (10 MINUTES)

Transitioning from facilitator intros, ask participants to be brief: Name and one sentence about why you were interested in attending this workshop. (We will have time to share our thoughts and stories in greater detail as we go through the day.)

10:55 – 11:00 FACILITATOR ROLES AND EXPECTATIONS (5 MINUTES)

Take a few minutes each to describe our roles as facilitators re arts facilitation and peer support

Erin: This is an educational arts workshop and not art therapy; we are working from a peer-support model but neither of us are trained therapists. The goals of this workshop are to:

* Use art to explore ideas of health & well-being
* To collectivize our exploration of health & well-being (instead of seeing this as something just personal or individual)
* To strategize around challenges and opportunities for health and well-being in our own lives and communities

11:00 – 11:05 GROUNDING EXERCISE (5 MINUTES)

(**Peer Support Worker** leads a short meditation to connect body and mind – perhaps with some movement because we've been sitting for a while)

11:05 – 11:40 CREATING THE COMFORT AGREEMENT (35 MINUTES)

Erin: We'd like to take some time to talk together about creating a comfort agreement, which includes guidelines we'd like to set for working together. These are agreement for all of us, including us as facilitators. First let's write down some beginning guidelines around group engagement and dialogue (make sure we also include these following ones):

(Erin and Peer Support Worker Facilitate Together)
Shared Air Time
Use I statements
Speak to the topic
No isms –
Unconditional high regard

Please know in entering this workshop that it is not a place where our goal is to do therapeutic work around trauma experience, but to use an educational framework to explore ideas around health and well-being. That said, talking about health & well-being can sometimes bring up the challenges we've experienced. This as an educational workshop in which our personal experiences, realities, and emotions are central to our learning and we invite you to bring your experiences into the room. Yet, sometimes dialogue can trigger people. We understand that you might have things come up during the workshop, and

Room for Health Workshop #2 FINAL CURRICULUM

it is important that you have supports in place should you need them. This workshop is not structured in a way to delve deeply into personal trauma experience, because we are working from an educational and not a therapeutic framework. We will be working from personal experience around issues of well-being, but also please recognize that disclosing traumatic experiences can also trigger others.

Peer Support Worker: What are triggers? (Lead a discussion about taking responsibility for triggers.) We need to navigate personal needs and group needs. If you are triggered today, what would be a preferred way of taking care of your triggers without taking up too much time from the group? Let's think of 5 solutions or so…(Facilitators can offer suggestions for the group to accept or not -- journal – a drink of water, etc.)

First you try and take care of yourself, and if you need extra support Julie is there for a limited time then we go back to you the group.

Erin: If anyone feels the comfort agreement isn't being followed, or needs to be added to, we can revisit the agreement at any time. Out of consideration for each other, if we as facilitators see signs that anyone here is feeling triggered, our process will be to recognize your experience and check in with you one-on-one, as well as find way to keep a focus on the collective art process. If anyone leaves the room, please know that we will check in with you.

Erin: (Hand out the list of resources and therapeutic sources.) This resource list is in case you need to follow up with someone further. We encourage you to use these resources if you need extra support after this workshop is over today.

11:40 – 11:55 BREAK
11:55 – 12:15 HOPES EXERCISE (20 MINUTES)

Choosing a colored sheet of paper and markers, on one piece put down your hopes for our group work around well-being today (for yourself, from the group, from the facilitators, for the overall workshop, or in whatever way these come up for you). You can use words or drawings, however you'd like to express it. We will be sharing our images with each other, and you will be able to choose if you want to speak about them or not.

Place the hopes on the table/floor so everyone can take a look. Does anyone have comments about what you see or would you like to talk about your own hopes for our work on well-being? (Add to comfort agreement as needed).

12:15 – 1:00 OBJECT MEDITATION (45 MINUTES)

Choose an object from the table that could represent something about well-being to you. (Facilitator lead a meditation for 10 minutes where participants move through the room, connecting 'inner' to 'outer' using the object.

Discussion: What happened for you during the meditation? (Explore notions of well-being draw comparisons between the associations people made with the objects.)

1:00 – 1:45 LUNCH (45 MINUTES)
1:45 – 1:55 OBJECT ICE BREAKER (10 MINUTES)

Choose and object and pass it around the circle with the prompt: This is not a __; This is a _j_

1:55 – 2:15 OBJECT MIND MAP (20 MINUTES)

We are going to do a "mind map" with an object of your choice.
1. Putting the object on the table on top of a piece of construction paper, draw lines showing what this object represents in your life in regards to your needs around well-being. Come up with 8-10 ideas – there are no rules.
2. Now circle one of the items on your mind map, and take out your journal. Without taking your pen

Room for Health Workshop #2 FINAL CURRICULUM

off the paper, journal or draw nonstop about what you have circled. You will not have to share this with anyone, so write or draw whatever comes to you. (Give 1 minute and then ask them to choose another topic. Do this 3 times)

2:15 – 3:05 COLLECTIVE COLLAGE (50 MINUTES)

1. Using magazines, collect images that relate to what you just drew/wrote in your mind map.
2. Talk together with your group about the meaning behind your images – thinking about the relationships between your images.
3. We will be combining these images into a collective collage. As you place images, think about how they are related or positioned in connection with each other. You can also add tissue paper/use pastels if you want to add words or lines. (Give guidance as everyone adds the images to a collective scene/collage on the table).

