

Telling Stories Otherwise

by

Bradley Necyk

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Doctor of Philosophy

**Department of Psychiatry
University of Alberta**

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Abstract

Stories matter deeply. They help us see, experience, understand, and make meaning in our world and lives. As we will see in this dissertation, to create lasting positive social change, we need new stories, stories that reveal new paths, hopes, and futures. Art is a powerful storytelling medium, behaviour, and disposition. It provokes, often, uncomfortable truths and understandings which we can assimilate into our existing cognitive schemas (your world remains unchanged), or accommodate, through a radical shift in understanding (you reorganize your world), with the former leading to stagnation and the latter leading to adaptive growth.

The focus of this dissertation is two-fold. First, it aims to tell/uncover new stories about mental health and illness—that can help do away with the old, tired, and “unthinkable” stories that have led to isolation, shame, stigmatization, and treatment avoidance. Throughout my research and dissemination activities, I have observed how telling these stories through the creation of art and presenting it publicly has created safe, inclusive spaces for open and disarming conversations around mental health. Second, it offers an example of ways research and creation are linked (“creation-as-research”) directed to process-focused inquiry outcomes.

This dissertation is comprised of six main sections. Insights (theoretical, ethnographic, creative) generated from artistic, “creation-as-research” processes are presented in Chapters One, Four, and Five, along with the creative work that is included in the final section of this dissertation. In Chapters Two and Three, I discuss concepts and ideas related to arts-based research and research-creation, to describe my approach to “creation-as-research,” a specific sub-category of research-creation (Chapman & Sawchuk, 2012). Not specific to health sciences, these chapters outline the methodological and theoretical underpinnings that informed my

creation-as-research approach, which may be taken up by, or inspire others working across diverse disciplines and settings, within and outside the academy.

My research activities focused on three primary projects. First, I travelled to Iqaluit, Nunavut in the Canadian Arctic to run an arts-based workshop on suicide. I conducted an image theatre workshop where we sculpted living images using our bodies to tell stories of suicide. Second, I was a participating artist and co-investigator on an arts-based inquiry into the lived experience of head and neck cancer. Third, I was a visiting artist-researcher at the Centre for Addiction and Mental Health (CAMH) in Toronto, Ontario where I experienced extended visits in the Youth with Concurrent Addiction Unit, an inpatient hospital program directed to youth experiencing addiction and mental health challenges, and Mood and Anxiety Inpatient Unit. While there, I co-created art with individuals in the midst of acute phases of their illness, in the hopes of uncovering new stories about the experience of illness and recovery. In preparing this dissertation, I have revisited all of these experiences through the creation of visual and narrative art, with the hope of telling stories otherwise.

Through this dissertation, I also hope to open up possibilities and literacies for creative, arts-based research. By outlining my doctoral journey, and I hope to lay ground for new artist-researchers to step out onto.

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Introduction

In the spring of 2015, I had just completed the first of two solo exhibitions at the McMullen Gallery in the University of Alberta Hospital featuring work I had created during an artist residency with the Alberta Transplant Institute at the University of Alberta. During a casual conversation, McMullen gallery manager Tyler Sherard mentioned that Dr. Pamela Brett-MacLean, an associate professor in the Department of Psychiatry in the Faculty of Medicine & Dentistry had seen my work. He explained that she led a program bridging medicine and the humanities called Arts & Humanities in Health & Medicine (AHHM). I thought I would contact her, to introduce myself and learn more about the program. We set a meeting time. When I walked into the AHHM program office I had no idea that the course of my life was about to change radically. For the first half hour or so we talked about my MFA research and art practice. Then, although she had not previously supervised a graduate student in psychiatry, she asked, with a receptive, open, honest, wondering attitude if I would like to explore the possibility of doing a PhD with her in the Department of Psychiatry.

Earlier that year, I had begun thinking about the next step in my career, and a PhD was on my mind. However, I didn't feel that completing a doctorate in Visual Arts (something that was beginning to be offered by a small number of universities in Canada) would help me accomplish what I was vaguely beginning to understand I needed. The Faculty of Medicine & Dentistry had never invited an artist to enroll in a graduate degree program, yet we both felt drawn to exploring this opportunity. Pam invited me to the Department of Psychiatry's Research Day in mid-June to meet the department's acting graduate chair, Dr. Andy Greenshaw. Within minutes of meeting

him, it was clear that he wholeheartedly appreciated the potential of having an artist involved in conducting mental health research. He encouraged me to submit an application to the Master's program, which would then hopefully allow me to transfer into the PhD program after a year of studies. Over the summer, my application was accepted and I began the Master's program in the fall of 2015. Pam and I set up weekly meetings, and began to explore opportunities for arts-based research in psychiatry.

From the beginning, Pam emphasized something that I would not fully understand until I was much further into my studies—this doctorate would involve a journey. Because this was relatively uncharted territory, we would have to accept detours, areas of no return, and embrace the unexpected. Early on we weaved our way through a relatively new focus in Canadian health research called patient-oriented research. Following this, I embarked on a broad survey of different ways the arts have been used in health and medicine which helped me grasp this vast, yet underdeveloped area of health research. While neither of these became the focus of my studies, these early inquiries helped me develop new sensibilities and awarenesses that helped to guide my journey. In the fall of 2016, I transferred into the Department of Psychiatry's doctoral program.

Core activities that have guided my creation-as-research doctoral studies seemingly just fell into place. I was invited to participate as an artist and co-investigator on an evolving research-creation project on head and neck cancer led by Dr. Minn Yoon in the School of Dentistry called “see me, hear me, heal me” (Brett-MacLean & McTavish, 2019; Yoon & Brett-MacLean, in press). During a chance conversation, Andy asked me if I would be interested in going to Iqaluit, Nunavut to present a workshop at a conference on suicide prevention. An artist residency application I had submitted to the Centre for Addiction and Mental Health in Toronto,

Ontario found its way to the Vice-President of Education, Dr. Ivan Silver. At the time, I had no idea how these opportunities would contribute to my doctoral studies, but there was a deep sense that each of these could lead to something wholly unexpected.

I have experienced so many life-changing moments. When I visited Iqaluit, I witnessed a community with so much hurt, yet also recognized deep seams of hope. I met people living with, and through head and neck cancer. I learned about all they endured during treatment and rehabilitation, I opened to their pain and struggle, and the uncertainty they experienced regarding the future. I created art with children and youth at the Centre for Addiction and Mental Health (CAMH). Even as I connected with their trauma, their hurt, I recognized they remained children. I saw them laugh and help each other through their journeys. I met Derek and Luanna and others in the Mood and Anxiety Inpatient Unit at CAMH. There were so many experiences that spoke to me in ways I could only articulate through art.

Trauma, Time, Healing.

I saw how this journey was about my trauma, my time, and my healing; something I wasn't expecting to explore, but one that has helped me, has helped my family, and has paved a way to a new future.

This journey has been one of the most meaningful experiences in my life, and I am forever grateful to Pam and Andy for changing the course of my life. It healed me and opened me to following an ongoing journey that I can only describe as spiritual.

Each of these experiences changed me, and the course of my life, pointing to ways we might journey together through illness and recovery to healing.

I look forward to the future with hope.

I hope this work inspires hope in others as well.

To the Artist-Researcher

And I'll tell it and think it and speak it and breathe it
And reflect it from the mountain so all souls can see it
Then I'll stand on the ocean until I start sinkin'
But I'll know my song well before I start singin'
—Bob Dylan (1962), *A Hard Rain's A-Gonna Fall*

What I am looking for are creative approaches that rip at pleasantries, that can fail, may malfunction, that profane, and disrupt. Where people don't just live or die, but float, to paraphrase Dylan (1989) from *The Man in the Long Black Coat*. Where ways of thinking, the thoughts of thoughts, continue as an active pursuit of ongoing exploration and innovation, driven by passionate concern and desire, leaning into a life of intense connection, growing deep, stretching back into the Holocene and before, into ancient human spaces of communal meaning-making: “the root of the root the bud of the bud and the sky of the sky of a tree called life”—to quote E.E. Cummings (1952).

Bob Dylan was 21 years old when he wrote *A Hard Rain's A-Gonna Fall*, a masterful work which forecasted the upheaval of the 1960s. The song also outlines the potency of the role of the artist in pointing to cultural dis-ease and contributing to cultural disruption (it was sung at the Nobel Prize Award for Literature ceremony recognizing Dylan's contributions to poetic expression within American song). Not everyone who practices art making wants this weight, this burden. Others might have a very different experience or relation to their practice, but some cannot *not* take it on. It is a fibrous weave knotted deep in their form and it is this inability to do anything other than grow deep towards it. These are the artists I am addressing.

An artist-researcher must *tell it and think it and speak it and breathe it*. I want to speak to the artists who want to become a column of air that is one with its breath, where how you live is both method and product, where everything is a curiosity, and nothing is left behind. I want to

speak to those artists who can't find the line between their life and their practice, who will explore and grow deep into uncomfortable and terrifying places, who don't want anything but to pursue the burning intensity of a being thrust into the porousness of life.

An artist-researcher must *reflect it from the mountain so all souls can see it*. Biblical images, but images that took root long before Moses, symbols of the mind, stretching back geologically and genomically, where cracking forms gather in vestigial areas of the mind that can't do anything than reflect out into the distance. I am looking for the ones who collect, and take possession of ecstatic revelations from sites of no return, surfacing no form other than what is necessary—offering not the polished surface of a static mirror, but one with active distortions, still moving parts, and imperfections and vulnerability across the whole.

I am looking for artist-researchers who will *stand on the ocean until they start sinking*. I want artists who step out into the abyssal, dark, and unmapped areas of thought and the messiness of life, and find new footing, areas to trail, and dimensions of past that will influence the future. These are places where artists might sink, fall, tumble down, or be scraped. As explorers and seers of our time, they are necessary wayfinders into the night fog.

I look forward to joining with artist-researchers who will *know their song well before they start singing*. An artist-researcher needs to be alert and attentive to threads and shadows the past was thinking through, appreciating the past as a footing that helps you orient to all that is as you step out into the unknown. Technique is a starting point for bringing form into being, but mastery is not the artist-researcher's telos. One must stay fluid and be open to approaches that are unknown as part of the larger methodology of being an artist-researcher—you must always be on the verge of not understanding, opening to new understandings, and things yet coming into being.

Remember it is not about explaining, but exploring. I hope these visions lead you somewhere unexpected.

Chapter 1: Trauma

An artist has got to be careful never really to arrive at a place where he thinks he's at somewhere. You always have to realize that you're constantly in a state of becoming. As long as you can stay in that realm, you'll sort of be alright.
—Bob Dylan from *No Direction Home* (2005)



Plate 1.1 Landing in Iqaluit in late-October 2016.



Plate 1.2 Entering Frobisher Bay.

As we neared Iqaluit, the only capital city in Canada that cannot be reached by road, our retrofitted for cargo Boeing 474 broke through the thin cloud cover, revealing a vast stark landscape. Looking out my window, I took in round, stunted mountains featuring black rock breaking through untouched white snow. There was something very rooted missing, a break in the landscape, at least the landscapes I am used to—no grass, bushes, or trees anywhere. A barren Martian landscape, but without the red hue. Lunar black and white compressed by white misting clouds. We had arrived at our destination, the capital of Nunavut, an unlikely town built upon a treeless tundra alongside the iceberg-flecked waters of Frobisher Bay. I took pictures as we landed.

When we left the airplane, the air was cool yet humid. It was late October, not far below zero Celsius, but we had landed in a bay of arctic water, and I was overwhelmed by the temperature and air in a way I had never experienced before as I walked across the tarmac towards the airport. The architecture struck me—brightly coloured, prefabricated modular units, brought here from somewhere else, another land beyond the land. When I entered the airport terminal, I tried to turn on my cellular data to access the address of my hotel but nothing would connect. An intense sensation of near panic rushed over me. I had no idea where I was or where I was going and recognized the trappings of my usual world weren't useful here. I walked out of terminal toward a line of waiting taxis and asked one of the taxi drivers to take me into town. He said it would cost seven dollars. He drove around a corner, and then another corner, and we were there. By then my cell had connected and I could access my hotel's location, which happened to be across the small, snowed-in street.



Plate 1.3 Former Iqaluit Airport.

As I took in the streetscape, I noticed that the sun had begun to set. It was 4:27 pm. The streetscape comprised a series of modest, four-story wood buildings on stilts, a functional aesthetic directed to weathering the harsh arctic climate (I later learned the use of stilts helps to avoid the transfer of heat between buildings and the frozen ground). Farther away I saw a hill full of prefabricated homes shaped like submarines, or research outpost sites. None of this was from here. Everything was from somewhere else. I thought about how the town's inhabitants, primarily made up of Inuit people, a historically nomadic group, now lived in structures which seemed so alien to the landscape. Following decades of violent government programs and policies direct to the acculturation and assimilation of the Inuit, I thought about how the

landscape itself seems to actively resist external architecture and control, whether through cold, lack of materials, or desire.



Plate 1.4 Pre-fabricated buildings in Iqaluit.



Plate 1.5 Installation shot at dc3 Art Projects in Edmonton, AB January 2017.

Unified pale pink backdrops the cluster of coloured facial markings denoting cheek, lips, chin, eye, forehead. Markings that swirl seemingly untethered to one and other...restless, yet almost colliding to make something whole, something usable, but always at the surface and never enough. Ken roars and Sharon swirls. Some electronic harmonic sound wavers in the corners of the space, barely holding voice and barely holding synthetics of sound. Light penetrates films of flesh, not quite bodies or faces, but lumps—inebriated metastatic instances. They all rest on the floor, leaning on walls, at risk of sliding and crashing to the ground. A portrait of sorts, not a comfortable one, but one that rips at the corners of pleasantries and ignites a deeply rooted sensation that this will be you, whether it is cancer, time, or something else. Faced with a discontinuity in being, a story you have hidden all your life, finite yet forever, nested long and deep in our bodies. It isn't about death, it is about life, vital and rich, but not

necessarily an expanse we want to step out onto. Illness ends worlds, but it can open up other ones that allow a more immediate connection. This is where art can take us.



Plate 1.6 This image was created during our second image theatre workshop in October 2016.

When I entered the room, it was immediately other. The air carried an air of bodies, bodies I was not yet familiar with. The room's acoustics hung at a low decibel, a growling presence. I was transfixed as I moved closer and watched a man reach to a stoma in his neck and a deep sound barked forth. As it penetrated my body, I realized that I had entered somewhere I had never been before, extending beyond my previous experiences.

When I was young, maybe younger than 10, I recall being on a farm. It is more of a fragmentary memory. The exact date and time, or chronology of what I experienced remains elusive. I don't know why I was there, or if what I recall occurred over single or multiple visits. But there was everything—children, parents, animals, crops, warmed yellow air standing stark against the never-ending blue prairie sky. I was visiting with a family, then, almost at once, I was at the mother's funeral. It was my first funeral. I knew it was significant, but I had no idea how I got there. I understood she died from cancer, whatever that might have meant to a child. When I was 20, I again saw how quickly cancer can take hold leaving a body to waste with no visible attacker. I worried about my state of health. I began to notice uncomfortable and unusual physical sensations. I went to the doctor, I underwent tests, but it was only a spectre located on the periphery.

A belch then a gasp out of a throat stoma returned me to the present moment. These new sounds were constant. I looked to my side and I saw a woman with a scar line from her lip to the bottom of her throat. When she spoke I felt the absence of her tongue. Slowly I sloped down in my chair and began to immerse myself in this new phenomenological experience I had found myself in. I was tremendously uncomfortable, but I also realized that I was seeing something most people don't see—hidden people. We were introduced to the project: artists, head and neck cancer patients, researchers, and clinicians would spend the next two days trying to unveil something, anything, that we would investigate through art over the next year. I had never been part of a collective before, especially with such a diverse group of people, but I found I was open to, and looked forward to learning from the experience.

As we progressed, we began to make silent images and developed stories, using our bodies—all of our bodies. There were stories of struggle, of battles, and of hope. Over two days,

as our images, stories and bodies overlapped, I felt a deep sense of discomfort that would take the next year to unfold. By the end of the workshop, I wasn't sure what I had been a part of—I was restless, not in a way that a pill could fix, but one that needed form. Immediately when I arrived home, I appropriated images and digitally ravaged them. Image on image, stack on stack, I cut through portraits and made new portraits. They were violent in their creation and violent in their presentation. I spent the time working out the math, but soon I had six dental lightboxes on my studio wall, each holding a portrait. I flicked the lights off and on and stared. No one would ever want to see this. Scars, blood, death, terror, and resignation.

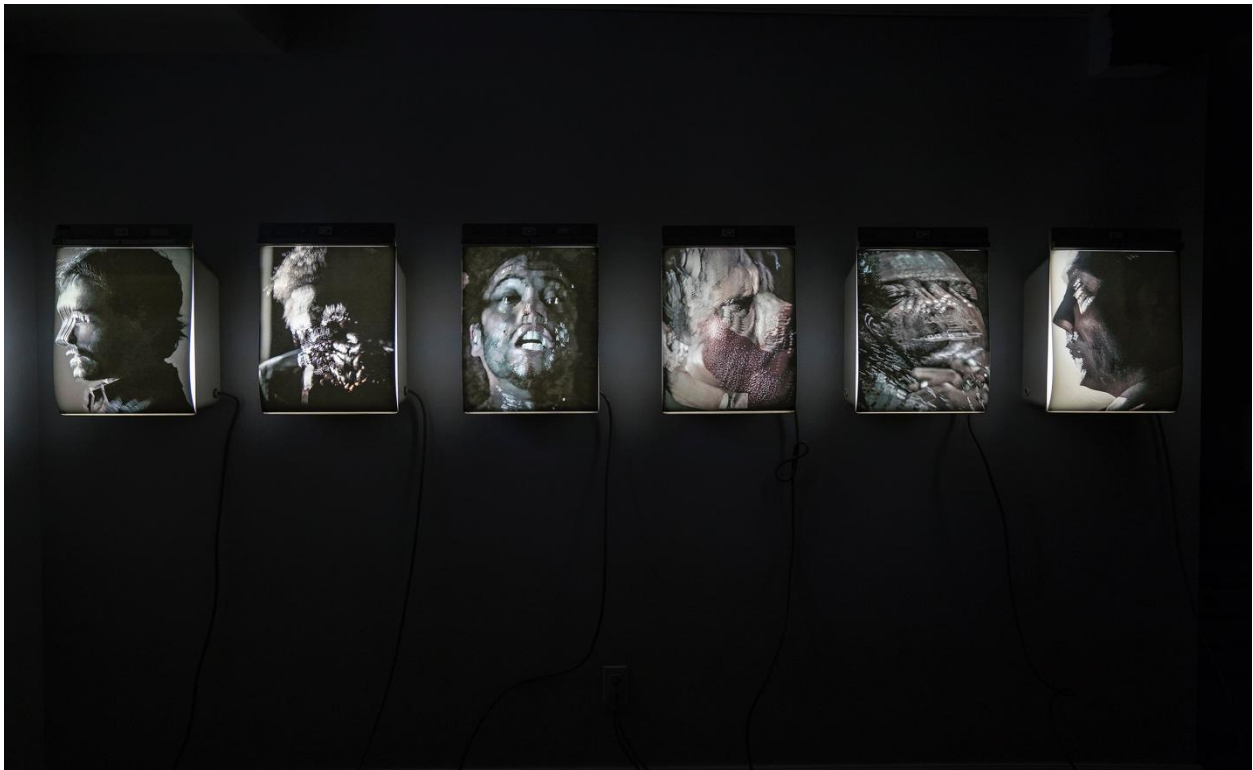


Plate 1.7 Initial response to the image theatre workshop in October 2015 at the University of Alberta.



Plate 1.8 Looking down Queen Street in Toronto towards the Centre for Addiction and Mental Health in February 2017.

I didn't know what I expected when I walked into the entrance to the building. I had been directed to an entrance which led to multiple hallways. I followed along one, then another, which by luck, or happenstance, led to the office I had been directed to go to collect my keys and ID badge. I had long been aware of the Centre for Addiction and Mental Health (CAMH) and the services it provides to mental health patients through my involvement in various psychiatric and academic circles, and the previous year I had submitted an unsolicited letter and portfolio proposing myself as an artist-in-residence. Somehow, it worked its way from a volunteer's hand to the VP of Education, Dr. Ivan Silver. He called me one day in June 2016 to ask me about my proposal. Over the next 6-months, we worked out an agreement between the University of

Alberta and the University of Toronto that supported my appointment as a visiting artist-researcher at CAMH.

I had my picture taken and visitor's badge printed. They also set me up with an email account. Soon the unit manager I had been in contact with entered the office. She took me across the CAMH campus to another building. As we exited the elevator onto the 4th floor we passed through several secured doors and found our way to the Youth with Concurrent Addiction Unit. Introductions to some of the staff on shift was accompanied by loud banging from a room down the hall. The manager asked me if I would like to go into the activity room and join the drum circle that was underway. I nodded, followed her to the room, grabbed a large drum and joined in. The volunteer instructor sounded sick that day, but he pressed on giving us new rhythms and direction to work with. Although I knew no one in the room and was very tired from my red-eye flight, I felt myself moving deeper under the surface rhythms of the drumming, and below. It wasn't a comfortable place, but I hammered on and found myself transformed.



Plate 1.9 Visual exploration during my first visit to the Youth with Concurrent Addiction Unit at the Centre for Addiction and Mental Health in Toronto, Ontario in February 2017.

On day seven of my 10-day visit to CAMH in February 2017, I called my wife from my hotel room. I said I couldn't do this anymore, that I couldn't come on our family trip to Mexico that was departing the day after I got back. I was agitated, crawling with anxiety, sad, and unwell. Being with the youth in the unit had become too difficult. I saw my children there, I saw myself as a child there. I cried and begged for a leave from this upcoming trip. I just needed to come home. I asked if Elliot, our oldest daughter, could stay home with me, but Candace pressed back. She insisted that I needed to come. She said that I should take a break from the hospital.



Plate 1.10 The shipyard on the bay.



Plate 1.11 Intersection at Federal Road and Ninqunngusiariq in Iqaluit.

I left my hotel and walked down the street to orient myself. The wind pierced through my new winter coat and fur hood. I looked down a snowy path toward a chain-link fence that opened up to the bay where several large ships were docked. I turned and walked to an intersection where there were Canadian government buildings up on stilts on each corner. I looked down one street which seemingly led nowhere. I followed the street to my right down a long hill that led to a supermarket at the end. The front desk person at the hotel had told me that I would find a Tim Horton's there. I had travelled here on a red-eye and needed a coffee. I walked down the street and saw store after store of traditional Indigenous arts—soapstone, beading, and colourful bursting paintings. I ordered a “double-double” at the Tim Horton's and was simply offered a

cup. I looked behind me toward a self-serve coffee pot and cream and sugar dispensing machines. After I helped myself, I walked to the supermarket to buy toiletries to replace the ones I had forgotten at home: hair products, deodorant, a toothbrush, and toothpaste. The bill came to over \$100 for those four items.

After dropping off my items in my hotel room, I took a taxi to the high school where the conference I was attending was taking place. A few months earlier, I had been invited to join about 600 other delegates who were attending a conference organized by the Canadian Association for Suicide Prevention to run a 2-hour workshop on narrating suicide. I had proposed that I would conduct a workshop using photovoice (a grassroots approach using photographic images to uncover the experience and stories of people traditionally denied a voice) to explore suicide in Nunavut, a region recognized as having the worst suicide rate in Canada, and one of the highest rates in the world.

In the lobby, I heard a trio of people talking about going to the high school for the conference. I asked them if I could join them on the cab ride. We immediately found that we were all artists at this conference, each running arts-based workshops. They were part of an Indigenous art collective based out of Vancouver called Imagi'NATION. As we drove by cab through the darkness, I felt an incredible kinship with these new friends in this land beyond land.



Plate 1.12 Looking from the hill the high school sits on down to the Supermarket, Tim Hortons, and the Bay.



Plate 1.13 Further view of the Bay.

Months later, at a very official research meeting, I presented six lightbox images I had created as an initial exploration to the group. The head and neck cancer researchers were horrified by the images, repulsed by the violent disfiguration that was depicted. They believed that the patients participating in the project should not see the images. They were concerned the images would be viewed as disrespectful or hurtful. I wasn't offended.



Plate 1.14 The University Hospital Edmonton, AB in 1987.

I have strong parents who have always loved me. But I was a sick kid. An error in my intestines, a malformation that I still don't fully understand. A dead section. I had lots of surgeries, removing things, putting other things in me, taking them out, and on and on. It was an incredibly rare disorder, but a chance is always a chance.

I guess I was sick from day one. My mom fought for me and, because it was so rare, it wasn't diagnosed for two years. They don't know how I survived. But my mom never gave up. I remember the surgery where they took parts out. I can't remember it with vision or sounds, just hunger. A deep hunger. I couldn't eat for ten days as my intestines grew back together. And I remember my hands, a thickness to them, a uselessness to them. Returning to these memories years ago, I found out they had to cover them with oven mitts so I wouldn't pull out all the tubes that were running into me.

I often find my mind wandering back in time and returning to memories of my paternal grandmother from years ago. I think of her gentleness, her care, and her love. Back in 2003, when I found out she was sick I cried on Candace's shoulder in her parent's house on New Year's Eve. I had thought of the moment when the continuum of the family I grew up with would break, but I was here, now, in this room, on Candace's shoulder, crying a deep cry of recognition of things to come.

When I was young, we always had supper on Sunday night at my grandparent's house. That day we ordered food in. As we sat around that table that I knew so well, and can still hold so clearly in my mind, the phone rang and my grandmother answered it. It was the hospital; her blood results had come back. She learned that her cancer was very advanced and that she needed

to get to the hospital immediately. We all prepared to help her to the hospital. Only later did we realize we were leaving that table for the last time. Although I didn't know this would be the last time my grandparents would be together in their own home, I recall glancing back to the kitchen as we left. As the lights faded out, a vignette around my grandparents formed in my mind. As I watched the scene in my mind unfold, I saw my grandparents stumble through this moment they must have spoken about, a moment whose momentum had been coming for some time now—yet my grandmother was simply showing my grandfather how to take messages from the phone. I turned my head, walked out of the house. The brightness of that late October day pierced through the faded vignette and I could see all the red berries on the ash tree in the back. A tree I had spent my life looking at.

I got to the hospital later that Sunday. Through a pane of glass, I saw my grandmother in that damn hospital gown, across that damn hospital bed. I gathered my courage and walked into the room, but as I stood across from her I burst out crying, tears of grief. She reached across the bed and held me. She spoke to me, but the words are gone. We held each other for a long time.



Plate 1.15 Ash tree on a fall day.

After the drum session, patients dispersed to their individual rooms or to other activities around the room. I sat and waited. I had no idea what to do. Despite all I had outlined in my artist in residency proposal, I realized in that moment that I had no idea what I was doing there. I don't know how long I sat feeling lost in a void, but it was ruptured by a young boy who asked me if I would like to play chess. We started to talk over the game and he told me he was leaving tomorrow, that his mother was coming to get him. After he won, he left and I never saw him again.

I walked through the unit and saw a partially completed mural with a patched over hole that had been punched into the image. I spent more time in the activity room. A young man was

pacing behind me and spoke intensely to himself. I was trying to assess this new space of uncertainty. I said hello, told him my name and I asked him his. He responded, “Jesse,” then continued speaking to himself. I figured I wouldn’t press him. I noticed a pile of papers that appeared to be personal messages patients had written to other patients. I found his name, and read the message: “Jesse, you are my dearly cared for person people ever.”

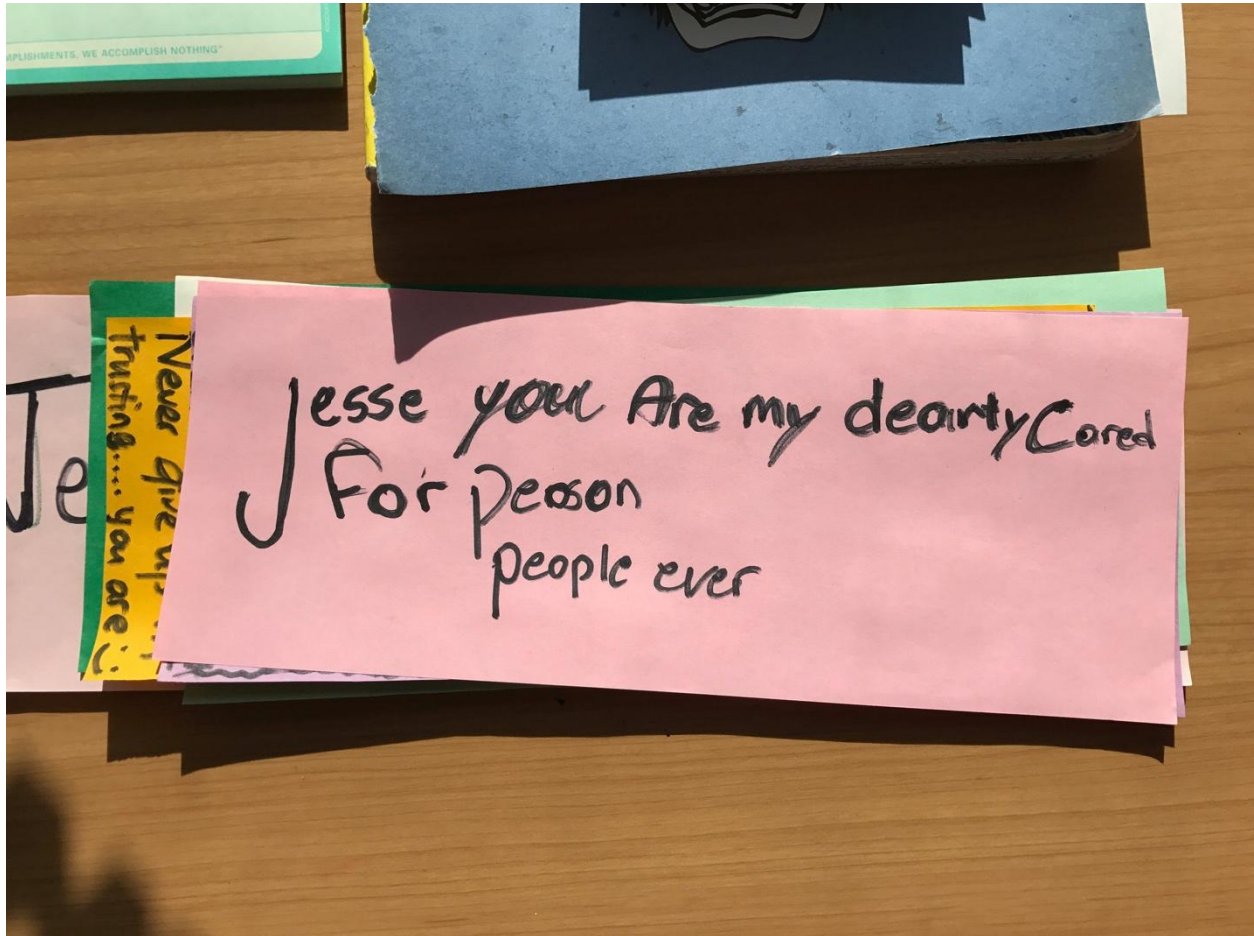


Plate 1.16 Group therapy session writings at the Centre for Addiction and Mental Health in February 2017.

Elliot, I remember when you were born. I saw a newborn baby. Immediately, I was so worried about you. I saw you on your mother's chest as she held you for the first time. I saw her tears of joy. I heard the sounds of thunder out the window. I then thought of all the dreams I had about a girl born in a great storm. I felt a rush of memories I hadn't had yet. Like I had lived this life a hundred times before, and this was another cycle. I felt all that we would share all at once. I saw your left hand, your language, your intellect, your gentleness. I still feel forward, moments coming, times for holding, times for bracing, times for guidance.

Mary, I remember when you were born. You came so quickly they couldn't give your mother pain medication. I watched our Doula and the female nurse guide your mother through the most intense moment of her life. I stood there and became intensely aware of the continuum of women that had led to this point. I saw you in a long line of unbelievable women. I felt the strength you would have, a strength I see developing every day. When you were born, you were blue, they rushed you to the side, and two nurses began massaging your back. I just watched your small face and, suddenly, you took a gasp. They handed you to your mother and you laid on her chest as she cried, and the nurses continued to press on her stomach.

My parents showed up soon after, it was 4:00 am, and I handed you to my father and introduced him to you: "This is Mary Necyk." Your great-grandmother's name, his mother's name. He held you, looked at you, and cried a cry of layers.



Plate 1.17 Image from <https://radiatedon.com/2010/07/18/the-mask/>

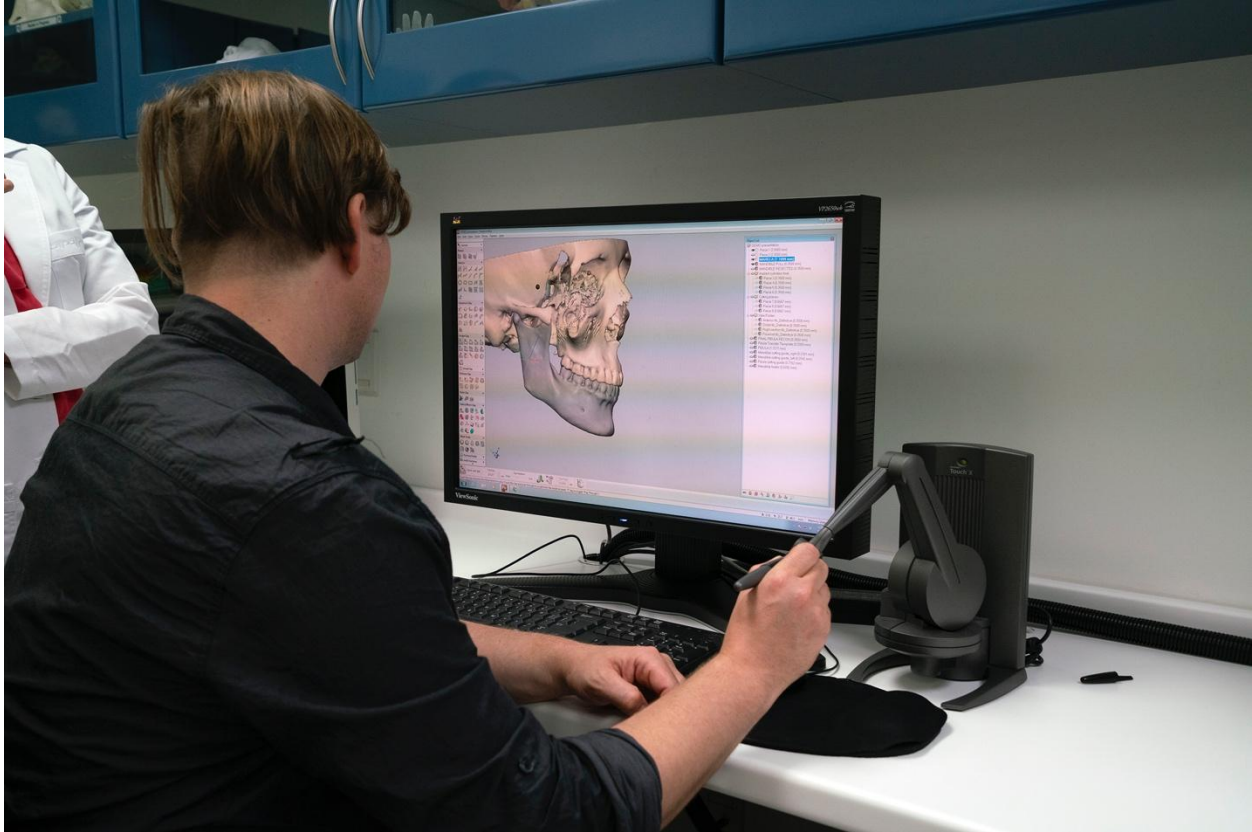


Plate 1.18 Jude Griebel testing the haptic feedback device at the Institute for Reconstructive Sciences in Medicine in July 2016.

I continued to work in multiple ways: digitally reimagining portraits, making 3D-model abstractions, and, lastly, finding a technique in video that I had never seen before. I remember seeing a mesh mask they put over a head and neck cancer patient's face to pin them in position for their radiation treatments. I appreciated both the beautiful form of the mask and also how horrifying it was. I then thought of the surgical cutting that people went through and my experience with the haptic feedback from a digital practice cutting apparatus at a research and treatment site in Edmonton. I thought about digitally cutting my face but holding onto the 3D form I felt from the mesh radiation mask. I made a test video on myself. Very rough and very intuitive.

Months later, the entire group—patients, family members, researchers, clinicians, artists—reconvened for a workshop to further our patient-oriented engagement, research-creation process. Artists shared their ideas and preliminary work with patients and their family members and invited their response and feedback. When it was my turn, I felt deeply uncomfortable as I set up my video presentation and reached for the mouse. The fact that my hand was shaking was obvious to everyone as the cursor jumped about the projected screen. I shared how deeply moved I was by our initial introductory workshop and had made a series of artworks immediately following it in response to their stories. I displayed the first of the six lightbox images. I quickly saw a patient flip his head to me. Silence. We stared at each other in the semi-darkness of the stuffy, seminar room. I had no idea what was to come of this exchange, but I waited with him.

I can't remember exactly how he said it, but when he finally spoke he confirmed that I had captured a key aspect of his experience of head and neck cancer, that this image reflected how it takes away your identity. With new confidence, I showed them a test video I had made using myself: cut up segments of my face restlessly moved independently of each but never strayed too far, reconnecting in unexpected, unsatisfying ways. Another patient turned: "This is me. This is my reality." I felt like we had trust in each other, the trust to tell tough stories, stories that we don't tell about what it is like to live with this disease.

Over the next two months, I refined the digital cutting technique on family and friend's portraits. Do I isolate the pupils or include the entire eye socket? Do I need multiples of facial features—cheeks on cheeks—or would fewer fragments convey the disorienting effect best? How should the subject move or is each gesture specific to that person's lived experience? How will I present these? Projection? TV? Is there something else I hadn't seen yet?



Plate 1.19 Film Still from first video test.

In April 2018, I found myself sitting in a circle of about fifteen people who had attended the artist talk of my solo exhibit at the White Water Gallery in North Bay, Ontario featuring 3D-rendered un/sur/hyper-real photographs I had created based on a recent visit I had experienced at CAMH. I had forgone the conventional “artist talk” in favour of a community discussion around mental health and trauma. After watching *Alberta #3*, a new short film I had recently completed, I described the research I had been doing at CAMH, and how I was trying to explore trauma in the work I had produced for the exhibit. In the silence that followed, I watched a small child who was busily moving about in the centre of the circle, drawing on large pieces of paper. I waited, wondering what was going to happen, and then people began to talk. I listened and learned about their old psychiatric hospital and the art that was created there. I could tell these people cared deeply about this community.

As valuable as this was, I hoped to refocus the conversation to more directly consider the nature and impact of trauma; I suggested this and welcomed the group to respond openly, and turned to the person to my left. The first person who shared a response described an abusive relationship she had experienced, along with her child. She spoke about how she talked about it in therapy and to friends. She talked about how the story had moved from being an emotional account to a simple series of facts. She talked with confidence about this. She talked about how trauma wasn't something that existed outside you that you needed to confront, but the continual psychological integration within one's self and that combat. I was caught by this.