Discussion: Sharing these images, what does the collage say about what needs we have for well-being? What connections did you find in your group? What was it like trying to find a way to combine your ideas into one image? Would you add anything further?

3:05 – 3:15 BREAK

3:15 – 3:20 GROUNDING EXERCISE (5 MINUTES)

Peer Support Worker leads a grounding exercise to prep people for the listening walk – tuning into mind-body connection and internal/external awareness

3:20 – 3:45 LISTENING WALK (25 MINUTES)

(Go out as a group and walk down the street with the instruction to listen and notice the sounds that are on the outside, as well as listen to what is happening on the inside (perceptions/thoughts/feelings). People can bring their notebooks to write things down if they want.)

In a short conversation – what do you notice about the sounds? Any similarities or differences? What was it like to pay attention to both at the same time? What happened for you in the listening walk? Was it hard or easy to pay attention to both inside and outside at the same time? *How does sound help make connections between what is happening on the inside and outside of you?*

3:45 – 4:00 SOUND SCENARIOS (20 MINUTES)

Now we are going to extend the 'inside' and 'outside' sound meditation to make scenarios that resemble situations in life. You are going to create a scenario that includes an anonymous character, and we'll think about how sound can reflect well-being in regards to particular environments that affect our well-being.

1. (Separate the group into 3 small groups.)
2. Each group choose one person who wouldn't mind being modeled/molded re your arms/hands, feet/legs, and head/posture. (Please let the others in the group know of any place you do not want to be touched. Alternatively, you could give the model verbal instructions. Discuss briefly in your group what is comfortable.)
3. As a group, choose a setting for this person, it could be something that you remember or that you saw recently, or anything that comes to mind. Feel free to add a few details for this person -- maybe they are a child, maybe they are struggling financially, maybe their race or gender or sexual orientation is important in this scenario. Put the character in a body position to reflect what they are experiencing in this setting. You can put the character in a chair or have them sit/stand – whatever makes sense re that scenario.
4. Drawing from the previous exercise, decide on a sound on the "outside" – a sound in the environment of this setting. Also choose a sound that reflects what is happening "inside" this person. Find a way to create these sounds – percussion, vocalization, stomping, etc.
5. We will show the scenarios to the rest of the group. When you present, someone in the group will name the setting (and any other contextual info), the person being modeled is silent, and the rest of the group models/makes the sounds, giving the audience enough time to take it in between

Room for Health Workshop #2 FINAL CURRICULUM

transitions. You can 'play' one sound at a time, or a combination of both in different variations. You can also play with combining different postures with the "inside" and "outside" sounds.

4:00 – 4:25 SCENARIO PRESENTATIONS AND DISCUSSION (25 MINUTES)

We will show the scenarios to the rest of the group. When you present, someone in the group will name the setting (and any other contextual info), the person being modeled is silent, and the rest of the group models/makes the sounds, giving the audience enough time to take it in between transitions. You can 'play' one sound at a time, or a combination of both in different variations. You can also play with combining different postures with the "inside" and "outside" sounds.

What is interesting or important to you about these scenarios? How do these mediums of sound, movement, and scenario communicate meanings around well-being? What does it mean to start with embodied knowledge and sensory information when finding ways to express experiences and challenges around well-being? What are the challenges of communicating these experiences in everyday life?

4:25 – 4:35 BREAK (PASS OUT EVALUATIONS IN ADVANCE OF BREAKING)

4:35 – 5:00 DEBRIEF WORKSHOP (25 MINUTES)

Discuss with the participants what they learned/what was important/ what they might change.

Let people know Erin will be available for follow-up conversations/interviews if people would like, to discuss learnings.

Workshop 2 Draft Curriculum: Set 1

INTRODUCTIONS (20 minutes)

Facilitator Introductions: (10 minutes each for each facilitator)

(We share our stories for who we are and why we are doing this workshop.)

Round of Intros of Everyone (10 minutes)

Names; Why did you choose to join this workshop?

ROLES AND EXPECTATIONS (15 minutes)

Erin: This is an educational arts workshop and not a therapy; we are working from a peer-support model but neither of us are trained therapists. The goals of this workshop are to:

* Use art to explore ideas of health & well-being

* To collectivize our exploration of health & well-being (instead of seeing this as something just personal or individual)

* To strategize around challenges and opportunities for health and well-being in our own lives and communities

Talking about health & well-being can sometimes bring up the challenges we've experienced. This as an educational workshop in which our personal experiences, realities, and emotions are a very important part of learning. We understand that people might have things come up during the workshop, and it is important that you have supports in place should you need them.

Peer Support Worker: (Discuss the resource sheet and discuss the peer-support that is built into the workshop p and what participants can expect if there are signs that they are feeling triggered or if they identify that they are triggered. Discuss triggers: what they are, how to navigate them, how to know your limits/self-knowledge around triggers, that it totally ok if things come up)

(Hand out the list of resources and therapeutic sources.) This resource list is in case you need to follow up with someone further. We encourage you to use these as well as to offer us input as we go about your needs.)