Sometime following this, as others shared stories and reflections, the woman stood up and left the gallery. She vomited on the street, a visceral reaction to her story, to her trauma, and how to endure. I had never seen trauma manifest itself so bodily, but I had read about it. We continued around the circle.



Plate 1.20 The tallest structure in North Bay, Ontario in April 2018.



Plate 1.21 Morning light in Iqaluit, Nunavut in October 2016.

I woke up early, put on my winter gear and went outside. The sun was casting light at an angle of deep blues and purples. I walked down to the water. I looked toward the bay and the small rounded mountains that surrounded it. After taking a few photographs, I returned to the main street and walked up the hill to the high school. The conference had begun, and I decided to sit in an arts-based session. Jennifer, one of the artists I had met the night before, was there, and we sat next to each other. The speaker began. She introduced photovoice and asked everyone to walk around the high school and visually reflect on the school. We would then return and narrate our photographs to uncover any themes that are emerging. This was the presentation I had planned to do. I knew I couldn't do it now. But it was interesting, and Jennifer and I went around the school to make images. I looked through the rounded submarine windows. I walked down the

hallways and saw art everywhere. I saw images and words of trauma, but I also saw messages of hope and healing. I toured the school and took in the art rooms. There was also a beading room and a quilting room. Standing there, I was struck by a large quilt made by the students. Messages from students who had survived the loss of a loved one had been sewn into the quilt. One message read: “Mom ... I miss you so much. Thanks for the years you were able to share with me.”

I then walked toward the amphitheatre in the centre of the school. There was a stage, a large space for dancing, and many comfortable couches to sit in and watch. I watched as students practiced Inuktitut, their native language. I watched as a group of students practiced in pairs doing throat singing. As they sang, another group began a drum song and dance. At the time I didn't consider myself a spiritual person, but I could feel it there—a connection to something beyond, through their arts, their language, and their way of living.

Jennifer and I returned to our classroom and session. We narrated the images the participants took and wrote them on the whiteboard. I stared out the rounded window and thought more about the children singing and dancing. Connections beyond land.



Plate 1.22 Looking outside the Iqaluit High School.



Plate 1.23 Amphitheatre for the arts within the High School.



Plate 1.24 Students practicing drum songs.

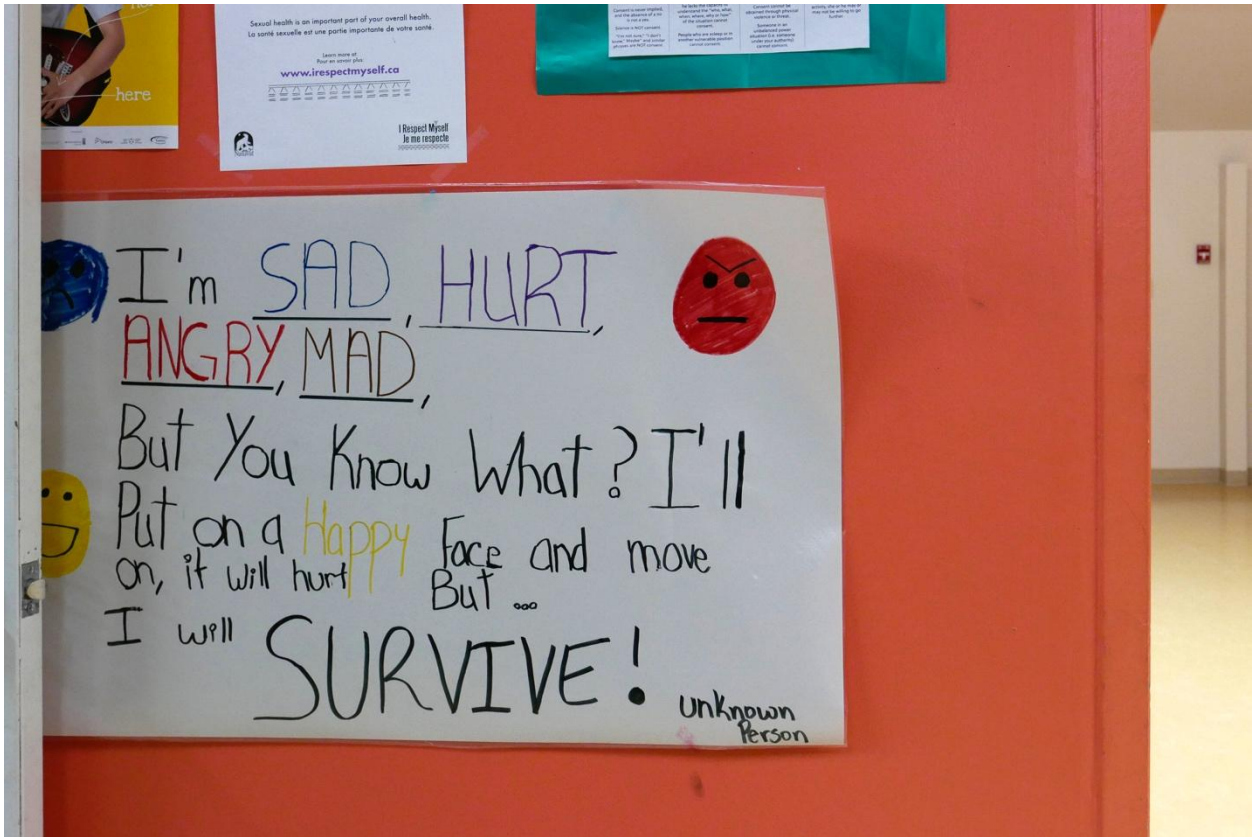


Plate 1.25 Visually reflecting on the school.

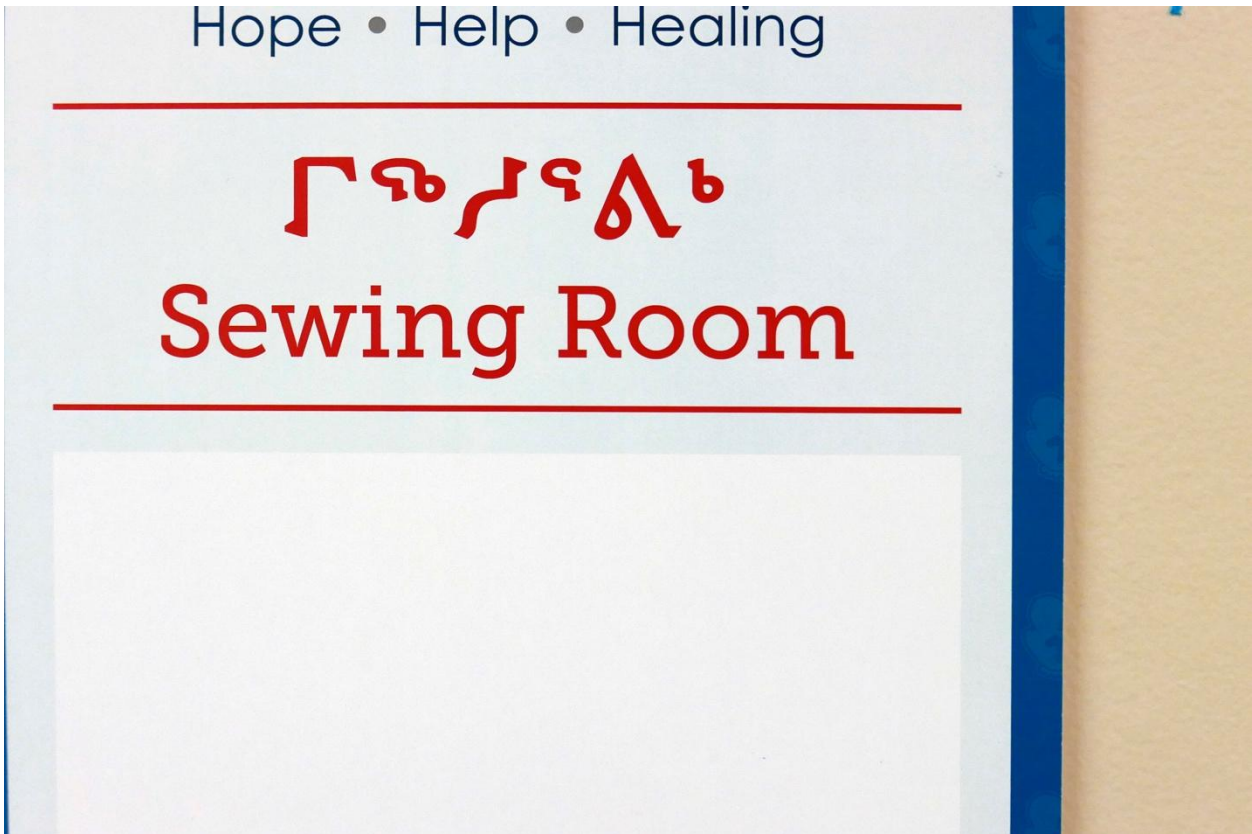


Plate 1.26 Sewing room within the school.

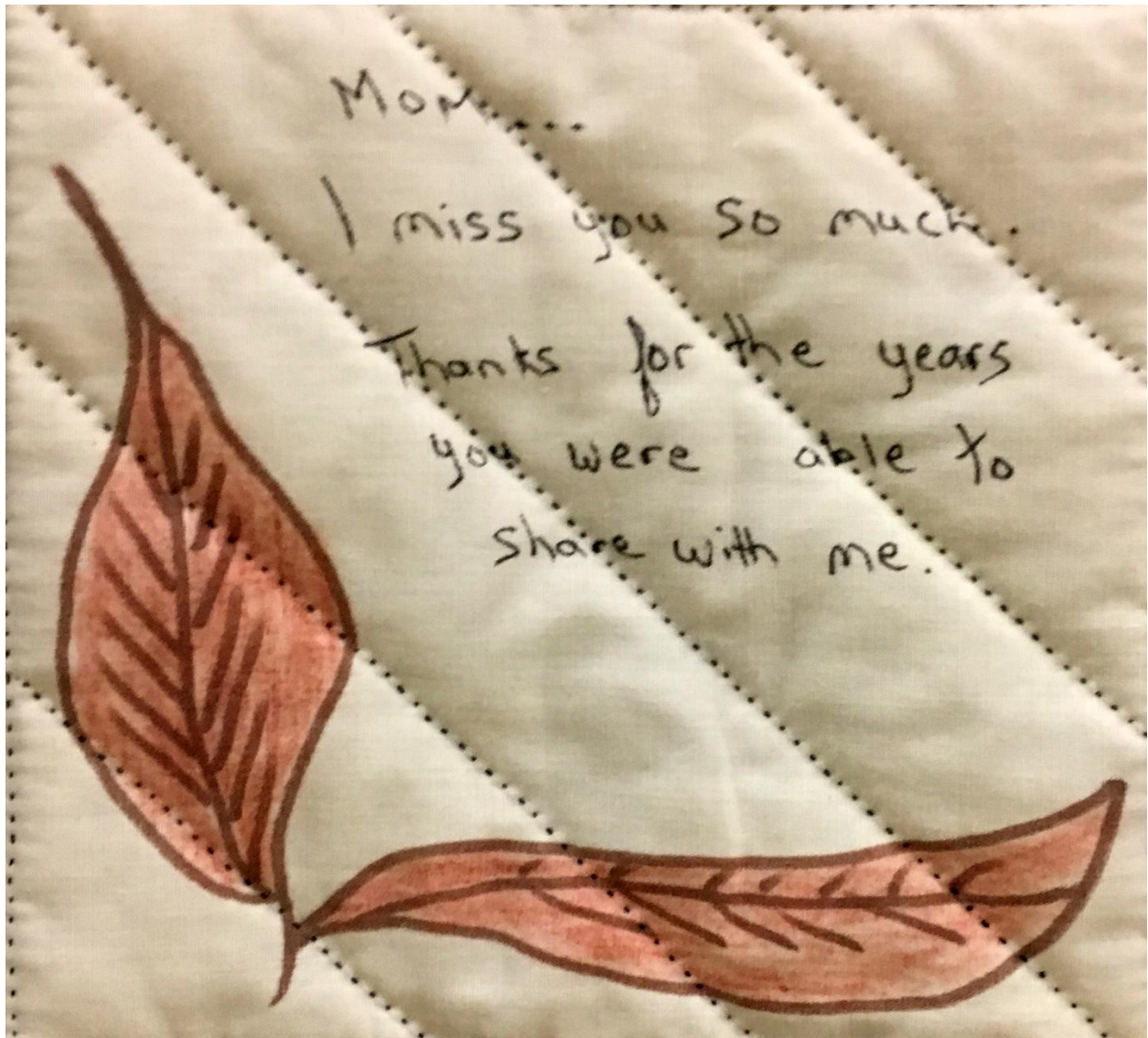


Plate 1.27 A section of a collective quilt sharing messages from suicide survivors.

It was cold, but the kids all got on their gym shorts and walked outside to the building that had the gymnasium in it. Some rushed to the back and pulled out basketballs, badminton nets and rackets, and others went into the weight room. We played basketball and then moved to badminton. I took a break, and a 12-year-old kid came up to me and opened the door to the outside to let in cooler air. Without any prompting, he started showing me scars on his body: knife wounds, cigarette burns. He told me about his abusive father. He told me about living on the streets and being raped there. Things I couldn't process for anyone, let alone a child. I didn't know what to say but I listened. His movements became more spastic, with twitches, and limited eye contact. The stories were taking over his body.

On my second day at CAMH, several new patients were admitted. I sat in the activity room and met them as they came in. They were all trying to size each other up and figure out how to navigate this new space. A 14-year-old girl introduced herself to me and asked me what I did here. I said I was an artist and I was doing research with patients in the hospital. She thought that was pretty cool. I asked her if she would like to work on some art with me later. She said she would.

An occupational therapist came in, and a group of kids followed her. I introduced myself to her, and she introduced me to another person, the unit's school teacher. We talked about the limited art supplies that were in the unit. They invited me to sit in on the session. The kids were freely drawing pictures and after a short while they were asked if we could go around and talk about our images. The girl I just met went first. It was a drawing of a toddler, her toddler. She

spoke about his birth, her meth addiction, and the surgeries he underwent when he was born. She spoke without affect towards these difficult stories, but you could see she cared deeply for her son, from the attentive care and tenderness of her word choices. She spoke of what it was like to live around North Bay, Ontario. Several other kids spoke up that they were from that area too.

After they left, I looked at the drawings. These were children's drawings but the stories these images were telling were beyond kid's stories. I found it very difficult to leave that night.



Plate 1.28 More visual explorations around cancer in June 2016.

I was thinking about Donna Haraway, and how unimaginable stories can literally lead us to cease to think, how we aren't able to think with them anymore. I read Susan Sontag's *Illness as Metaphor* (1978), and saw how important metaphors and stories were. Both Sontag and Haraway emphasize the need to find new ways of understanding our world and creating the

future. We world worlds through stories. Haraway implores us to open to “other kinds of stories,” or “storying otherwise.”

I began to see how cancer had become unthinkable. There are stories of the *disease*, the metastatic instance manifesting the cancerous body, that drive the course of the disease in one’s body: recovery, remission, or death. There are also stories of *illness*, the lived time spent with the disease and the performances that came from that: having-cancer, performing-a-cancerous-body, or being-towards-cancer-or-death. Over time, I came to understand that there was an art to doing-cancer and that this labour and performance was a story we don’t normally get. Sontag writes of the war metaphors used in cancer: battles, struggles, survival. Maybe those stories have become unthinkable and new stories are needed to tell a ‘cancer story.’ After all, there is no cure, simply treatments. However, at a deeper level, cancer remains a spectre in our society.

If we don’t have cancer, then we know someone who does. We fixate on getting it: we feel our bodies, we monitor the carcinogens in our diets and environments, we visit our doctor, have tests done, all to sidestep the pace of this indifferent disease. The disease is indifferent, it strikes, it takes. However, as an illness, it is also an intensely meaningful experience. Arguably, the reason it is so terrifying to society is precisely that it provokes so many meaningful events: diagnosis event, difficult discussions with loved ones, their pain, a sense of shame that you did something to make this happen, symptoms, treatments, side-effects, preparing for death, and physically dying. Cancer is a species meaning-making event. It is an ancient space we all inhabit. It’s nested deep within each of us, deeper than genetic strands stretching across a geological timescale of billions of years, one that is in a space for communal immunological kinship, where our bodies fight off the gnawing of microscopic predators, genetic expressions, and time.

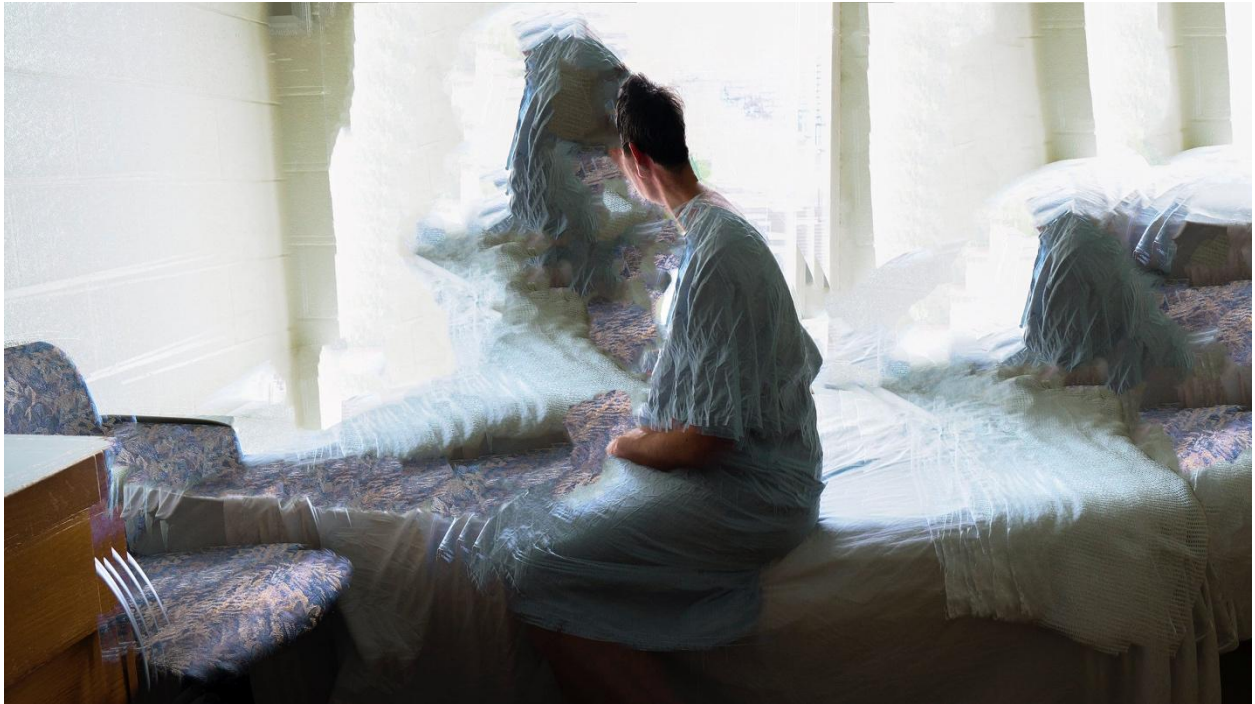


Plate 1.29 A dreamscape image co-created with a patient at the Centre for Addiction and Mental Health in Toronto in 2017.