OBJECT EXERCISE (10 MINUTES)

This is not a ___; This is a ___

Workshop 2 Draft Curriculum: Set 1

ART MAKING EXPLANATION (10 MINUTES)

The art will be very straight-forward and easy to access. If you ever want input or more instruction, don't hesitate to ask. Also, all exercises are optional – you can choose to be in this space in whatever way serves you. In exploring well-being, the most important thing for us is that this workshop space is a place where we practice well-being. We will have food and if you ever want to take a break just do so. Think of this as your own space to explore things for yourself, in connection with the others in the group.

Art assemblage involves working with objects – these could be things we pick up, or pictures we make, or even sounds. We'll be using these objects to explore meanings of health and well-being and to enter into conversation together. Site-based assemblage can involve making scenes or dioramas that express ideas and concepts, and we'll be working towards the creation of installation work.

Some of the work is temporary – ice breakers for getting us thinking – and some of the work will be more like pieces you could put on the wall. We'll be working a lot of different ways, and I'll be adapting the art-making to the needs of the group, as we go. These are just beginnings and we could build on what we start here to do more in-depth work, but a lot of what we are doing is to generate thought and ideas about well-being.

I'm handing out journals for everyone so that you can keep these with you and record your thoughts during or after our sessions together and just generally think about these themes each week. Journaling and drawing can be really amazing for processing and incorporating new ideas in your life. These are just for you and your thoughts.

HOPES AND NEEDS EXERCISE (20 MINUTES)

Choosing a colored sheet of paper and markers, on one piece put down your hopes and on the other your needs (for yourself, from the group, from the facilitators, for the overall workshop, or in whatever way these come up for you). You can use words or drawings, however you'd like to express it. We will be sharing our images with each other, and you will be able to choose if you want to speak about them or not.

Place the hopes and needs on the table/floor so everyone can take a look. Does anyone have comments about what you see or would you like to talk about your own hopes/needs? (Conversation)

Workshop 2 Draft Curriculum: Set 1

BREAK (10 MINUTES)

GROUND RULES (30 MINUTES)

Based on these hopes and needs, what kinds of ground rules/expectations would we like to set for our work together? (Write this on a big piece of paper on the wall.)

Your hopes and needs are an important part of this workshop. We will revisit this conversation as we go, whenever we need to. Please feel free to express your needs as we go. There will be a box with pieces of paper in them where you can also write them down at any time and put them on the wall if you'd like to do that too.

INSTRUCTIONS FOR NEXT WORKSHOP AND WRAP-UP (10 MINUTES)

Think of an object that you come into contact with pretty much every day. Think of something that is easy to touch, pick up, put down with ease and that is part of your everyday routine. It could be something at home, about your commute, your family, your work, whatever you'd like. Choose something that you could bring with you next time. Example: house keys; favorite sweater; glasses, a mug.   We'll be getting into the art next week with some collage work around the object you choose.

Workshop 2 Draft Curriculum: Set 2

PERSPECTIVE ICE BREAKER (10 MINUTES)

Put an object in the middle of the table and ask people to describe what they see.

The idea is that we all have different perspectives on the same thing. We can actually come up with all kinds of insight and ideas by looking at something from our own different angles. Today we are going to start by using objects in different ways to look at what well-being means.

OBJECT ICE BREAKER (20 MINUTES)

1. Choose any object in the room that you think could represent what well-being means to you.
2. Walk around the room and pay attention to your breathing, and the connection between the inside of you and the outside of you – the room, the air, the people, the energy in the room.
3. Continue walking and think again about your object and how it is connected to your well-being. You can explore the space with your object in any way you like in any way that feels good – maybe you want to stretch or maybe you just want to sit – whatever you'd like but maintain that mental connection to your object.
4. (Go around to each person and discuss how the objects connect to ideas of well-being.)

OBJECT COLLAGE (50 MINUTES)

We are going to do a "mind map" with the object you brought in. Putting the object on the table on top of a piece of construction paper, draw lines showing what this object represents in your life around your needs around well-being.

3. For example, if I choose a toothbrush it is connected to the dentist and the access to healthcare; it is connected to my bathroom counter and my house and a stable place to live (or maybe I wish I could change where I live); it is connected to all the people in my life because I think of their smiles – it could be anything you associate with needs you have around health and well-being on the day-to-day.
4. Using magazines to collect images that relate to your mind map. (If you don't find images you could draw them or just even write a word or two.)
5. (Give guidance as everyone adds the images to a collective scene/collage on the table).

Discussion
Sharing these images, what does the collage say about what needs we have for well-being? Do you see connections between any of the elements? Would you add anything further?

WRAP UP (10 MINUTES)

What is one thing you will practice this week for your self-care/well-being?

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CHECK-IN (5 MINUTES)

Today we are going to build on what we did last week through practices of listening and by thinking about sound.

LISTENTING WALK (20 MINUTES)

(Go out as a group and walk down the street with the instruction to listen and notice the sounds that are on the outside, as well as listen to what is happening on the inside. People can bring their notebooks to write things down if they want.)