In May 2017, I arrived at CAMH for my second research trip. After again collecting my keys, and followed directions to a different building on campus, I took the elevator to the 5th floor. As I exited, I noted ornate bars that partially obstructed the view of a lush green room of plants. I looked to my right, which appeared to be offices, and then to my left, where I saw a small sign that indicated that I had arrived at the Mood and Anxiety Inpatient Unit. The staff seemed confused as to why I was there, but they let me in because of my badge. A nurse took me around the unit and introduced me to the few patients who were out of their room. I introduced myself as an artist and doctoral student who would be spending some time on the unit making art as research. Hardly anyone understood why I was there, or what I was doing.

I met Derek. I saw his broken glasses. I felt his gentleness and intellect. I looked at him. I looked longer. I felt like I had known him. Or I would know him. If I remembered hard enough. But then there was a sense that he was me. It is something I still don't fully understand yet.

The nurse said he was taking some patients on a walk around the CAMH campus to get a coffee and asked me if I would like to come. I said yes, and we all piled into the elevator and headed down. I met Luanna as we headed out the front door and onto the street. She told me she was new. When we got outside, she was physically bouncing. Raw human experience—living completely on the surface. She was everywhere and everything simultaneously. I knew she was sick, that this state was not going to end well if left unchecked, but the state was one of deep connectedness, deeper than any conventional spiritual knowing—this was untouched knowing.

We got coffee at Tim Horton's, and we sat across from each other. Without any prompting, she began speaking freely about herself. I could tell by the speed in her voice and her absolute elation that she was experiencing a manic episode. She spoke about that. She spoke about her new revelatory connection to Jesus. She spoke of her pimp and her time stripping. She spoke of her rapes. Just three hours earlier I had landed in Toronto. There was nothing I had to say, and I could see that she didn't need me to say anything. She then started talking about her fashion line and how she is the CEO of her company. She told me of her dreams for when she gets better. She was ripe with creativity and full of hope for her future.



Plate 1.30 Music on my last day on the Mood and Anxiety Unit at the Centre for Addiction and Mental Health in Toronto in 2017.

I couldn't attend any of the Electroconvulsive Therapy (ECT) sessions that one of the patients invited me too. I watched him prepare with reluctance but resignation. I watched him leave, and I watched him come back in his wheelchair, head to the side, with no focus in his eyes. I looked as they wheeled more and more patients in. I looked at the patient I was speaking to before he left, but he had nothing in him at that moment. I left him alone.

I had a vision of a small room where everything was made visible and within reach. It was clinical in the worst ways. Walls of bricked mirrors, ceilings and floors of planetary telescope mirrors. A wall blocked with a horizontal column of immense lightboxes reflecting piercing white light in every mirror. A plastic bed on wheels. A console with sparks and a TV monitoring screen that pinpointed being. I saw it without people. It was the most uncomfortable place I had ever experienced or imagined.

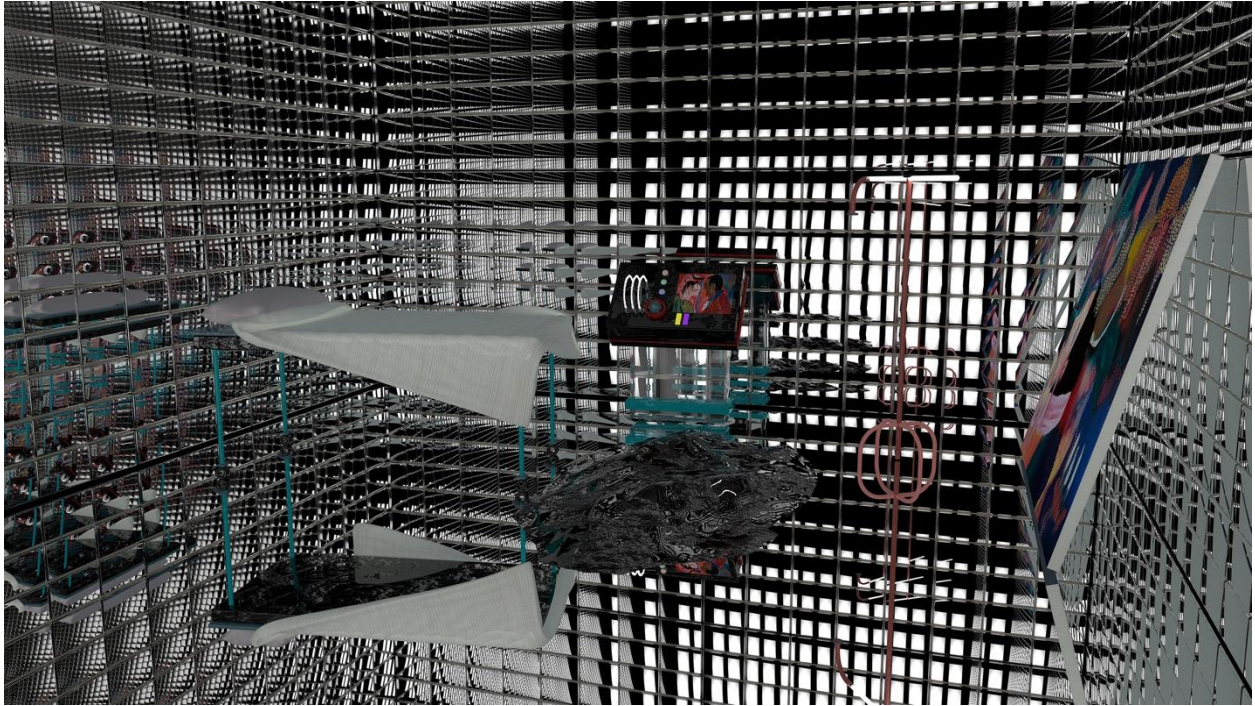


Plate 1.31 Treating Otherwise created in January 2018.

When I was in grade one, I had some kind of intestinal attack. Not sure of its name, but it was rare. I spent time in the hospital school with kids of different ages, the way school used to be, with everyone together. I don't know how they taught all these different ages. One day I went out to the freezer where you could get a popsicle and, on my way back, my room was blocked off and there were nurses and doctors running everywhere. I looked into the room beside mine and the child that was beside me was surrounded by people, and it had a smell I can't forget. Looking in, the room lost structure and became an infinite white void with doctors and nurses, those bright spotlights, and the girl on her small hospital bed. I looked to the side, and the parents were pushed to the back corner, and the mother was screaming and reaching out. And after all the shocking, banging, and pressing everything stopped. The room collapsed back into form and

she had died, whatever that meant to a six-year-old. A nurse grabbed me and rushed me back in my room.

You experience these events differently as you take in more experiences. I thought about it once years ago in an artwork. I understood it one way. Now, as a parent, I experience it in a very different way. The focal point of the void moves to the mother. The tears of rage. I can't think about it as a parent. Some things are unthinkable.

I was asked by the unit's school teacher to run an art session for the kids a few days into my visit at CAMH. A month before this, I had shadowed an art therapist at the University of Alberta Hospital in Edmonton. We went to the psychiatric inpatient ward and set up in a small room. One of the nurses went around the unit asking patients if they would like to come to make art. The art therapist laid out a large piece of paper across a makeshift surface made out of multiple tables. Patients started coming in and sat. We waited until there were about 5 or 6 patients and the art therapist began describing what we would be doing: a free drawing session on this large piece of paper. The patients, myself, and the art therapist all started away on different sections of the paper. Quickly I could see how the art therapist was creating a safe space for open conversation and everyone began speaking about their experiences in the hospital, things they wanted when they were out, and how to endure. Suddenly the art therapist reached across the page and drew a line from one person's small drawing, across the page, and onto her drawing. The patients began reaching across the page and making free and expressive marks filling the whole page. A new patient came in and started colouring in all the spaces that were

created around the page. Soon everyone got up and moved around the piece and started developing another person's drawing. The conversation continued overtop this activity.

I saw how the art therapist kept the conversation under control. I could see how each patient wanted to express their illness experience, all the tough things that led them to this hospital and into this room. However, some of this conversation was too personal and too difficult for others who were struggling or at different phases of their journey to hear. I saw the art therapist use gentle redirections to steer the conversation back to a space where everyone could talk but without offending the person that was opening up and sharing their story. I also saw how patients would run out of energy and would simply sit and observe or leave. This was a porous space that could be whatever each person needed at that moment in their journey.

At CAMH, I set up a large piece of paper across a large table. Kids came in and I did the best I could to honour what I had learnt from that art therapist. After an hour of free drawing, with several people breaking off or starting their own artworks, we decided that this could be a design for a mural out in the hall. They had a partially completed one that had been damaged by a patient. After the session, I talked to the unit manager and we decided the kids and I could redo the mural. I told the kids, and a small group and I set out with rollers to paint white over the wall. The kids got paint on themselves, tipped a bucket on the floor. There was a lot of laughter, which I hadn't, to that point, experienced in this place, with these kids, under these circumstances.

When the paint was dry and the kids had returned to their rooms for quiet time, I outlined a design on the wall based on the group drawing we had co-created. I made it complex but simple enough that everyone could find a space that they could work on—a lot of small shapes that only required colour to fill them. When the kids came out of their room they were excited, and I had all the paints and brushes ready to go. They formed a line along the wall and each

worked on an area. We talked freely over the activity of the art. Kids would step back and take breaks but would keep talking about the possibilities of what this mural could be.

I looked at the kids and wished I could take a photograph to capture this moment, so I could always remember it. I saw kids being kids, laughing, telling jokes, and being playful. I didn't see them as patients with unbelievable pasts. I felt many things I still don't fully understand.

Over the rest of my 10-day stay, we worked together on the mural. One day when I returned from a one-day, side trip to Montreal I found that they had used their hands to make all the leaves on the tree. We worked together, creating new ideas as we went along, but we never finished the mural. A few months later, when I was visiting the Mood and Anxiety Inpatient Unit I went to the Youth Inpatient Unit to see if the mural had been completed. It wasn't, but it brought back a rush of emotions and memories of these kids.



Plate 1.32 Partially completed 15-foot long mural on the Youth with Concurrent Addiction Unit at CAMH, February 2017.

It was cold in Iqaluit, something a Canadian should be used to, but it was different—it cut through your clothes and made everything on the earth harder than hard. In addition to attending conference sessions, I continued to spend time observing the art that was developing and being practiced in the high school. I also started exploring the city, walking around, taking pictures, trying to get a sense of the history in this place.

It is a dry city, but you can purchase a drink at a restaurant with a meal. I wondered about all that had been happening in this place as I grew up in the relative comfort of Alberta, all these

tough things—losses, addictions, and suicides—all bursting throughout the 32 years of my life before I came to this city. I talked to one of the taxi drivers about this. He said this isn't the way his people wanted to live, that this isn't the way they are supposed to live. But the presence of the Canadian government and the pressure of the trappings of life from the south was everywhere, and he thought it wasn't doing anyone any good.

I would spend the evenings alone in restaurants eating out-of-this-world expensive meals and having a drink. I saw people sitting with multiple meals in front of them so they could continue to order drinks. I saw married couples out enjoying meals together. I saw people on dates. I felt the presence of love, as life and death hung in the room with me, in this land beyond the land—all the things that make humans humans.

With the permission of the unit manager of the Mood and Anxiety Inpatient Unit, I was able to bring in my camera so long as the patients weren't identifiable. As soon as I brought it in, Derek and Luanna started coming up with visual ideas to explore. Derek wanted a video of him walking into his room and sitting on his bed. I told him I could never use this footage for anything, but it didn't matter to him, he just wanted to be documented. We did the shoot that he wanted. Later, I was able to alter this footage into a single unidentifiable image.

Next, Luanna wanted to be recorded wandering the halls around the rooms. I did the best I could to capture what she wanted but I emphasized that I could use next to none of this footage. After spending more time in Derek's room, he got the idea to rip it apart to show the chaos in his mind (at the time I didn't know that he had done that at the start of his stay while he was in full-blown mania). He did just that and we documented the room. Luanna then wanted her room

documented, but she didn't alter it. Over the next few days, I documented several patients' rooms with their help.

At the time, I didn't understand the significance of taking these photos, they just felt like the right thing to do with the patients. At a cognitive level, I didn't know why this kind of documentation mattered so much to them, but I sensed its importance, I felt it. Somewhere down below, I saw how lonely their recovery journey was, a loneliness I would experience three weeks later when I would begin mine. I felt their desire to express, record, and share this journey. It was out-of-this-world, it was amongst the stars in some far-off place, like an adventurer discovering some new land. You couldn't not want to share that. It was reconfiguring all my meanings in this world, with words meaning different things. Your memory doesn't always refer backwards in time but can feel forwards, and all those connections between things that matter, the stuff you build your life off of, don't always matter anymore. It's terrifying but it is also everything. I could see why they wanted to co-create work this way.



Plate 1.33 CAMH.



Plate 1.34 CAMH.



Plate 1.35 Test image from the photoshoot in Derek's room at CAMH in May 2017.



Plate 1.36 Final co-created image of Derek's room.



Plate 1.37 Final co-created image of Luanna's room.



Plate 1.38 Another co-created image within a patient's room.

When I got home from the Mood and Anxiety Inpatient Unit, I started teaching a spring course at the University of Alberta. I felt energetic and creative. It all felt easy—everything and everybody was clicking into place. The work was exciting but something was burning in me. I was looking forward to June. I planned to visually explore my experiences at CAMH over the summer. Near the end of the 3-week class, I had to present at the Department of Psychiatry Research Day. I felt off, tired, and really burnt out. I left class early to present, and when I got up I simply read a narrative about my cancer work, refused to look at the crowd, and showed a single image. As expected, there were no questions and I left the auditorium. My co-supervisor, Andy, came up and asked me how I was and how my family was doing. I felt something unknown in me, and, at that moment, I said I was struggling, that I needed a break, and that I needed a new psychiatrist. I said something was broken. He said he would help me find a new psychiatrist.

When the class session came to an end, I headed to Calgary for a meeting with some of the top mental health researchers in Alberta. After that meeting, I got in my car and drove to Banff, a beautiful National Park in the Rocky Mountains an hour out of Calgary. I realized that I hadn't brought a change of clothes from the suit I was wearing and went and bought clothes in town. It was raining and the mountains were obscured. I went to my hotel and fell asleep for the night.

The next morning my previous graduate supervisor from my MFA, Maria Whiteman, drove from Calgary and met me for a hike at the Banff Centre for the Arts on Tunnel Mountain. We walked through the woods, down the mountain, towards the river. We sat on a rock

overhanging the river and she looked at me and said I had to slow down. That I wouldn't be making my best work if I was in this state at all times. I agreed.

By this point, I had some ideas building off what Derek, Luanna, and I had been doing around their psychiatric rooms while at CAMH. I was thinking about physically rebuilding a faux room with a bright mural like the one I had made with the kids and populate it with objects of healing. I would photograph the room and print it as large as I could.

When I came home from the mountains, Candace left for the Maritimes to present at a pharmacy conference. My mom and I took care of the kids for five days. Mary was teething and had me up multiple times each night. Sleep is one of the primary defences I have against going manic, right up there with my medications, but this weekend is what finally broke me. When my wife came back, I told her I was manic and that I would need to take more medications and sleep. Prior to this, manic episodes would come and go relatively quickly with sleep and medication and never disrupted my life too much. The problem was I hadn't started seeing my new psychiatrist yet, and my old one had discontinued all of the antipsychotic medications I would take when a manic episode started. I found old pills around my house and tried to cobble together some kind of treatment that would stabilize it before it got out of control.

Candace had given me space to work through this episode, and a drive out of my control had me painting—a medium I never engage with. Each day I fought the canvas trying to express something that I didn't know how to express. As the mania progressed and became more severe, colourful particles and dots started appearing behind dissolving portraits of Derek and Luanna. I knew this was madness painting, but I tried to let the illness take the images where it wanted them to go. I saw them as archives of the illness and never went back to fix or edit them.



Plate 1.39 3.5 x 7-foot oil on canvas painting from June 2017.

November 26, 2018. Today I reread this chapter trying to find out if there was any more of this story to tell. I thought it might be done. I thought about meeting Derek and Luanna, and the kids at CAMH. I thought about the field notes I wrote during my stay in Iqaluit, and how a transcription of the notes I kept, specifically those about the image theatre workshop I presented on the last day of the conference, could be a useful appendix. I have yet to find the notebook with that writing, but I found another from my two stays at CAMH. It then got me wondering if I had put that notebook in the metal box that I store all of my notebooks in for safety. After some searching, I found the metal box on a shelf in our storage room. I opened it and found a red notebook started on September 3, 2008—my first day of art school. I looked through it, then I looked through other books, and near the bottom of the box, I found my small red notebook from the fall of 2005—my first art fundamentals class with Royden Mills, the kindest person who took the time and supported me in redirecting my life and career towards art, someone I owe so much

to. I looked through these pages and I thought about all the books I had just glanced through. These were books filled with madness, pure madness—confusion, disorientation, anger, but also energy, a burning energy that spilled into obsessive writings and drawings. Looking back at these texts from a decade ago, I feel for that man who I had been, who had struggled so deeply. I looked at a page from my recent notebook, and I pulled out a sheet of paper tucked into the back. It was Derek’s writing, and I remembered him manically creating a “mind map” of ideas for an art piece he and I would never make. I saw that map and I saw that same language and visual disorganization in these old sketchbooks. I saw a common language between his experience and mine like they were pulling content and symbols from the same place.

Underneath the last book, I saw some manila envelopes crushed in the bottom of the box. I pulled them out. I pulled out a large collection of papers all taped together. This was the large drawing I did in grade 4 that was hung in the school. Beneath that was a Valentine’s Day card from my Grandma Necyk dated 1998. She told me she loved me. It feels like another life ago, but it still brings a rush of emotions in me, and I can’t help but cry. Beneath that was a collection of drawings from when I was 7-years-old. I could see the obsessive repetition already forming in me through the drawing of individual trees to make a large forest. It was then, now, that I see everything in my life was already rooted deep in me back in my childhood and that in 30 years I was repeating whatever cards I was dealt at birth, in my surgeries, in my illnesses, and in my loves. I feel a restless struggle stretching backwards in my life, and, now, sitting here writing this, I feel forwards as I am tired and foggy from the 50 mg of extra Seroquel I took last night in fear of the start of another manic episode.

I feel the trauma—the rupture or creek in my mind and body—that has been the entirety of my life. Yet it isn’t with sadness or a wish for a different life, a different body, or a different

mind. I feel love and care backwards for all the versions and times of myself that tried to process and understand their life through the creation of art. Art has been a line through my life that ties each stage, each happiness, each sadness together on a stretching expanse. I know trauma to be part of my life. I know art to be the most powerful force in my life. And life isn't about finding yourself, it is about creating yourself.



Plate 1.40 7-year-old drawing. 1991.

Chapter 2: Art as Research

It matters what matters we use to think other matters with; it matters what stories we tell to tell other stories with; it matters what knots knot knots, what thoughts think thoughts, what descriptions describe descriptions, what ties tie ties. It matters what stories make worlds, what worlds make stories.
—Donna Haraway (2016)

Research-Creation and the Artist-Researcher: “Creation-as-Research”

In this chapter I explore how an artist-researcher can create art that can contribute to a serious investigation into the nature of human existence and experience. In doing so, I consider both the, somewhat more, established field of arts-based research, and the emerging field of research-creation, with the latter taking shape throughout the following chapters—both theoretically, practically, and artistically.

Research-creation supports the development of knowledge by combining creative, artistic practices, and academic scholarly investigation. The growth of research-creation as a developing discourse in Canada within the humanities and beyond points to the potential of artistic-research as a valuable and necessary contribution to scholarly research. My work in this area has been inspired by contemporary art theorist Natalie Loveless, and communication theorists Owen Chapman and Kim Sawchuk. My work and understanding have also been informed by the arts-based research contributions of Diane Conrad, Anita Sinner, and Jamie Beck, among many others.

In 2012, Chapman and Sawchuk published “Research-Creation: Intervention, analysis, and ‘family resemblances,’” in which they described four categories or ‘family resemblances’ of research-creation: research-for-creation, research-from-creation, creative presentations of research, and *creation-as-research*. I align my own work and research in the final category of creation-as-research, an assemblage of all the categories that also extends beyond them. They

describe creation-as-research as “an engagement with the ontological question of what constitutes research in order to make space for creative material and process-focused research-outcomes” (p. 49). This emphasis on creation through drive, curiosity, and story provides the foundation for Loveless’ (2019) *A Manifesto for Research-Creation: How to Make Art at the End of the World* which has provided me with many of the concepts I use in the following sections to describe research-creation and related knowledge production practices.

My mode of research-creation relies on the emergence of themes, insights, and meanings through the act of creation. My research-creation process is akin to how I play with my children: we have certain pre-determined ideas, yet as we string together gestures and responses, one after another, new possibilities emerge, and we end up somewhere far removed from our original narrative. Attuned to each other, successive, spontaneously responsive actions lead to expanding awareness of emergent possibilities beyond what we could have initially imagined. I approach my research-creation art practice in a similar way—performing one gesture, one response after another, until I end up somewhere full of unexpected textures, exploring stories far different than the ones I had initially imagined, which allows me to express them in ways I never envisioned at the outset.

My practice of artistic-research may be likened to responsive being, exploring experience and story. I am driven to put all my spirit into being attentive, to noticing unnoticed stories, to breaking through unexamined perceptions, so I can tell a different story, make new worlds, and create new futures for my children. Loveless (2019) writes: “Stories are powerful. The stories that we believe, the stories that we live into shape our daily practices, from moment to moment. They have the power to promise some futures and conceal others. They encourage us to see some things and not others” (p. 20). Creating new stories, bringing stories to life, illuminating stories

we don't always want to know or hear, can help to expand the boundaries of our worlds, allowing our stories to take new shapes, kindships, and loves.

When I truly embrace art as research, beyond aesthetic exploration, I recognize its critical role in helping to effect social change through storytelling. I remember Derek, the middle-aged man I met as a patient at CAMH. I remember how affected I was by his gentleness and his intellect, and recollect how much he looked like me. I could see how his elderly mother saw him still as her child, now middle-aged, in that room, with broken glasses and a hospital gown, trying to carry on a conversation about anything normal and not his illness. I see my children, and I see their children, and I see their children's children. I see the crisp prairie sky and I see a thousand of my ancestors looking up at it too. I have seen a great many things I don't understand yet. I don't formulate a research question to explore this or that, but I allow curiosity and spirit to guide me to wonder, to pay attention to moments—to feel, sense, and reflect on—through and with foggily fragmented moments by giving form to what I create, and then, after enough time, adding to it, rearranging it, caring for it anew, as I continue to develop new meanings and understandings.

Chapman and Sawchuk (2012) describe “creation-as-research,” as one of four modes within “research-creation,” an emergent approach to research in the humanities and social sciences. They describe “creation-as-research” as involving:

the elaboration of projects where creation is required in order for research to emerge. It is about investigating the relationship between technology, gathering and revealing through creation (following Franklin, 1992, and Heidegger, 1977, where “technology” connotes a mind-set and practice of crafting as much as it does “equipment”), while also seeking to extract knowledge from the process. Research is more or less the end goal in this instance, although the “results” produced also include the creative production that is entailed, as both a tracing-out and culminating expression of the research process.

(p. 19)

They characterize creation-as-research as “a form of directed exploration through creative processes that includes experimentation, but also analysis, critique, and a profound engagement with theory and questions of method” (p. 19).

I did not set out to develop a research approach aligned with “creation-as-research” within emerging research-creation practices. It wasn’t planned. I did not follow a straight line to get there. But as I progressed through different phases of this ongoing project, and reflected on how I processed those experiences both artistically and personally, I couldn’t help but end up wading into the realm of research-creation, and its close relative, arts-based research. Forever changed by this journey, I hope to outline a path that other artist-researchers (both within, and outside of the academy) can explore, as they follow their own detours, points of no return, and synchronicities that guide them somewhere unexpected.

Creation-as-Research: An Evolving Personal Approach

My research approach has evolved as I have gained more familiarity with the possibilities and potential of creation-as-research. From the very beginning, however, it has involved direct immersion in illness communities, and an urgent willingness to reflectively and reflexively respond to, and examine the textures of others’ experience and my own. Experienced as a complex imperative, I have found my way to (seeing, feeling, sensing, and responding to) stories through: intuitive auto-ethnography (a form of qualitative research involving exploration of personal experience in relation to wider cultural meanings and understandings), open-ended arts-based interviews (entered into without pre-determined ideas, thus relying on attention and compassion), and visual/narrative explorations in which I string together bits of experiences, stemming from disparate events and sensations, through which I find connections and through-lines into the experience of illness and recovery.

My creation process has evolved over my doctoral studies as well. During my Bachelor of Fine Arts, I focussed on drawing and sculpture. During my MFA, I moved into photography, video, writing, and performance. More recently, I have incorporated 3D-renders of photographs and animations, oil painting, experimental video, installation, and sound, each with a large toolset of formal, technical, and software knowledge. Further, I have included auto-ethnographic writing (short stories, live performative readings, short films, theatre play) as part of my inquiry approach. When I met with Dr. Allan Peterkin, psychiatrist and professor at the University of Toronto, and described my art practice he shared that he had only seen manic patients take on such varied mediums. He was correct—I had begun to explore many of these new mediums at the height of manic episodes, when everything was accessible, or felt, possible. I experienced manic episodes and come out with a new skill and content that I will likely spend my entire life exploring... but that isn't the whole story.

I believe that, at a minimum, an artist-researcher needs to have a large “toolbox” of practices, and also, even better, a willingness to follow openings that arise. When I teach my senior-level “Intermedia” course, I encourage my students to explore the fluidity and shifting relations between media, that it is more a disposition towards fluidity. Often, I found that when I “wanted” to work in a specific medium, say painting or writing, that too much of the problem was solved before I even began, with both subject matter and analysis constrained by the limits of a 2-dimensional plane or available pigments at hand. Instead, I have been drawn to the free exploration of unfolding details informing a beginning inquiry, following perplexities and uncertainties, and feelings of disquiet. Art provides a means of opening to and entering into an active, back and forth relationship with an initially indeterminant otherness, a flowing stream, accessing bodily movement and universal memory (this will be the topic of the following

chapter), leading to what psychologist and communications theorist, John Shotter describes as “a kind of thinking *from within* a particular flowing circumstance in which we open up ourselves to being ‘moved’ by that flow” (p. 40). An encounter of this kind, Shotter argues:

is not simply a matter of ‘seeing’ of objects, for what is sensed is in fact invisible; nor is it an interpretation (a representation), for it arises directly and immediately in the course of one’s living encounter with an other’s expressions; neither is it merely a feeling, for carries with it as it unfolds a bodily sense of the possibilities for responsive action in relation to one’s momentary placement, position, or orientation in the present interaction.

(p. 40)

Beyond knowledge generation, Shotter points to the possibilities of a living, engaged encounter with an other, or otherness that is radically unknown to us.

As part of my process, I often find myself completing small “sketches,” works that are raw, intuitive, and not formally resolved, in several media. Sometimes this leads directly to the medium that is needed to explore this idea, this feeling, this sensation, this vision. Yet other times it provokes exploration through yet another medium. Often a 3D-render will lead to a painting, or a drawing will lead to a render, or a video will lead to writing, or any number of possible connections. Rather than beginning with the expectation of executing an artwork, a potentially close-ended exploration, I open myself to possibilities and attentively following these openings down the rabbit hole.

Crucial to my creative process is not understanding mediums fully—not having full mastery over techniques. This might sound very counter-intuitive as art requires skill, often years of art school and practice, without which I would not have the fundamental formal skills of observation and aesthetics to execute works, but I always push myself into unknown areas. I am always trying to learn something new in each work, such as testing out ideas I learn in a 3D-rendering tutorial, or attempting to develop a particular kind of colour, light, or texture in a painting after studying the colour and brushwork of other artists I admire, such as Joan Mitchell,

Richard Diebenkorn, and David Hockney. I will study the play of light as it falls on objects and surfaces, and try to learn how to recreate the unique shapes, movement, and architecture of a room. I might include a component of a new technique I am developing in the next work I create, but the overall process remains loose, always focused on learning my way through something new. This keeps me in a space of curiosity, flux, and immersion, as I explore the surface of the painting, the geometry of a room, the richness of texture in renders, the cutting of faces and temporarily offsetting them in video, and so on. I just can't reproduce the same form, the same technique twice. Some artists spend their whole lives perfecting their form, medium, and technique, which can lead to highly productive and successful outcomes. Some of the most amazing work I have ever experienced has resulted from this approach. But that isn't me, and also is not what research-creation refers to, or entails.

Emphasizing the act of creation, research-creation is active, it is fluid, it is always in flux in the purest sense, otherwise, you won't end up somewhere that is uniquely new, that arouses a sense of ongoing anticipation and wondering, leading us to a new landscape of possibilities, with all the richness, texture, and new understandings that can be found there. Research-creation, specifically creation-as-research, is exploratory, not explanatory. It is pre-conceptual, emergent, and open-ended. It isn't art for art's sake, but it is unbounded, an expanse of possibility, emergence, and deep connectedness to peoples and knowledges, opening to further elaboration and development.

The process of creation-as-research is fluid, forever changing, difficult to reproduce, and even more difficult to explain, but for me, developing this methodology has been the greatest discovery in my practice and in my life—it allows relationships and stories to emerge, as one

gesture leads to another, through the interactions of individuals and communities, building openness, connection, and respect.

I realized soon after arriving in the Canadian Arctic in Iqaluit, Nunavut, that I would need to rethink my initial ideas for the arts-based workshop I had planned to present at the Canadian Association for Suicide Prevention conference. Instead, I made the choice to simply spend time in the community and in the high school where the conference was taking place. I listened to Inuktitut, an Inuit language, being practiced by the students. I watched students practice throat singing and drum dances. I looked around the high school and saw the beading room, the quilting room, and all the art that filled the halls with hope, healing, and community. I felt something deep over those few days before my workshop. The night before my session, I decided to take a completely different approach to my workshop, and incorporated image theatre, a social change tool developed by Augusto Boal and Paulo Freire, that was introduced to me by David Diamond, director of Theatre for Living (Vancouver, BC), in which workshop participants create embodied still images to explore abstract collective concepts. I saw this method as a more sensitive, generative vehicle for developing insights into suicide than the photovoice sessions I had planned before arriving in Iqaluit. While unfamiliar and somewhat challenging at first, the activity resonated with the participants. They rapidly sculpted their own and each other's bodies to explore their personal experience of the impact of suicide on their community. Care, respect, and concern for the youth quickly emerged as a collective need.

Witnessing and being-with-others became my observational instrument, and artistic creation became my analytic tool. They fold back onto each other, each informing the other. Each discovery or insight reflects backwards on the understandings that came before, and those would then radiate out, shape-shifting everything anew. Then working, one gesture

spontaneously following another, like playing with my children, I try to process and integrate my research experiences through the creation of art. I never know what each work will explore, but I start moving forms, responding to those in the moment, and, with enough attention, luck, and love, I find myself deeply processing these experiences and creating new stories out of them.

My Beginnings in Arts-based Research Scholarship

Conrad and Beck (2015) describe arts-based research (art in/as research) in relation to methodological, ontological, epistemological, and axiological considerations. Through these perspectives, they differentiate arts-based research from other dominant paradigms such as positivist, post-positivist, constructivist, interpretivist, critical, participatory, and pragmatic (p. 4). Methodologically, they describe the contributions of artistic-research by referencing early insights contributed by Thomas Barone (1995), who maintained that the arts are particularly good at “‘enhancing uncertainty’, promoting ambiguity and raising questions to ‘enrich an ongoing conversation’” (p. 6). The language of uncertainty, ambiguity, and raising questions seems very counterintuitive as much of our culture, technology, and neural structures are built around making certain, removing doubt, and finding answers. As there is no end to the meanings that may be made of art, art productively helps to stave off falling into old patterns and moving back from dead ends while, instead, leading to new ways of orienting to, and opening to the world.

Ontologically, they stress that art is fundamental to our ability to make meaning and that humans are “fundamentally aesthetic beings” (Conrad & Beck, 2015, p. 8; also see Dissanayake, 1992, discussed in Chapter 3). As an ethnologist, Ellen Dissanayake, recognizing that we are fundamentally creative and aesthetic beings, has described art as a “normal and necessary behaviour of human beings ... which should be recognized, encouraged, and developed in

everyone” (Dissanayake, 1992, p. 225). Art supports our evolution across time and continues to help us develop by helping us map the world and make meaning, providing lines to delineate this from that, from the advantageous to the maladaptive, from the ordinary to the extra-ordinary.

Epistemologically, Conrad and Beck “acknowledge the multiple and diverse ways of coming to know through creating, embodiment, feelings, intuition, and spirit” (2015, p. 11). This echoes Dissanayake’s understanding of art as a force that can shape the ways we perceive the world, and referencing the work of Gilles Deleuze, as described by Grosz (2008), they also suggest that art “does not produce concepts, though it does address problems and provocations. It produces sensations, affects, intensities as its mode of addressing problems” (Conrad & Beck, 2015, p. 11). Art has different modes of engaging the body and mind that afford it a unique attunement to provide less explicit ways of understanding and coming to know one’s world.

From an axiological perspective, they ask what is it that the arts provide that “is intrinsically valuable in human life?” (Conrad & Beck, 2015, p. 11). In exploring this question, they reference the role of the arts in making “space for spaciousness” as suggested by Martin Heidegger in *The Origin of the Work of Art* (1950). They also discuss ways in which artworks can create new worlds and provide new models for living and flourishing in “more-than-human worlds” (p. 13). For me, art brings people together and ties the contemporary world to the world of the ancients—deep histories and the collective unconscious.

Lastly, Conrad and Beck (2015) recognize that “we are all, at a fundamental level, creative and aesthetic beings in intersubjective relation with each other and our environment” (p. 1). They argue that all of us, all humans (not just artists), are wired to create and to understand creative expressions. When we tell a story we don’t recount everything we experienced, but rather we carefully, often implicitly, whittle down and shape what we communicate, describing

specific aspects of the experience, emphasizing certain details to express and communicate meaning (the story itself) to someone. The process of storytelling involves a symbiotic exchange-based interaction between a teller and a listener. The person who listens considers the story as it is shared, and develops their own personal meanings and understanding. As inherently aesthetic and artistic beings, we are constantly in intersubjective relation, as we develop and share meaning between each other.

Some stories are better at communicating different kinds of meaning, and some people are better at telling stories than others. We can all create art, but those who approach the telling of stories with a heightened sensitivity, artistic sensibility, and sophistication are particularly effective in communicating something in a way that can help to orient us to something in the world, clarify our perceptions, and position us to other possibilities for going forward.

Art is not simply about expressing pressing intensities of life but is also a thinking tool. Much like utilizing a fulcrum and a lever, art can extend and enculturate our cognitive capacities. Art helps us to notice what might otherwise go unnoticed. For example, Alan Bleakley (2012, 2017), a leading international figure in medical education and medical humanities, references Nietzsche who described artists as ‘diagnosticians’ or ‘symptomatologists’ of the body of culture, setting out which symptoms emerge in a culture and how we might treat them. Our affective response to art supports us in following curious, pressing questions, as well as developing our ability to think artfully, giving expression to all we hope to imagine and are driven toward as an extension of our consciousness. Recalling Nietzsche’s musings on the abyss, art as an observing and thinking tool takes us out into the abyss, and should we gaze long enough into it, may lead the abyss to gaze back *into* us (see Nietzsche, Wilhelm, and Faber, 1998). And

from that relationship, we may bring form from no form, bringing back relics of our collective, shared pasts, in an attempt to forge new futures and to world better worlds.

The ethnographic literature is rich with examples of art behaviours and aesthetic experience as an agentic or performative dimension of culture serving to augment and transform human perception, creatively develop and transmit cultural meanings, and so influencing human evolution (see Davies, 2012; Dissanayake, 1992; Gell, 1998). Arts-based research focuses on “enhancing uncertainty,” “acknowledges the multiple and diverse ways of coming to know” (Conrad & Beck, 2015, p. 11), and is more exploratory rather than explanatory. According to Conrad and Beck, art can encourage “contributions towards honouring relations, human and non-human flourishing, and celebrate art’s potential to transform the world” (p. 1). My reading of the anthropological literature that has focused on art and aesthetics, along with my exploration of the arts-based research paradigm, contributed to finding my path towards maturing my perspectives and understandings of what I wanted to realize in my artistic-research practice and doctoral studies. A path which, ultimately, was a healing journey.

Research-Creation and My Approach to Creation-as-Research through Co-Creation

Crucial to my practice is co-creation of art with those whose lived experience I am hoping to explore. Often I work with marginalized people, people whose voices are often unheard—those who live with the loss of others by suicide, those diagnosed and treated for head and neck cancer, those labelled mentally ill who are undergoing intense, often unimaginable challenges. They are driven to express their truths but lack a platform or forum for their voice to be heard. I strive to go into these challenging settings with as few pre-determined ideas as possible (not a research question, but an urgent curiosity). I work hard to resist preconceived notions about the people I meet, and I refrain from pre-imagining the art I/we will make. I follow

openings and unfoldings that often lead to disruptions in my expectations and worldviews, and the emergence of collective becoming-together—experiencing moments that are often richer and deeper than those I usually experience in my daily life. We create artwork together to uncover tough stories, stories that aren't desirable, but need to be heard. Creating together opens up space where we talk over and through the works. Some of the most difficult yet illuminating moments I have experienced have happened in these spaces.

In *Creating Together: Participatory, Community-Based, and Collaborative Arts Practices and Scholarship across Canada* (2015), Conrad and Sinner describe the capacity of art to generate new knowledge with “emotional and embodied qualities” (p. xiv), a mode of investigation that can lead to new insights, themes, and understandings. Further, they describe the experience of creating together as a process involving aspects of “place, story, embodiment, health and wellbeing, and witnessing” (p. xvii). They note that:

Oftentimes, the process of creating together involves listening, seeing, attunement, and attentiveness, mindful attendance, or “with-ness.” Such participatory practice may be described as a disposition that is rooted in humility, conviction, trust, and vulnerability on the part of the artist-collaborator and researcher.

(p. xvii)

I identify deeply with this idea of witnessing based on a foundation of humility, trust, and vulnerability. I have incorporated participatory witnessing, as a starting point for my practice as an artist-researcher. I have turned away from prescriptive, modernist theories of art, or “art for art’s sake.” Instead, I am committed to being a human with other humans, experiencing our lives together as expressive living beings. I invite others to co-create art to orient and relate to their understandings, ideas, and questions regarding their illness experience within the flowing flux of life encompassing it, and worlds they are trying to bring into being.

This starting point has offered an aesthetic, relational frame for being-with people that renders me vulnerable (often at a great personal cost), opening myself to new and uncomfortable experiences that lead me to unexpected and exciting new places. This, I believe, has been integrally helpful in facilitating a sense of trust and safety, which has helped to support those I co-create with to share their experiences, views, hopes and fears, as openly as they have. It has also been essential for my own process of exploration and discovery. All of my stories are inspired by the artwork I have co-created with others.

Several days into my second visit at CAMH, I can recall a moment when I recognized an intense desire to create. Everyone on the Mood and Anxiety Unit was either writing a book, creating an album, starting a fashion line, or finding “God’s equation.” When they noticed my camera, several patients expressed a desire to document their experience while they were recovering. Several ideas were suggested which led to interest in exploring their hospital rooms as a subject matter. The patients would arrange their rooms, sometimes cleaning them and sometimes roughing them up, to best capture their inner state. We then spent time positioning the camera for the image and further time selecting and editing the photographs together. This series of images became the influencing force that led to my “Otherwise” series of 3D-rendered psychiatric and healing spaces, that included these photographs along with paintings I made during a mental illness episode I experienced following that visit. I would have never arrived at those works without co-creating art with patients directly in the hospital.