WRITING AND GALLERY WALK (20 MINUTES)

Write on piece of paper the outside sounds and on another the inside sounds/feelings. Walk around and look at what is written on the walls.

Discussion: What happened for you in the listening walk? Are there any patterns or connections you see in what was written? What does it mean to listen to the connections between outside and inside?

COLLAGE (10 MINUTES)

Choose 1 or two sounds (outside or inside) that you would add to the soundscape of the collage we made last week. Rip or cut those out and we will tape them around the collage.

SOUND SCENARIOS (20 MINUTES)

Now we are going to extend the 'inside' and 'outside' sound meditation to make scenarios that resemble situations in life. You are going to create a scenario that includes an anonymous character, and we'll think about how sound can reflect well-being in regards to particular environments that affect our well-being.

6. (Separate the group into 3 small groups.)
7. Each group choose one person who wouldn't mind being modeled/molded re your arms/hands, feet/legs, and head/posture. (Please let the others in the group know of any place you do not want to be touched. Alternatively, you could give the model verbal instructions. Discuss briefly in your group what is comfortable.)
8. As a group, choose a setting for this person, it could be something that you remember or that you saw recently, or anything that comes to mind. Feel free to add a few details for this person -- maybe they are a child, maybe they are struggling financially, maybe their race or gender or sexual orientation is important in this scenario. Put the character in a body position to reflect what they are experiencing in this setting. You can put the character in a chair or have them sit/stand – whatever makes sense re that scenario.
9. Drawing from the previous exercise, decide on a sound on the "outside" – a sound in the environment of this setting. Also choose a sound that reflects what is happening "inside"

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> this person. Find a way to create these sounds – percussion, vocalization, stomping, etc.
> 10. We will show the scenarios to the rest of the group. When you present, someone in the group will name the setting (and any other contextual info), the person being modeled is silent, and the rest of the group models/makes the sounds, giving the audience enough time to take it in between transitions. You can 'play' one sound at a time, or a combination of both in different variations. You can also play with combining different postures with the "inside" and "outside" sounds.
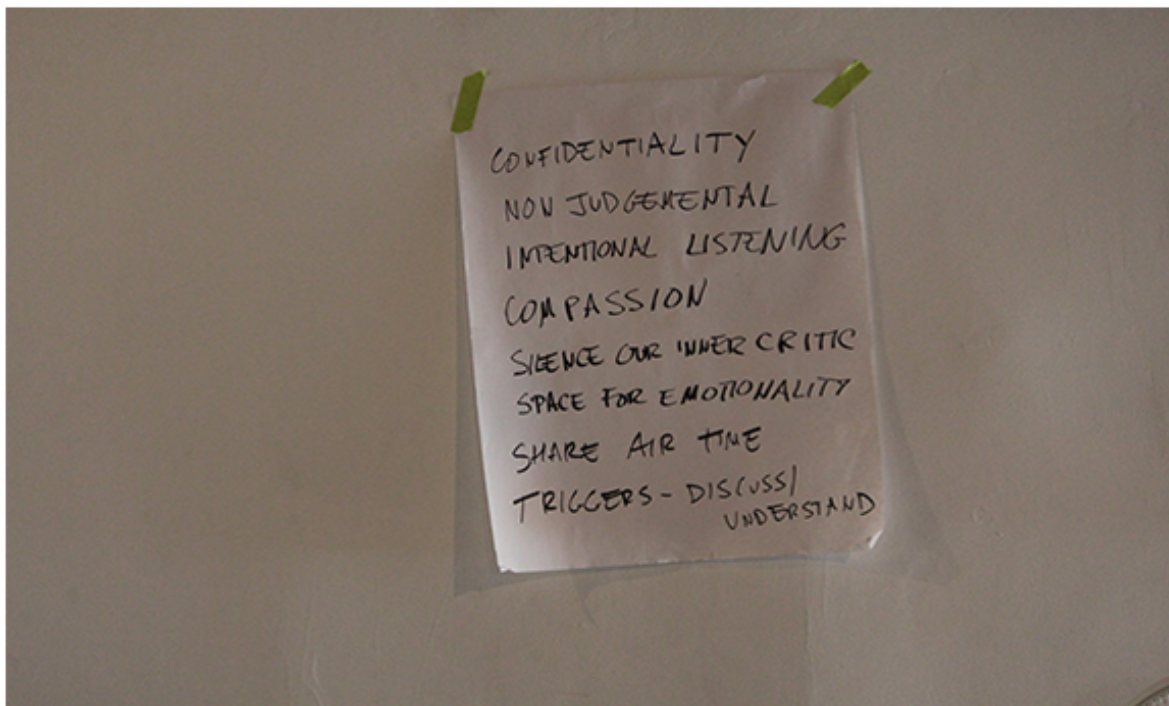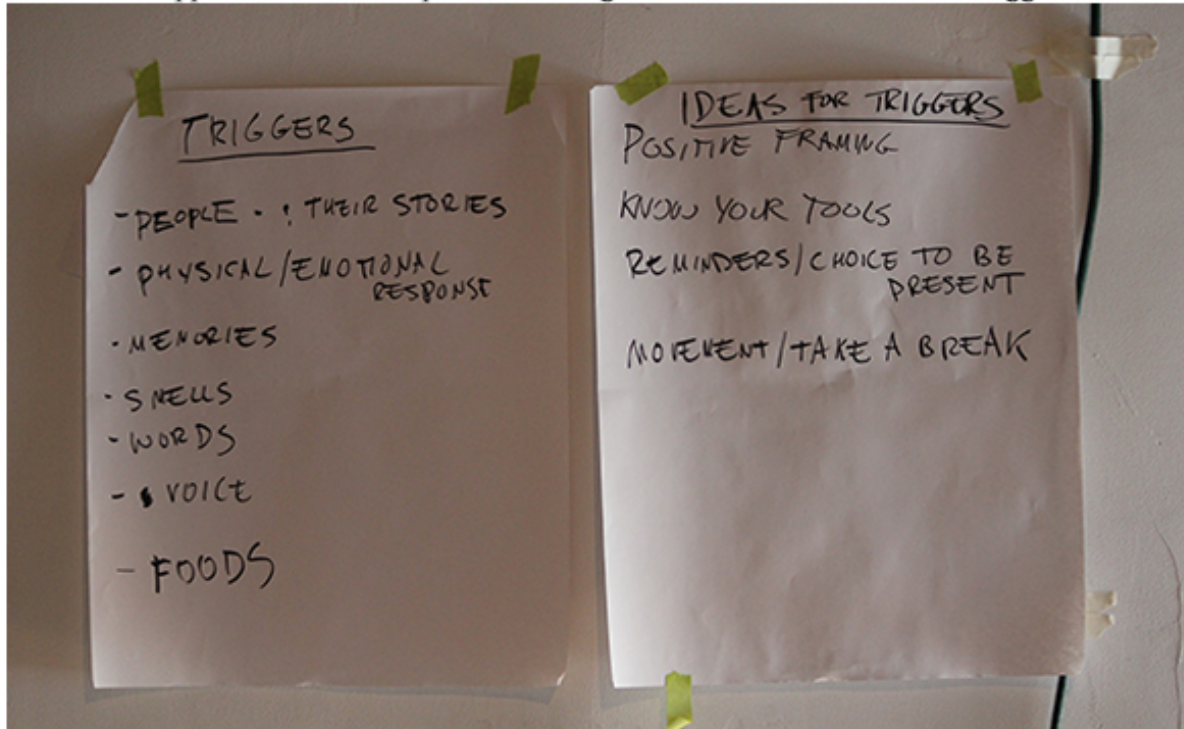
SCENARIO PRESENTATIONS AND DISCUSSION (25 MINUTES)