Why Art?

One question I think about daily is, why art? For me, I always return to art’s ability to make connections around and communicate incredibly complex processes that make up the world we are immersed in—the collection of stories that shape our experience of the world, how

we world worlds. Building off Heidegger's 1950 essay *The Origin of the Work of Art*, a work of art creates its own world, drawing attention to the stories out of which it was created, while also evoking reflection on, inquiry into, and imagining of other possible worlds and better futures. For me, art is an approach that tells stories that are just big enough. Our senses tell too small a story, and the stories we world worlds with are often too big. Donna Haraway (2015) shares that "we need stories (and theories) that are just big enough to gather up the complexities and keep the edges open and greedy for surprising new and old connections" (p.160). Art, when done well, tells a story that is just big enough, expanding past our senses, yet not growing too big, predictable or narratological in a closed-ended way. Art offers multiple openings that we can engage with, sensorially, affectively, and intellectually. Through its "polyamorousness" (Loveless, 2019), porousness with other disciplines, and ways of knowing, we negotiate meaningful encounters with the world. A work of art provides a habitable zone in which we can immerse ourselves while encouraging questioning and inquiry into other possible stories and worlds. Art can augment and extend our worlds, and also lay devastation in how we world worlds by providing new stories and worlds, helping to shape the contours of a better future. This is why I believe art is particularly suited to the types of questions I am driven to explore.

For me, the process of making art also offers a tool for inquiry, problem-solving/making, and thinking. When I am grappling with a new research theme or life experience, I quickly find myself exploring and making sense of things through the act of creation. I direct my emotion and curiosity into artmaking with the hope that I might unravel this sensation, this affect, and these hammering visions. Through a variety of forms of thinking (reflection, imagination, fantasy, play, stream of consciousness, and spontaneous and deliberate thinking) made possible through the process of artmaking moving between different forms of media (digital, photographic, and

video techniques, field audio recordings, 3D-imaging, sculpture, narrative), I aim at deriving or making meaning of an experience, by developing an insight, or identifying a concealed theme or story as a result of this frenetic activity.

Ongoing activity, involving the reconstruction and reorganization of thinking, and felt sense of understanding, is crucial, along with a state of perpetual movement, unrelenting moving of objects and compositions in one's mind, constant play with materials. Only through *doing* can artist-researchers find their stories. Further, artist-researchers must stay attentive to unexpected detours, mistakes, and failures, as they often lead to serendipitous moments that will take their thinking to the next stage in their journey. An artist-researcher does not get stuck in books (though important at stages, but rarely at the beginning) or well-crafted research questions (although Loveless (2019) offers an interesting perspective, suggesting that “the crafting of a research question is the crafting of a story that is also the crafting of an ethics” (p. 25)). Directed to “supposed already existing actualities” (Shotter, 2016, p. 14), rather than the moment-by-moment unfolding of experience, more often than not, it will lead to stagnation or didacticism, reproducing old thoughts and closing down the possibility of new ones. Our aim is to create space for understanding not only the not-as-yet understood, but also “the not-as-yet-happened, the as-yet-non-existent activities involved in approaching nature differently, (which) cannot be done simply by proving a theory true” (p. 15). New thoughts are what we are after, not arguments, but provocations that can lead us forward as we navigate our way, moment by moment, toward an increasingly uncertain future, creating space for others to move out onto. The process involves confronting the deepest of voids in one's self, filtering the external world against the ancient content-rich forms in one's psyche, and stepping out onto untouched areas, bringing back something new from the journey as a seer.

As a seer, the artist-researcher must have the courage to see the unseeable things, to bring back with them uncomfortable truths, both about themselves and our collective-being in this world. Heather Hamel, a friend, shared a dream in which she was flying high above an arctic landscape, lunar black and white, set against grey-white mist cloud cover. Eventually, she landed in a city, knowing deep within herself that she was over two centuries in the future from when she started. The people who approached her had a very communal non-hierarchical sensibility about them. She sensed that something had happened, something drastic, world-ending, that had forced them to reorganize in a new arrangement (or maybe it afforded the opportunity to finally do away with old entrenched systems). A citizen came forward and she knew he was a seer. He brought her to his home and there were piles of old *Canadian Art* magazines across the ground and when she looked up she saw a room bursting with art. Without explanation, she could see that his role within the collective community was to venture down and return with new thoughts, understandings, and hope. He was looking to the past, the ancients, to help drive form, but he was original in all ways of thought and expression. She felt a kinship to this artistic role in her time but the lack of social positioning of these roles, occluded, potentially, by the non-collective, hierarchical structures of her time. She woke.

An artist-researcher must be courageous. They must be okay with not yet knowing. They must not be too proud to not produce, worried it will miss the mark. I recall a *PBS American Masters* documentary about Andy Warhol that included a segment in which Warhol said: “Don't think about making art, just get it done. Let everyone else decide if it's good or bad, whether they love it or hate it. While they are deciding, make even more art.” An artist-researcher isn't a master of technique or aesthetics (though these are important), but a vision seeker. They follow

an unrelenting drive to get closer to the forms of our being, both ancient and contemporary. They explore the abyss while mapping the contours and contradictions of our constructed reality.

Remember to not get caught explaining but explore.

Alexis Shotwell and “Knowing Otherwise”

In *Knowing Otherwise* (2011), Alexis Shotwell outlines a broadened framework for understanding ‘implicit knowledges’—the background scaffolding that often goes missed as taken-for-granted ways of knowing. She contrasts this against ‘explicit knowledges’ that act as propositional, claim-making understandings that are readily accessible within consciousness. She asserts that acknowledging and cultivating implicit understanding is “central to the project of creating political consciousness in a transformative mode” (p. xxi). It is this socially conscious, active aspect of implicit knowing and its relations to art that I hope to unpack here.

Shotwell (2011) distinguishes four kinds of implicit ways of knowing: skill-based, socially situated embodiment, knowing what could be in words but is not currently in that form, and affect and feeling. Skill-based knowing is a practical understanding with sets of habits and customs that take place against a set of socially shared practices. A simple example could be riding a bike or swimming, with a more complicated practice being navigating social situations, which ties into a second category she describes as socially situated embodiment. Here Shotwell expands on sociologist Pierre Bourdieu’s (1977) concept of habitus as a set of implicit understandings that provide a transmittable link between embodied knowledge and common sense understanding. She argues that the body offers an “inescapable key to memory,” an embodied history, absorbing “an understanding of a culture and becomes that understanding” (p. 14). The third category of implicit understandings is potentially propositional knowledge for which there is no language. Shotwell describes prejudices as an implicit understanding that are

“biases of our openness to the world” (p. 16). The prejudices we carry are by nature propositional; they are unseen and implicit but can, through self-inspection, rise to the level of explicit understanding about how we see the world.

Lastly, Shotwell (2011) turns to emotions and affect. Emotions as nameable sensations (happiness, sadness, fear, anger) offer “a crucial means by which human beings come to know and understand themselves and their contexts, their interests and commitments, their needs and their options in securing those needs” (p. 22). More interesting, arguably, is affect: an unnamable confrontation with the unconscious, driven by bodily energy in response to the outside world. Emotions may be likened to the spikes of an “oil black mountain” rising from the depths—they are only peaks of a larger form. Shotwell writes of emotions as the “named part of affective experience” (p. 22) that is rendered and made usable by the social world. She cites Deborah Gould (2009) who writes, “affect is unfixed, unstructured, noncoherent, and nonlinguistic” (p. 22). For me, affect becomes a vast expanse, unmapped, uncolonized, but not unknowable. It will take a knowing otherwise to unpack it, something art is particularly suited to explore.

For Shotwell, explicit knowledge (the materials of conscious experience) can only be understood and applied against the backdrop of implicit, tacit knowledge, rooted deeply within it. She argues that to make any social progress we must nurture and cultivate these implicit knowledges—knowledges of bodily pursuits, affects, and of ancient psychic spaces, in order to combat ‘unthinkable’ explicit ways of knowing (I will return to unthinkable subjects below). I believe that art and artmaking is a rooted and implicit way of knowing. It is skill-based (we spend years mastering technique and media until it becomes second nature); artists embody their practice within their lives and bodies; art provides ideas before words, and it produces, often, unspeakable affects. Art, then, is at the forefront of engaging, affecting, and shaping implicit

knowledges, and hopefully, leading towards positive social change. Recalling all I learned and experienced when I visited Iqaluit, and during the time I shared with individuals impacted by head and neck cancer, as well as patients receiving mental health treatment at CAMH, it is clear that current stories in our culture serve to stigmatize so many of us who are vulnerable and struggling. It is stigma that leads to shame, lack of dialogue, and, often, resistance to accessing treatment or help. We need new stories that affect people, that change their views and how they world their worlds, to effect positive social change.

Artist-researchers are creative and aesthetic beings who use art as a thinking tool to tell stories that are just big enough. Stories that are too big breed futility and impotence, while stories that are too small lead you to feel that there is nothing to be worried about. Stories that are just big enough penetrate our body, disrupt our being-in-the-world, and create moments of dissonance that either become assimilated (you pass them off, and remain the same) or accommodated (reconfiguring the boundaries of yourself, you are changed). An artist-researcher must keep growing, and there are pains with that, but as they scale down that oil black mountain—surveying its scaffolding, its curves and crevasses, and battling with themselves as they come back up without clear language or emotions to describe the experience—they can come back with something new. They must create, intuitively from these experiences, as the great project of being and dying is happening within their works.

To Profane the Unthinkable

A lesson I learnt from an instructor in my undergraduate studies is that making art is about pointing. As artists, we direct the attention of the viewer around an artwork, in various explicit and implicit ways, through formal principles of seeing and experience, as well as affect

and intellect, never (in the best works) directly telling the viewer what they should feel or think but hoping that some sensation or insight may emerge from the grace and life the artist-researcher puts into their artwork. This relates to one understanding of art and aesthetics (amongst many): art as a living agency that allows that artists to “distribute the sensible” (Rancière, 2018, p. 11) such that viewers may experience new things, new affects, or new thoughts, or experience familiar ones in new ways.

Approaching art practices and artworks as living forms has led to stories of struggle and hope that I could never have predicted. I point to healing in a work titled “Healing Otherwise” but that experience of healing is unique to each viewer. I do not know exactly where I am going; however, I know that if I am receptive, I might get to a place closer to another experience, another idea, and another artwork. It all spills out, one gesture after another, on a stretching expanse of experiences and connections, with many not visible until enough attention is paid in that moment or through reflective practices. These do not add up to one masterpiece here, and another there, but, instead, comprise a body of work, or form of life to think with, and through leading to awareness and understanding that is deeper than everyday experience and consciousness. After all, art is about thinking and communication, and when it succeeds, it is about thinking and communicating well—concisely, affectively, and disruptively...to profane.

Thinking through Giorgio Agamben’s 2007 work *In Praise of Profanation* and his use of the *profane*—to take back from the “gods” and make usable by “humans”—provides me with a lens to work through Donna Haraway’s notions of systems—sciences, philosophy—as “unthinkable” (Haraway, 2016, p. 30) in her text *Staying with the Trouble*. Spending time “profaning” common-sense stories, stories we world worlds by, around illness has allowed me to think through these “unthinkable” stories in new ways—opening me to tell/return/unconceal

common-sense stories in new ways, opening them up anew, returning them to “human” use, hopefully, becoming thinkable again. Profaning combats and pushes back, stifled stories, potentially allowing a space for new configurations, new potential futures, new stories, and new worldings.

Chapter 3: Notes on Neuroscience, Altered States, Creativity, and Art

In Chapter 2, I outlined my creative process within the field of research-creation. Focusing on the process of creation, I pointed to the vital importance of curiosity, intuition, attention, implicit knowing, imagination, and emergence in developing insights and understandings. In this chapter, I attempt to situate and develop new, emergent understandings of my creative process, where it comes from, and what this unique approach has to offer transdisciplinary research. I am interested in opening to new awarenesses that arise when one has reached their absolute limit—a state of flux, characterized by confusion, ambiguity, anxiety, loss of direction, chaos, and disintegration, a state that permits “content to be found and seen for the first time” (Bakhtin, 1984, p. 43). Recognizing that many, if not most, people may find it difficult to relate to these understandings and experiences, I hope these notes might help to provide some insight into inner processes driving dynamic creative energy, leading to responsive insight and artistic expression—which from my perspective is this most amazing and wondrous experience any human can experience.

My past four years as a graduate student in the Department of Psychiatry at the University of Alberta has opened up a whole new world for me. What I have learnt and experienced through different courses, conversations, and readings has opened up new perspectives and understandings regarding the human mind and consciousness—when it flourishes and when it suffers. A primary mode of understanding mental health in psychiatry is through neuroscience. While learning various perspectives on how conscious experience and behaviours are determined by the brain and cognitive processes, I was also studying the work of Freud and Jung, absorbing the metaphorically-saturated language of psychoanalysis. I was trying

to develop a usable collection of understandings that I could use to describe and explain how, as an artist-researcher, I was creating what I was creating, and how this is significant not only in relation to research-creation but is also necessary, given an increasing need for creative innovation to combat the many perils our world is facing—global warming, social and political polarization, radicalization, capitalism, stigma, to name a few.

Early in my review, I came across a paper by Arne Dietrich on *The Cognitive Neuroscience of Creativity* (2004a) which led me down a rabbit hole of possibilities regarding the neuroscience of creativity. Dietrich's work not only expanded my understanding of creativity in relation to neuroscience but also expanded my awareness of distinct forms of creativity, which led me to explore areas as diverse as evolutionary psychology, Jung's collective unconscious, psychedelics, mental illness and creativity, and finally—tying all of these together—altered states of consciousness. I then happened to read an article by Robin Carhart-Harris and colleagues entitled *The Entropic Brain: A theory of conscious states informed by neuroimaging research with psychedelic drugs* (2014) which advances the idea that altered states of consciousness indexed by relative entropy (disorder) enhances mental flexibility, openness, and well-being. Somewhat earlier, I came across Ellen Dissanayake's (1988) *What is Art For?* which outlines a provocative theory regarding the evolutionary significance of art, connecting creativity and altered states of consciousness to an understanding of art as an enduring, “normal and necessary,” biologically rooted, human behaviour that has been essential to the survival of the human species. Not meant to provide an overarching account of creativity, I believe these ideas provide provocative openings that point to the knowledge generation potentials of art.

Arne Dietrich on Cognitive Neuroscience and Creativity

To provide some experiential context for what follows, I offer the following field note that I wrote in my research notebook in November 2018 to foreground the powerful stream of subjective feelings through which I have experienced my creative process, specifically in relation to altered states of consciousness and mania.

I have had three distinct transcendent creative periods in my doctoral studies: June 2017 (severe mania); June-August 2018 (months of hypomania); September 2018 (mania). These are periods of fast, non-stop production of completely novel works, always taking on mediums I never use. These are periods marked by the feeling of “not being in control” of what was emerging—with little insight, within the period they were created, of what the artworks I create mean, or even what they were about. Periods of absolute focus peppered with synchronicities and temporal distortions (losing time, memories of the future, and other new experiences of time). Insights emerging without conscious control or impetus and so far out of my formally trained skill base. Absolute flow. A heavy emotional state often erupting in tears. Working in multiple modes simultaneously: visual media (paintings, photographs, videos, 3D-renders, virtual reality, performances, sculptures, installations), narrative (short stories, plays, novels), and academic writings. Everything at speeds that overlapped every aspect of my life. Each of these periods was followed by euthymic gap periods where I would mine, investigate, and create new work from the content that emerged from these altered states of consciousness. I feel I have been forever changed by each of these periods on levels that can't be captured with words alone.

In one of his earliest papers, Dietrich (2004a) described creativity in relation to cognitive flexibility. He described the “ability to break conventional or obvious patterns of thinking, adopt new and/or higher order rules, and think conceptually and abstractly” as being “at the heart of any theory of creativity” (p. 1014). He refers to Sternberg and Lubart’s (1999) definition of creativity as “the ability to produce work that is both novel (i.e., original, unexpected) and appropriate (i.e., useful, adaptive concerning task constraints)” (p. 3). In a more recent paper, Tu, Kuan, Li, and Su (2017) extend this understanding of creativity in relation to two cognitive processes: “divergent thinking,” which extrapolates multiple possibilities from an initial stimulus, and “remote association,” or the process of integrating novel ideas. My experience of

the creative process, I believe, follows a similar process—experience of a creative, disintegrating flux through which unique and fitting artwork comes into being.

Dietrich (2003, 2004a, 2004b, 2015, 2019) has developed a theoretical cognitive model of human creativity that recognizes consciousness as a collective, hierarchically structured system with more sophisticated attributes identified within the prefrontal cortex, the most recent evolutionarily produced neural structure. Two important regions in the prefrontal cortex that are implicated in a variety of mental processes leading to creativity include the dorsolateral prefrontal cortex (DLPFC) and the ventromedial prefrontal cortex (VMPFC). Recognizing that creativity is a highly complex, multidimensional phenomenon, he has proposed a model informed by the degree of activation of the prefrontal cortex and dual process theory. With respect to the latter, he conceptualizes implicit (rapid, automatic, unconscious) and explicit (effortful, controlled, conscious) information processing as a trade-off between efficiency and flexibility. In addition, he has implicated two primary information structures in his theoretical model: emotional-affective and cognitive.

The *emotional-affective knowledge domain* is directed to evaluating the emotional, or “biological significance of a given event” (Dietrich, 2004a, p. 1012). This system occurs through the limbic system structures associated with emotion, motivation, learning, and memory, beginning with the amygdala, located deep within the brain’s medial temporal lobe, which is integrally involved in the processing of emotions. Preliminary processing outcomes are forwarded onward to the VMPFC where more complex computations are completed around social situations. The *cognitive knowledge domain* is directed to constructing and evaluating mental representations of incoming information. This again occurs through limbic structures, primarily the hippocampus, and the temporal, occipital, and parietal cortices (TOP), and finally,

the DLPFC which further integrates the information and “formulates plans and strategies for appropriate behaviour in a given situation and instructs the adjacent motor cortices” (p. 1012). Although multiple connections exist between these systems, full integration occurs when they converge in the prefrontal cortex.

The prefrontal cortex does not contain any long-term memory, nor does it receive any direct sensory input. Instead, it takes already highly processed information and performs higher level functions such as “self-construct, self-reflective consciousness, complex social function, abstract thinking, cognitive flexibility, planning, willed action, source memory, theory of mind, working memory, temporal integration, and sustained and directed attention” (Dietrich, 2004a, p. 1013). The VMPFC appears to be crucial for social integration along with “internalizing the values and societal standards of a person’s culture” (p. 1013), while the DLPFC is implicated in working memory, directed attention, planning, cognitive flexibility, and temporal integration (p. 1013). Working memory is “a monitoring system of ongoing events” (p. 1013) that temporarily stores and manages the content of our immediate conscious experience. Working memory holds in mind information that is critical for creative thinking and problem-solving, that is, attention is directed within the DLPFC to the content of working memory long enough for a creative solution to emerge.

Dietrich (2004a) outlines three primary ways the prefrontal cortex is involved in creativity: 1) a novel thought is represented in working memory (recognized as a conscious thought); 2) higher cognitive functions, such as “directing sustained attention, retrieving relevant memories, buffering that information and ordering it in space-time, as well as thinking abstractly and considering impact and appropriateness” are involved in further developing the thought into

creative work (prefrontal cortex integration) (p. 1015); and 3) planning and initiating goal-directed behaviors aimed at translating creative insights to action, and a completed creative act.