We will show the scenarios to the rest of the group. When you present, someone in the group will name the setting (and any other contextual info), the person being modeled is silent, and the rest of the group models/makes the sounds, giving the audience enough time to take it in between transitions. You can 'play' one sound at a time, or a combination of both in different variations. You can also play with combining different postures with the "inside" and "outside" sounds.

What is interesting or important to you about these scenarios? How do these mediums of sound, movement, and scenario communicate meanings around well-being? What does it mean to start with embodied knowledge and sensory information when finding ways to express experiences and challenges around well-being? What are the challenges of communicating these experiences in everyday life?
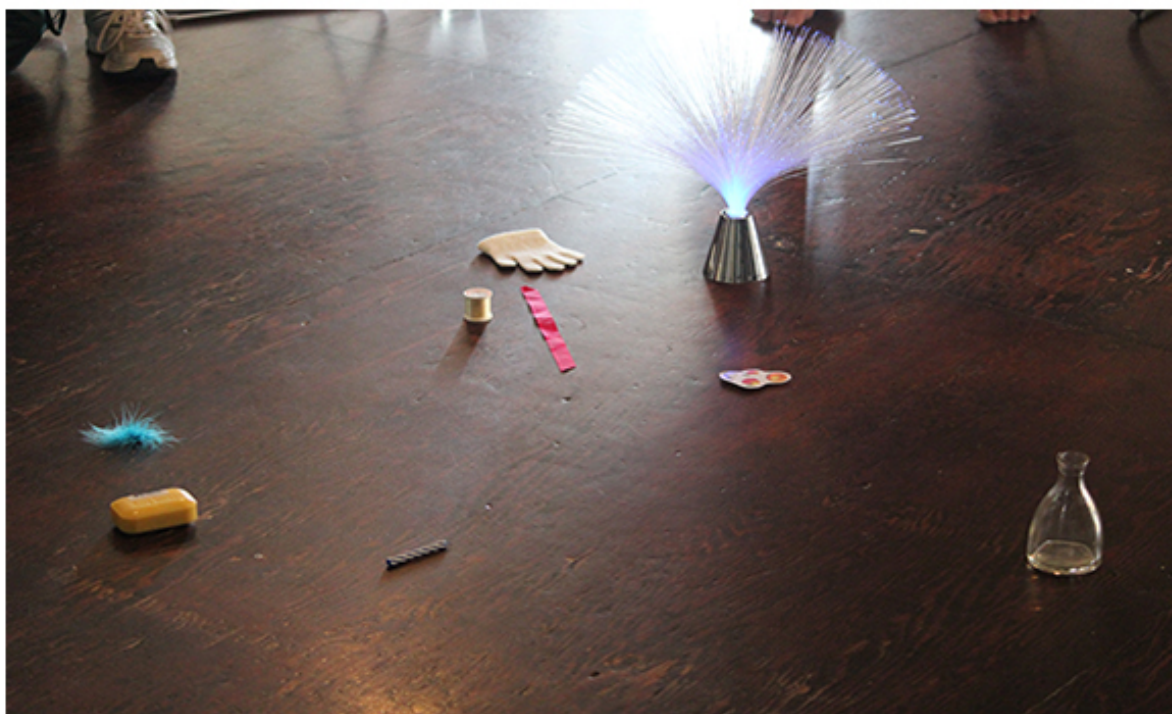
WRAP UP (5 MINUTES)

TRIGGERS

- PEOPLE - & THEIR STORIES
- PHYSICAL/EMOTIONAL
                RESPONSE
- MEMORIES
- SMELLS
- WORDS
- & VOICE

- FOODS

IDEAS FOR TRIGGERS
POSITIVE FRAMING

KNOW YOUR TOOLS

REMINDERS/CHOICE TO BE
                    PRESENT

MOVEMENT/TAKE A BREAK

CONFIDENTIALITY
NON JUDGEMENTAL
INTENTIONAL LISTENING
COMPASSION
SILENCE OUR INNER CRITIC
SPACE FOR EMOTIONALITY
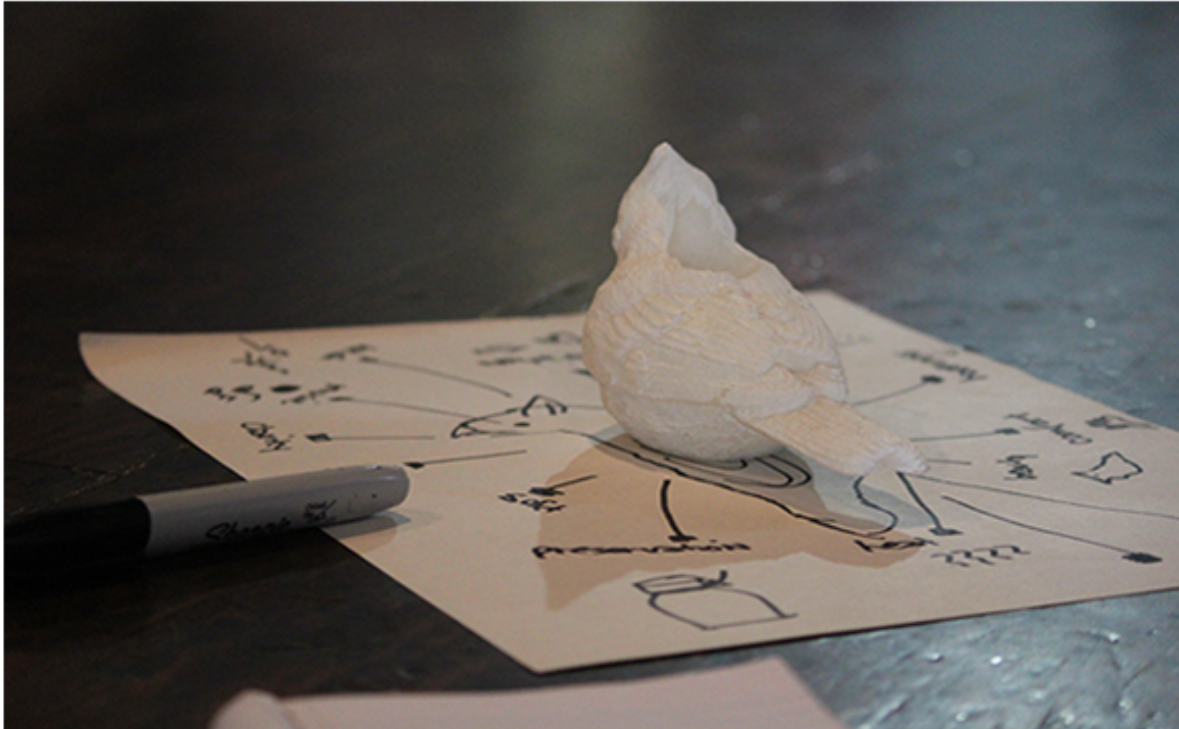SHARE AIR TIME
TRIGGERS - DISCUSS/
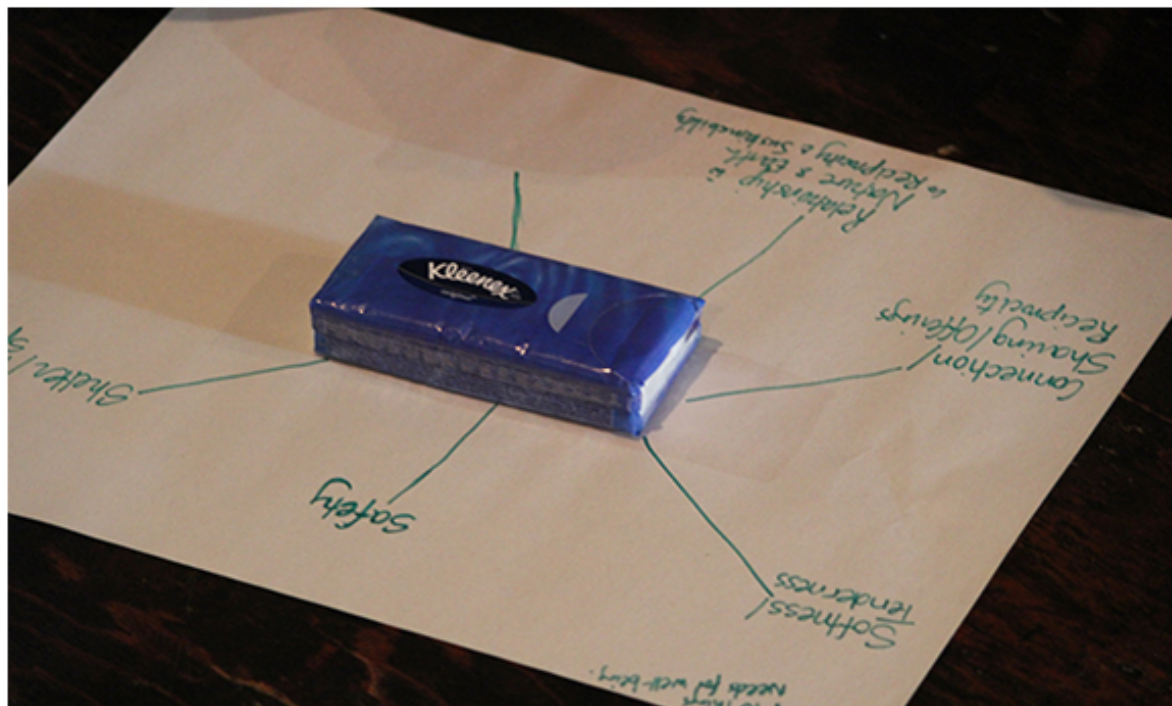   UNDERSTAND