Initially, Dietrich (2004a) proposed two processing modes in which creative insights arise: deliberate mode (DM) and spontaneous mode (SM). *Deliberate*, top-down, processing, such as active problem-solving, tends to be structured and rational, “conforming to internalized values and belief systems” (p. 1016), while spontaneous processing occurs when the attentional system does not actively filter or “select the content of consciousness, allowing unconscious thoughts that are comparatively more random, unfiltered, and bizarre to be represented in working memory” (p. 1016). DM processing utilizes many of the functions of the prefrontal cortex, including holding information in working memory. Dietrich notes that working memory has a buffer of about 4 ± 1 items, or chunks, which provides a bottleneck on DM processing. In contrast, insights that emerge through spontaneous processing, such as sudden realizations that come out of defocused states, an automatic or effortless process, or arise during states of altered consciousness induced by mental illness, meditation, substances, daydreaming, or other processes, make use of the parallel processing capacity of unconscious systems where “novel combinations of information are constantly generated, regardless of the state of attention control” (p. 1016).

Insights that arise from spontaneous processing are fundamentally different from those derived by DM processing as they access different memory databases that are not “limited to the preconceived mental paradigms” (Dietrich, 2004a, p. 1017) while also being free of the limited storage capacity of working memory. During spontaneous processing the attention system within the prefrontal cortex downregulates, allowing for unfiltered thoughts where “conscious thinking is characterized by unsystematic drifting, and the sequence of thoughts manifesting itself in

consciousness is more chaotic, permitting more ‘loosely connected’ associations to emerge” (p. 1017). This unconscious processing may enter consciousness and be further processed or enter into consciousness in finished form. This leads to an interesting understanding of intuition and emergence (which I have described as integral components of research-creation), as a manifestation of a solution or knowing without internal reasoning, arising from spontaneous processing.

Following from this understanding of knowledge domains and processing modes, Dietrich (2004a) proposed four basic types of creativity: deliberate-cognitive, deliberate-emotional, spontaneous-cognitive, and spontaneous-emotional. *Deliberate—cognitive* creative insight occurs when relevant cognitive information is retrieved from TOP cortices and processed within the prefrontal cortex. The type of information retrieved is domain-specific and thus relies on expert knowledge and the “nimbleness” of the prefrontal cortex. Examples of this form of creativity include “the methodical piecing together of the structure of DNA and Edison’s systematic approach to inventing” (p. 1019). *Deliberate-emotional* creativity involves accessing complex social, emotional information from the limbic system, particularly through the amygdala, and also the cingulate cortex and VMPFC. Because the DLPFC is so heavily interconnected with this system there is no neuroanatomical limitation on deliberate-emotional creative insights. Insights are “independent of domain-specific knowledge, since emotional experiences are universal,” although, given the involvement of the prefrontal cortex, “are likely relate to preexisting norms and values” (p. 1019). According to Dietrich, insights gained during psychotherapy provide an example of this type of creativity.

Spontaneous—cognitive creative insights involve unconscious processing of information within TOP areas, with the basal ganglia associated with implicit learning and automatic

behaviours. In this state, there is a downregulation of the attention system within the DLPFC until content spontaneously is represented in working memory. In relation to this, Dietrich makes mention of metaphors such as “the proverbial light bulb turning on” which refer to seeming effortless emergence of intuitive insights, sudden recognition, or creative inspiration. He points to “incubation” as a process that can yield spontaneous-cognitive creative insights. By turning conscious awareness away from a problem at hand and allow for the emergence of spontaneous processing, a solution will often “pop” into consciousness. Newton’s discovery of “gravity” while watching an apple fall from a tree is offered as an example. According to Dietrich (2004a), the quality of the problem-solving insights that are generated depends on domain-specific, expert knowledge: “If relevant information is not committed to memory, it cannot be superimposed during times of defocused attention” (p. 1019).

Spontaneous—emotional creativity, involves the processing of emotional content by emotional-affective structures in the brain which unconsciously processes information that spontaneously pops into consciousness, avoiding the limited attention time and capacity of working memory within the prefrontal cortex. As emotions universally “signify biologically significant events” (Dietrich, 2004a, p. 1020) creative insights arising into consciousness can engender a phenomenological state akin to a sense of “revelation, an epiphany, or religious experience,” (p. 1020) often leading to a strong need for creative expression. Although insights that derive from spontaneous-emotional processing are independent of domain-specific knowledge, Dietrich notes that creative work inspired by such insights “might require specific skills for appropriate expression” (p. 1020). As outlined above, the prefrontal cortex determines the appropriateness of the insights produced, and is involved in further developing understanding, or integrating “universal,” emotional creative insights.

More recently, Dietrich (2015, 2019) has described “flow” as a *third* creative mode. First described by Csíkszentmihályi (1975), “flow” refers to a highly focused mental state in which concentrated energy is directed to achieving a challenging, yet realistic, goal-directed activity through a merging of attention and action. Singularly focused on a task, one action follows another without conscious intention, a sense of time and space, even self-awareness, disappears—one experiences a state of “flow.” Dietrich argues that flow represents a mode of creative processing that is distinct from SM and DM creative processing. Unlike SM and DM, flow mode (FM) requires physical action or motor activity. Flow involves a “merging of perception and *action*, the smooth, rapid-fire integration of sensory input and motor output that cleanly bypasses the centers of higher thought and consciousness” (Dietrich, 2015, p. 164; italics added). Also, while DM and SM differentially access explicit procedural knowledge systems controlled (conscious, rule-based algorithms), FM involves the implicit system (unconscious, automatic, experience-based processing). Dietrich (2019) notes that a motor skill (such as the use of artistic media), must be well-practiced to ensure access to implicit processing (p. 8).

Finally, given finite metabolic resources available to the brain at any time, Dietrich (2004b) argues that *transient hypofrontality* is a necessary prerequisite to the experience of *flow*. In addition, based on studies of various altered states (daydreaming, runner’s high, drug-altered consciousness, etc.), Dietrich (2003) proposed that temporary suppression of the prefrontal cortex, or “transient hypofrontality” leads to reduced higher cognitive activity in prefrontal regions, with the “phenomenological uniqueness of each state (informed by) the differential viability of various DL (dorsolateral) circuits” (p. 238). Where energy is directed towards motor and sensory regions, transient hypofrontality, “with the notable exception of executive attention,

which enables the one-pointedness of mind” (Dietrich, 2004b, p. 757) enables “the implicit system to execute a task at maximum skill level with maximum efficiency” (p. 759).

To summarize, in relation to creative processing, DM and SM involve flexibility, FM is about efficiency. DM creativity involves conscious, prefrontal cortex activation (foresight and agency) and is driven by the explicit system. SM creativity is unconscious (no foresight or agency), characterized by mild transient hypofrontality, and involves the explicit system, “as it can draw on explicit long-term memory, use a scaffold, and access working memory” (Dietrich, 2019, p. 8). Accessing the implicit system, FM creativity involves unconscious processing characterized by strong transient hypofrontality directed to automatized, motor efficiency. Although involved in both SM and FM creativity, Dietrich (2019) suggests a differential influence of transient hypofrontality for each type: “In the SM, the prefrontal hypoactivity changes the way the explicit system itself processes information. In the FM, it facilitates the way the implicit system processes information” (p. 8).

Both spontaneous-emotional and flow mode cognitive processing, I believe, offer promising frames for artist-researchers to study and explore. Certainly, flow, as both an altered state of consciousness and mode of creative processing concords with my own subjective experience. Also, recalling Shotwell’s (2011) discussion of forms of knowing, it is interesting to consider these cognitive processing modes in relation to explicit knowing (propositional, claim-making understanding) and implicit knowing (background scaffolding, taken-for-granted ways of understanding). As noted in the previous chapter, Shotwell distinguished four types of implicit knowing: non-propositional, skills-based; socially situated, embodied knowledge; potentially propositional knowledge; and emotional, affective experience. Skills-based, practical knowing seems to correspond to Dietrich’s flow mode. For both Shotwell and Dietrich, this mode of

cognition is viewed as implicit. Another connection that I believe can be drawn relates to deliberate-emotional and spontaneous-emotional cognitive processes. Here, I believe, a connection between Dietrich's "universal" content of emotional structures and Shotwell's development of affective knowledge can be made. While DM and SM processing, as described by Dietrich, is directed to forming explicit understandings, affective, emotional knowledge can be implicit or explicit. According to Shotwell (2011), emotions are nameable sensations, while affect refers to sensations experienced when one confronts the unconscious. She cites Deborah Gould (2009) who writes, "affect is unfixed, unstructured, noncoherent, and nonlinguistic" (Shotwell, 2011, p. 22). While not a perfect fit to merge Dietrich with Shotwell's explicit/implicit divide, similarities are there. These descriptions suggest that neural emotional structures and universal affective content reflect the primary content and mode of knowledge generation for the artist-researcher. It is the ability to access this space, through deliberate or spontaneous modes (or more broadly, as we will explore next, altered states of consciousness), and investigate the universal and affective content of that space is the primary telos of the artist-researcher.

With respect to a specific example, Dietrich (2004a) refers to Pablo Picasso's creation of his monumental painting *Guernica*, following events during the Spanish Civil War when the town of Guernica was destroyed. Picasso did not base the components of the work on historical accuracy or other forms of explicit knowledge but rather drew inspiration from universal knowledge of human suffering, justice, and fear (p. 1020-1021). It is likely that spontaneous unconscious thoughts and forms emerged during the creation of this work through a process of complete creative absorption, or "flow." During the performance of skilled, acquired tasks, in this case, painting, composition, and other aesthetic understandings, the prefrontal cortex is

downregulated. The painting, then, is created through a complex interrelationship between the distinct neural systems and the differing types of creative thinking, flow, and expression.

I also think about the way I might create a painting. Often it begins as an image emerges spontaneously within my mind, often times informed by something I would have seen before (a picture, a quality of light, something in the natural world), but not consciously thinking about. Other times it emerges from, seemingly, nowhere—what I would commonly refer to as a vision. Either of these accounts could reference spontaneous-cognitive/emotional systems. With enough luck and attention, I can look around and move in this image/vision space and study it. I begin “feeling” the image and meditating on those sensations and affects. This process is calibrating myself to the universal themes and emotional content from this spontaneous-emotional component of the process. Often I will make a loose sketch of this idea through, either, paper and pencil or developing it in a 3D-render. During this stage I bring many of the formal elements I have learnt over the past 10 years of art school and artistic practice, where I “balance” a composition; add tension in areas and release in others; focus on unity, variation, and contrast; manage colour theory; develop lighting; and plan the steps of execution for this painting. Some of this is deliberate-cognitive as I draw from my domain specific artistic knowledge and some are spontaneous-cognitive as I intuitively respond to what is happening in the sketch with that knowledge. Next, I transfer the basic composition onto the canvas and begin layering underpaintings with the larger image and its various upcoming stages in mind. Parts of the paintings are executed according to a plan I initially laid out, but quickly emphasis switches to more spontaneous gestures and “flow” movements where I become completely immersed in the process of painting. Intuitive brushwork, quick colour choices, painting over previously done areas, and so on start to take over the work. Then, often after hours of immersion, I will stand

back and study the painting formally and emotionally. I will sit on a chair, often for an hour or more (and this can occur for days or months as I create the painting) and “take it all in,” both the formal and emotional components. This process continues until the painting is resolved.

Carhart-Harris et al. and “The Entropic Brain”

In 2014, Carhart-Harris et al. outlined an interdisciplinary theory of conscious states informed by principles and perspectives from physics, neurobiology, and psychoanalysis. They propose that the brain, viewed as a hierarchically structured system, is “critically poised between order and disorder” (p. 7), states referred to as primary and secondary consciousness. They also describe two neural structures related to consciousness: 1) a task-positive network (TPN) directed to tasks and activities, and 2) a default-mode network (DMN) associated with resting states, and “self-reflective and introspective functions” (p. 8). Carhart-Harris et al. note evidence of increased energy consumption, or blood flow, in the DMN compared to other brain regions. They argue that this, along with dense connections to other parts of the brain, suggests it is an important neural hub for information and routing. Further, they suggest that when the DMN becomes disorganized and decouples from the medial temporal lobe (as occurs when psychedelics are administered), the brain undergoes a phase transition from secondary to primary consciousness.

Secondary consciousness refers to normal, waking consciousness. This form of consciousness is viewed as having evolved “to process the environment as precisely as possible by finessing its representations of the world so that surprise and uncertainty (i.e., entropy) are minimized” (Carhart-Harris et al., 2014, p. 7). Upheld by the ego, secondary consciousness is constrained relative to primary consciousness, which is associated with entropy, or disorder.

Primary consciousness refers to a pre-ego “mode of thinking the mind regresses to under certain

conditions, e.g., in response to severe stress, psychedelic drugs, and in REM sleep.” (p. 7). Qualitatively different from secondary consciousness, primary consciousness is “less meticulous in its sampling of the external world and is ... easily biased by emotion” (p. 7). In this model, primary consciousness is described in relation to Freud’s (1953) ideas regarding the primitive style of thinking dominant within infancy and childhood, psychosis, and, from an evolutionary perspective, primordial humans. That is, secondary cognitive processing, or the ego, acts to suppress entropy within the brain to “promote realism, foresight, careful reflection and an ability to recognize and overcome wishful thinking and paranoid fantasies,” which they argue could equally be seen as “exerting a limiting or narrowing influence on consciousness” (p. 7).

Carhart-Harris and his colleagues (2014, also see 2018) suggest that the entropic brain hypothesis supports consideration of novel interventions in relation to clinical presentations associated with disordered consciousness. For example, they suggest depression can be seen as a cognitive process that has become too “fixed” in a low entropy state where the secondary mode or ego is exerting too much order onto the brain. They hypothesize that intense self-criticality and negative self-states develop with “brain regions (e.g., the mPFC) and networks (e.g., the DMN) that are over-engaged in depression,” given neuroimaging studies which have shown “decreased activity and connectivity [in those regions and networks] after psilocybin,” (Carhart-Harris et al., 2014, p. 14) indicating potential therapeutic mechanisms of psychedelics. Further, they cite research by MacLean (2011) who reported long-lasting positive outcomes (over 14 months), particularly in relation to the personality trait of “openness,” following a single dose of psilocybin which suggests the profound impact of even a temporary increase in brain entropy in helping people open to new possibilities.

These findings suggest a need for research regarding the benefits of psychedelics, and opportunities for replicating the beneficial entropy-inducing qualities of psychedelic drugs through other non-invasive forms such as meditation, daydreaming, and creativity which share various phenomenological attributes, and likely engage similar neural structures and networks. Carhart-Harris et al. (2014) propose “that scientific research with psychedelics has considerable potential for developing aspects of psychoanalytic theory and for studying human consciousness more generally” (p. 2). In developing their argument, they refer to both William James’ and Carl Jung’s views on the nature of the unconscious. A quote from James (1968) describes the unconscious as:

obviously the larger part of each of us, for it is the abode of everything that is latent and the reservoir of everything that passes unrecorded or unobserved... It is the source of our dreams... In it arise whatever mystical experiences we may have... It is also the fountain-head of much that feeds our religion. In persons deep in religious life—and this is my conclusion—the door into this region seems unusually wide open.

(p. 14)

Extending James’ ideas, Jung’s collective unconscious is described as hosting “the psychological remnants of our phylogenetic ancestry,” which facilitates the emergence of “archetypal themes shaped by human history” into consciousness through “dreams, psychosis and other altered states” (Carhart-Harris et al., 2014, p. 14; also see Jung, 1982a).

Jung’s description of the collective unconscious and James’ description of spiritual experience both closely resemble phenomenological experiences of a psychedelic-induced, primary state of consciousness, which suggests they might all have the same underlying content and neural mechanisms. In the following quote, Jung (1982b) states:

The brain is inherited from its ancestors; it is the deposit of the psychic functioning of the whole human race. In the brain, the instincts are preformed, and so are the primordial images which have always been the basis of man’s thinking—the whole treasure-house of mythological motifs... Religious

symbols have a distinct “revelatory” character; they are usually spontaneous products of unconscious psychic activity... they have developed, plant-like, as natural manifestations of the human psyche.

(p. 14)

Following lines of thinking introduced by Dietrich and Carhart-Harris, it is possible to imagine that as the brain developed, so did a new state of consciousness—the secondary mode. Through the development of new neural networks, such as the default mode network, and neuroanatomical structures within the limbic system and prefrontal cortex, the brain evolved to exert more and more control over content, meaning, and overall conscious experience in relation to identified actual or potential threats. This was adaptive, with reduced environmental uncertainty (lowered entropy) promoting the development of normal waking and associated higher metacognitive functions. It is here that we moved from a state of “all-encompassing unity” or “oneness” with the natural world and ourselves (or “God”) as seen in primary mode of conscious experience (associated with creativity, meditation, various forms of mental illness, and other altered states) into the often-experienced absolute independence and uniqueness of “I” maintained by the ego and the neural networks within these newly evolved areas of the brain.

Despite its profound evolutionary benefits, Carhart-Harris et al. (2014) describe secondary consciousness as “‘constrained’ relative to primary consciousness, both in a mechanistic and qualitative sense” (p.7). Likewise, Dietrich (2019) has proposed that DM processing pre-emptively “a priori, counterintuitive paths or ideas orthogonal to accepted wisdom” which serves to trim down a vast search space “to a more manageable region that is more likely to contain a solution”, which he acknowledges “only works well ... if the solution is indeed located in the predicted region of the problem space” (p. 6) SM creative processing, of course, has access to a wider region of the network. Although disadvantaged by diffuse search algorithms, Dietrich (2019) allows that “if the solution is located outside the region of the

solution space predicted by the DM's strongly directional heuristics, the EAs (or evolutionary algorithms) of the SM are also more likely to find it" (p. 7).

I would suggest connections between Carhart-Harris et al.'s (2014) primary state of consciousness can be made to Dietrich's spontaneous mode of creativity and transient hypofrontality hypothesis regarding altered states of consciousness. Further, Dietrich's understanding of emotional structures as holding "universal" knowledge processed both through *deliberate—emotional* and *spontaneous—emotional* neural pathways associated with creativity could be, I believe, likened to Jung's collective unconscious. Evolutionary algorithms, a newly introduced concept in Dietrich's neurocognitive model of creativity (2015, 2019), points to the role of intention and foresight in creativity characterized in relation to "sightedness." In relation to this, he characterizes DM as involving "higher sightedness," with SM associated with "lower sightedness," and FM operating blindly. Following from this, I wonder if SM and FM creative processing of content available in emotional brain structures might provide access to knowledge stored in our collective unconscious? I believe that Dietrich's different modes of creative processing and Carhart-Harris' primary and secondary consciousnesses and together offer suggestive lines of inquiry that may be massively beneficial for the artist-researcher, our species, and the planet.

Ellen Dissanayake on "What is Art For?"

In this last section, I turn once again to the work of Ellen Dissanayake, beginning with her seminal text *What is Art For?* (1988) in which she explores the complex workings and importance of art for humans and the world. For the better part of a year, I have struggled to elucidate and respond to the many interesting provocations in this text in relation to my understanding of art. Arne Dietrich and Robin Carhart-Harris' neuroscientific research and

theorizing regarding creativity and consciousness offered a helpful bridge for relating Dissanayake's writing about the evolutionary value of art to my artistic practice, and creation-as-research approach.

Originally trained as an art historian, after spending time in countries such as Sri Lanka, Nigeria, and Papua New Guinea, Dissanayake came to recognize that both across cultures, and throughout history, art has been intimately involved in religious practices, as well as ceremonies of birth, death, transitions, and transcendence. She describes the creation of artistic expressions and representations as a spontaneous, universal, biologically-rooted behaviour, also noting that art making is an early and sustained behaviour in children.