Appendix 2: Workshop 2 Hopes Exercise

Appendix 2: Workshop 2 Mind Map Image Set 2

Appendix 2: Workshop 2 Mind Map Image Set 4
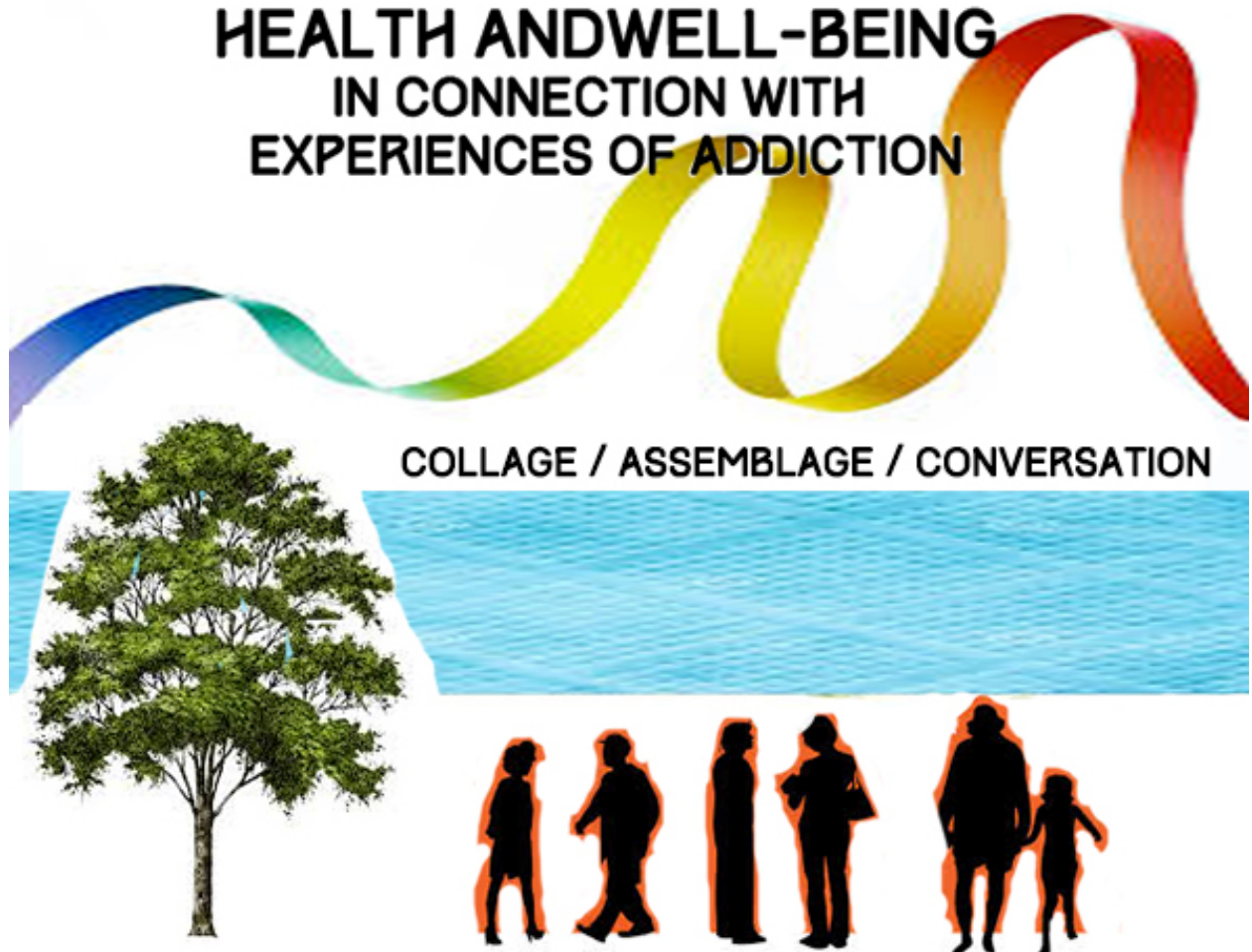
Appendix 2: Workshop 2 Collective Collage Image Set 1

ROOM FOR HEALTH
AN ART WORKSHOP EXPLORING HEALTH ANDWELL-BEING
IN CONNECTION WITH EXPERIENCES OF ADDICTION

COLLAGE / ASSEMBLAGE / CONVERSATION

SAT JULY 25TH 10AM - 5PM
HUB 14, 14 MARKHAM STREET, TORONTO
PLEASE CONTACT ERIN AT 647-765-5710
OR EHOWLEY@YORKU.CA

FREE WORKSHOP
FOOD AND REFRESHMENTS

MentalHealth.ca Resources:

519 Church Street Community Centre   All ages
Call for peer support, information, counseling, support groups, cultural,
social and recreational programs. Free and confidential. more
519 Church Street, Toronto, ON, M4Y 2C9 Map
416-392-6874
www.the519.org/

Central Toronto Youth Services (CTYS)   12 - 24 years
Accredited Children's Mental Health Centre which serves youth up to age
24 and their families, providing various mental health services. more
65 Wellesley Street East, Toronto, ON, M4Y 1G7 Map
416-924-2100
www.ctys.org/

Delisle Youth Services   13 - 21 years
Offers a range of mental health services to adolescents and coordinates
residential services for children and youth with complex special needs.
Delisle **...** more
40 Orchard View Blvd, Toronto, ON, M4R 1B9 Map
416-482-0081
www.delisleyouth.org

Planned Parentood Toronto (PPT)   13 - 29 years
Planned Parenthood Toronto is a non-profit charitable organization that
operates a fully accredited Community Health Centre that provides
primary, mental, **...** more
36B Prince Arthur Avenue, Toronto, ON, M5R 1A9 Map
416-961-0113
www.ppt.on.ca/default.asp

Sherbourne Health Centre (SHC)   18 years and up
Provides innovative primary health care, counselling, support, outreach,
health promotion, and education programs to clients in southeast Toronto.
Programs **...** more
333 Sherbourne Street, Toronto, ON Map
416-324-4100
www.sherbourne.on.ca/

Fem'aide   16 years and up
Provincial support line for francophones. For women affected by violence.
24/7/365. Offers a listening ear, information, safety planning, information
and **...** more
40 Cobourg, Ottawa, ON Map
1-877-336-2433
www.femaide.ca

[Lesbian Gay Bi Trans Youth Line](#)   All ages
You are not alone! The Lesbian Gay Bi Trans Youth Line is a service
provided for youth, by youth that affirms the experiences and aspirations of
lesbian, gay, **...** [more](#)
Toronto, ON, M4Y 2L4 [Map](#)
1-800-268-9688 x4169629688416905
[www.youthline.ca/](#)

[Positive Spaces Initiative (PSI)](#)   All ages
Resources to increase capacity of organizations to more effectively serve
LGBTQ newcomers. An initiative of the Ontario Council of Agencies
Serving Immigrants (OCASI).[more](#)
Ottawa, ON [Map](#)
[positivespaces.ca/](#)

[Jer's Vision](#)   All ages
Educational programming, conferences and professional development, art
programs, community involvement, and supporting youth ideas to address
bullying, **...** [more](#)
440 Albert St., Ottawa, ON, K1R 5B5 [Map](#)
613-400-1875
[www.jersvision.org/en](#)

[NEED2 Prevention Education and Support (NEED2)](#) : [Youthspace.ca](#)   Up to 30 years
Youthspace.ca offers emotional support and crisis intervention to youth in
Canada under 30yrs. Our highly-trained volunteers are online every night
(6-11pm) **...** [more](#)
Victoria, BC [Map](#)
[youthspace.ca](#)

[PFLAG Canada](#)
PFLAG Canada (formerly Parents, Families and Friends of Lesbians and Gays) is a national
organization for parents, families, friends and LGBTQ people **...** [more](#)
265 Montreal Road, Ottawa, ON, K1L 6C4 [Map](#)
1-888-530-6777 x300
[www.pflagcanada.ca](#)