Approaching art and aesthetics from the standpoint of ethology and anthropology, Dissanayake (1988) describes countless ways in which art is an incredibly adaptive human behaviour that has been integral to the emergence and survival of the human species. She describes numerous forms that art can take, including visual expressions, design, music, dance, poetry, story, ornamentation, crafting, rituals, and so on. Further, she describes a diverse array of meanings associated with art: skill, artifice, beauty and pleasure, the sensual quality of things, the immediate fullness of sense experience, ordering or harmonizing, innovatory tendencies, urge to beauty, self-expression, communication, serious and important concerns, make-believe, and heightened existence (p. 36). As a counterpoint to contemporary art criticism and theory, Dissanayake argues that "a careful ethological examination of the different notions presupposed by the concept 'art' causes it to crumble and disappear, for each can be subsumed under another psychological or biological need or propensity without invoking a special unifying concept at all" (p. 37). Nevertheless, the arts have always been with us, and there have always been those endowed with heightened aesthetic sensitivity and artistic talent.

Viewing art from the perspective of biological evolution, rather than abstract, philosophical inquiry into the nature, origin, and value of art, Dissanayake (1992) has advanced an understanding of art as a human behaviour directed to “making special,” or providing a sense of meaning, significance or intensity to make available evolutionary important information to a society, culture, or the species. “At some point in their evolution,” she argues, “humans began deliberately to set out to make things special or extra-ordinary, perhaps for the purpose of influencing the outcome of important events that were perceived as uncertain and troubling, requiring action beyond simple fight or flight” (p. 51). The selective value of art then arises from its use in developing, pointing to, or signifying evolutionary important shared understanding, by differentiating between mundane experience and other “unusual, extra-ordinary, or ‘supernatural’” (p. 49) states of being. Extending this, I wonder if this might be characterized as occurring through a communal, or shared altered state of consciousness.

For years, I have been trying to build an understanding of art that goes beyond “high art” as a Western cultural manifestation originating in the 18th century (see Dissanayake, 1992, p. 39) which has evolved to one in which an “artworld” determines what continually manipulated and elaborated conceptual forms count as “art.” I was never satisfied with this understanding. I have always felt something beyond this, with art providing a mirror reflecting historical and contemporary concerns within our cultural sphere, or ideas of individuality or originality. When I spend time with a body of work an artist has created over a lifetime, I feel drawn to something deeper than the veneer of culture or current events. Over time, I came to appreciate the vast realm of intelligence and well-spring of content within all of us, represented within repeated mythical themes and symbols across time, and across disparate peoples. This was not a focus of

my doctoral studies but rather incubated within my mind over a period of several years as I explored religious symbols, rituals, and stories shared across the world.

During this time, I experienced various synchronicities. For example, Kevin St. Arnaud, a psychologist and close friend, shared timely bits of information regarding psychotherapy, Jung's collective unconscious, and psychedelics at various points when I was re-examining and refining my understanding of art. Although I was unable to explicitly articulate the significance of the collective unconscious in relation to art, as a graduate student in the Department of Psychiatry I was slowly building up understandings of the brain and its impact on perception, cognition, and behaviour. It wasn't until I was introduced to Dissanayake's work, however, that my understanding of art, psychoanalysis, and neuroscience converged into an understanding of art as a universal, evolutionary adaptive human behaviour. According to Dissanayake (1992), a "species-centric view" of art recognizes "as valid and intrinsic the association between what humans have always found to be important *and* certain ways—called "the arts"—that they have found to grasp, manifest, and reinforce this importance" (p. 41). She continues: "That the arts in postmodern society do not perform these functions, at least to the extent that they do in premodern societies, is not because of some deficiency, or insubstantiality of an abstract concept but because their makers inhabit a world—unprecedented in human history—in which these *abiding concerns are artificially disguised, denied, trivialized, ignored, or banished*" (p. 41-42, emphasis added).

One of the many functions that Dissanayake (1988) has identified in relation to art is that it "allows direct, 'thoughtless' (or unself-conscious) experience" (p. 66). This bypassing of the self, ego, or prefrontal cortex that mediates our experience of the immediate environment and our inner world can be thought of as "short-circuiting the analytic faculties" in order to "connect us

directly to the substantial immediacy of things” (p. 67). Dissanayake connects this to the idea of accessing a level beyond ordinary, everyday consciousness, similar to altered states of consciousness presented in earlier sections of this chapter—Carhart-Harris et al.’s primary modes of consciousness, and Dietrich’s spontaneous-emotional and spontaneous-cognitive creative processing.

From an evolutionary perspective, art as an altered state consciousness could engender prosocial outcomes that are beneficial to individuals, the community, and the larger culture. Openness to experience has been seen in individuals that are “imaginative and sensitive to art and beauty and have a rich and complex emotional life; they are intellectually curious, behaviorally flexible, and nondogmatic in their attitudes and values” (Costa & McCrae, 1992, p. 6). In their meta-analysis of 15 published studies (including almost 2,500 individuals), Kline et al. (2019) found that only Agreeableness and Openness (two of Costa and McCrae’s “Big Five” personality traits) were positively associated with prosocial behaviour. In addition to a potential association with prosocial tendencies, the production and experience of art may also, potentially, facilitate personal growth and psychological flourishing (Conner, DeYoung, & Silvia, 2018). (Also, recall enhanced “openness to experience” introduced by a single administration of psilocybin [MacLean, et al, 2011, cited in Carhart-Harris, et al., 2014]).

According to Freud, the ego develops in relation to the culture of the time, as a malleable psychic quality that allows individuals to adapt to their contemporary moment within their lifespans (see Tricarico, 2016). Building on these ideas, Jung (1916) described the unconscious as a collective psychic scaffolding populated by instincts and archetypes that all humans (and arguably back to common ancestors within the animal world) share. Dissanayake (1988) argues that adaptive instincts and archetypes are “inherent neuropsychic systems that guide patterns of

behaviour, which initiate, shape, and mediate the common behavioural characteristics and typical experience of humankind” (p. 31). Innate adaptive behaviours (instincts) exist within all animals that allow them to respond to and therefore, hopefully, survive within their evolved environments. In humans, the prefrontal cortex has evolved as a high-level computational brain region devoid of salient information, that instead accesses information from other areas of the brain. While humans respond instinctively to incoming stimuli, we also have the ability to perform high-level processing that can enable more adaptable and flexible responses to those stimuli. Mediating our experience, the ego or prefrontal processes can divert us from recognizing highly novel situations, or the “substantial immediacy of things” (p. 67).

Art as a means of accessing “direct, ‘thoughtless’ (or unself-conscious) experience” is meaningful for both creators of, and others who experience artistic expression. According to Dissanayake (1988), “both the artist and perceiver often feel that in art they have an intimate connection with a world that is different from if not superior to ordinary experience, whether they choose to call it imagination, intuition, fantasy, irrationality, make-believe, the ideal, dream, a sacred realm, the supernatural, the unconscious, or some other name” (p. 93). From an evolutionary perspective, altered consciousness through creativity and art can facilitate recognition of problems, and development of creative solutions for pressing concerns vitally linked to individual and species survival. The evolved ability of the prefrontal cortex (the most recent evolutionary part of the human brain) to run ever more complex and sophisticated computations and processing of information allows for a reduction in environmental uncertainty through complex analysis and planning, however, a balance should be struck between too much and too little entropy within the brain. With art this, of course, may be accomplished through various forms of creative processing (see Dietrich, 2019).

An Opening

Neurological, phenomenological, and psychoanalytic understandings help us connect to the collective unconscious, which I would argue, comprises the foundational content for art-based creative processes. Based on my personal, subjective experience, and my understanding of neuroscience and altered states of consciousness (primary consciousness induced by psychedelics, creativity, creative flow, mania, meditation, daydreaming, dreaming, and so on), that the primary and unique benefit of research-creation, specifically *creation-as-research*, is unearthing knowledge held within this collective, universal space through creative and aesthetic means. There we have access to deep histories of the mind, or “species memory.” The evolution of our species and survival of our world may well depend on our ability to access this unconscious reservoir of “species-truths” and knowledges that relate to spiritual and other overarching dimensions of human existence. Timothy Leary (1964), a crucial, though controversial, contributor to the first-wave of altered states of consciousness research through psychedelics, quotes Lama Anagarika Govinda’s description of yogic techniques, to suggest that:

There are those who... are able to bring the subconscious into the realm of discriminative consciousness and, thereby, to draw upon the unrestricted treasury of subconscious memory, wherein are stored the records not only of our past lives but the records of the past of our race, the past of humanity, and of all pre-human forms of life, if not of the very consciousness that makes life possible on the universe.”

(p. 17)

In a world facing severe social and ecological devastation, we need creative solutions, some deliberate from domain-specific advancements with other solutions spontaneously emerging from our collective unconscious through altered states of consciousness. This is something art, among many disciplines and perspectives, can work to address.

What is important I believe is not simply about being focused on a solution, no matter how novel or applicable to the problem at hand, but, for me, it is also about accessing and contributing to “species-content” through creatively inspired, altered states of consciousness. Turning inward and conducting, what I like to think of as *deep archeological digs* adds something new to the world. It is this content that we build our stories from, and, as discussed in the previous chapter, it matters what stories tell stories. This inward excavation matters both personally and collectively. It helps us explore. It helps us to connect. It helps us empathize. It helps us to work towards more positive future possibilities. It may help to restore the viability of our world, and the ongoing evolution of human and other species.

In the second half of this dissertation, I will explore the ideas, hopes, and possibilities, described up to this point, both as entry points into the creative work produced during my doctoral studies, and also for considering potential avenues that may be explored in relation to research-creation, more generally. In Chapter Four, “Time—Introduction,” I present some of the ever-growing body of auto-ethnographic narrative work I have been producing over the course of my doctoral studies, including short films, a play, and a short story. I reflect backwards and forwards in time exploring the research activities I described in Chapter One, and ways I was personally affected by that research. Chapter Five, “Healing by Telling Stories Otherwise,” includes visual documentation of the “Telling Stories Otherwise” exhibition I mounted in the FAB Gallery at the University of Alberta, from August 28 to September 22, 2018, for my doctoral candidacy examination. The final sections included in this dissertation text provide documentation of other work I have created over the past four years, that have been influenced by all that I have learned and discovered through this research journey.

Chapter 4: Time

I tell stories about stories, all the way down.
—Donna Haraway (2003)

Introduction

I can only remember it like watching a movie, outside looking in at a memory playing out visually. As I was driving, my vision began to stutter like it was losing video frames. It was mid-June 2017 and I was in the middle of the worst manic episode of my life after returning from an extended artist residency at CAMH. I got home and looked at that summer sun hung high in the air. I moved my head back and forth and watched the sun jitter across the sky, barely able to keep up with the movement. It was then that I knew I couldn't drive anymore. For the next two weeks, my dad drove me around town to collect needed art supplies and attend meetings.

I can't recall if the events were on the same day, the same weekend, or spread across the four weeks of my manic episode in June 2017. When I experience them now through memory they overlap and contradict, happen at different speeds, and change order. Early during that manic episode, I remember driving home after picking up newly prescribed antipsychotic medication from the pharmacy when I looked out my front windshield taking in the vibrancy of that summer prairie sky, and just then all of my ancestors looked up at it too—we all shared that sky. It was a piercing sensation, where I felt kinship at a generational timescale, stretching back through time and feeling all the times my ancestors, who led to me sitting in this car with this illness, looked at that same sky.

In June 2017, I remember hugging my father in my garage in front of the paintings I had manically been producing daily as I worked through this episode. He held me and with a cry asked me to hold on. I felt ashamed to have him see me this way, but just then I felt forward and I was holding an adult Elliot, my oldest daughter, like my father was holding me now. I saw all

of my children's children's children. I saw them all in a line, yet I could see backwards too, to all that came before. I recall a questioning thought I had: Who am I from and who am I to? I felt all that my children had come from and the uncertainty of the world, and the minds they were emerging into. This story became part of *Alberta #3*.

In September 2018, after my doctoral candidacy exam, I remember taking in the exhibition I had installed for the exam to take place in. The artworks were collections of time: time for things to happen, time to pass, time to reflect, time to make, more time to pass, and then, with enough lived experience, time to collect them to communicate through visual and narrative works. It was a few days later that I started taking more antipsychotic medications. My mind was moving too fast. I couldn't keep up with my thoughts and I was starting to access understandings that went beyond things I had experienced and needed medications to help slow that down. That weekend I was standing in the shower when a rush of memories washed over me, but they weren't memories from my life—they felt like they were from some eternal place, a communal space that everyone across time had inhabited but had forgotten about. I still don't fully understand that place. I stood there and a story was being written, but I wasn't creating anything, I felt like I was remembering it.

It is difficult to describe the sensation I was feeling, the consciousness I was conscious of. I am drawn to Plato's concept of *anamnesis* where life and learning is a discovering of innate knowledge—maybe from another life (Plato, trans. 2010) which comes closest to articulating what I felt. I thought back to a poetic understanding I had relating to deep histories—histories stretching beyond specific figures and events, becoming long, vast, and generational. A collection of histories tracing through bodies, genetics, and psyches that were shaping my past, present, and future. I also relate the sensation I felt to Jung's ideas regarding the collective

unconscious, a shared psychic structured space across all humans. I felt in that moment that I was accessing histories and symbols at a timescale that blurred, and couldn't be pinned down to moments that our evolved consciousness could understand. I don't completely understand it, but, I wonder if the manic-induced altered state of consciousness I had entered into led me to relate to time and memory beyond anything I had experienced previously in my life. I left the shower and hammered away at the computer trying to write as quickly as the memories came and the visions exploded with light and majesty inside my mind. I became a transcriber of these visions. And just as quickly as access to that place came, it left. Within a week my mind had slowed, the medications were working, and the story became occluded and unfinished. It is *Alberta #5 (Anamnesis)*. Though not complete and still very raw, it captures, I feel, the sensory and phenomenological effects of the altered state of consciousness induced by mania in a unique way. This work is closely related to the "Mania" series of paintings that appear later in this dissertation. Yet, because of its raw state, it will not be included within the creative section of this dissertation.

When you have experiences like this, they can't simply be written off as "madness" and then you resume your life. They change you whether you welcome that or not. When you are in a space of "madness", all the things that you care about, all the things that are meaningful can lose their meaning, get rearranged, and shapeshift. Other experiences of time that have been radically disorienting from these episodes continue to affect my experience of the world, how I understand my life, and how I work, research, make art, and heal. I have come to learn that time doesn't have to be linear and unidirectional, but can move in unexpected ways, where understandings precede understanding, memories of the future, and where human temporalities meet genomic or geological temporalities. Singular moments such as these signal a pressing need for attention,

intense attention, intuitive attention, that allows for unexpected combinations to form, yet exactly the ones needed for us to make sense of them.

My subjective experience of time during these moments are not the static absolute of time before Einstein or the relative space-time he described, but something malleable within consciousness. This goes beyond a shift in perceptions of the passage of time, or states of consciousness blacking-out, but how the order of events is experienced. There were a lot of deja vu moments where I felt like I was watching my life unfold, moment by moment, in front of me, and knew what each moment would bring. Or the sensation of remembering stories before they were written or created. Or the time I was in the pharmacy aisle and I felt time collapse onto a disc that would spin for eternity, where everything that is or was was on that disc and, in a certain way, I would be in that aisle forever. I later found experiences similar to this described in *A Vision: An Explanation of Life Founded upon the Writings of Giralduus and upon Certain Doctrines Attributed to Kusta Ben Luka*, a book by W.B. Yeats published in 1925 that was written when he was experimenting with automatic writing, and also reflected in the nonlinear narrative used in the HBO's *True Detective* crime drama television series. All of these experiences unmoored my subjective understanding of time, leading me to develop a more complex and nuanced relation to it, something I continue to process and explore through the creation of art.

Over the past year, I have tried to embrace these understandings of time and work them into my artistic-research practice. I have opened to different approaches in both constructing visual experiences and writing. Time—fluidity in time, allowing for time to happen, waiting, synchronicities, and attention—became a medium to work with. Time also related to healing (healing is a temporal journey), both something I was trying to do personally but also something

that was emerging from the works I was making. Time and healing came to the forefront of how I was thinking about my work. For years I had been writing short narratives about my life. I found writing, focusing on my body and breath, and later sharing my stories with others through live or recorded readings, meaningful. At an early point in my doctoral studies, I considered the intuitive, automatic reflections I had written over several years, explorations of disparate topics in different voices that expressed the larger, longer living history that is my life. I collected those writings, left sections of writing the same, and added new sections. Around this time, I drove with my father up to Smokey Lake, a small town in central Alberta, north of Edmonton, to visit the graves of my great-grandparents. Six days later, I returned with a story that I read at their gravesite. The work would become *Alberta #2 (replica) Part Three*. I have written sections for *Alberta #2 (replica) Part One* and *Two*, but have not completed them. I haven't returned to part one and two to complete them because the time was either not available or my awarenesses and understanding hadn't synced up yet.

*

In the fall of 2016, during my second year of doctoral studies, I completed an arts-based research course in the Faculty of Education at the University of Alberta taught by Dr. Diane Conrad. Two weeks of readings on the “crisis of representation,” a phrase coined by Marcus and Fischer (1986) referring to uncertainty regarding means of adequately describing social reality, and autoethnographic research as a qualitative method, changed my life.

A response to poststructuralism and postmodernism, Denzin (1997) has described the “sixth moment” as a historical period in qualitative research informed by the “triple crisis of representation, legitimization, and praxis” (p. 3). He refers to this moment as a period of:

intense reflection, ‘messy texts,’ ... experiments in autoethnography, ...
ethnographic poetics, ... anthropological and sociological poetry, ...evocative

and layered accounts, ... short stories, ... the ‘New Journalism,’ ...
performance texts, ... plays, ... ethnographic fictions, and ethnographic novels,
... and narratives of the self.

(p. xvii).

Denzin describes ethnography as a “form of inquiry and writing that produces descriptions and accounts about the ways of life of the writer and those written about” (p. xi). He brings the act of writing and the writer into focus, with the inquirer no longer viewed as a privileged, invisible, and objective observer, but rather as actively embedded within the writing and research—where the researcher lives the research. Further, he frames reflective, messy texts as “many sited, intertextual, always open-ended, and resistant to theoretical holism, but always committed to cultural criticism” (p. 224).

I identified with this because it points to a kind of investigation through experience and writing (and, potentially, visual art-making) that weaves disparate experiences together, making connections beyond the experience being retold, opening awareness, acting as a site of resistance to dominant modes of scholarly work while incorporating lived, emotional experience of the writer into the mix. The idea of reflexive, messy texts resonated with the kind of writing I had already begun to explore nine months earlier that had resulted in *Alberta #2 (replica) Part Three*.

The following week we discussed Ellis, Adams, and Bochner’s (2011) *Autoethnography: An Overview* and Tami Spry’s (2001) *Performing Autoethnography: An Embodied Methodological Praxis*. Carolyn Ellis and her colleagues (2011) describe autoethnography as a challenge to “canonical ways of doing research” (p. 1)—this challenge deeply resonated with me. Although this was at an early point in my doctoral studies, I was already beginning to sense the contours and flow of my research inquiry, and how I would need to represent and incorporate new voices and literacies beyond conventional scholarly production. At this point in my journey, I had completed a project working with organ and tissue donor families and recent transplant

recipients earlier in the year, was almost a year into a multi-year project working with head and neck cancer patients, and I was preparing to travel to Iqaluit in the Canadian Arctic to work with community members on suicide prevention. According to Ellis et al., scholars using autoethnography are concerned about “producing meaningful, accessible, and evocative research grounded in personal experience, research that would sensitizes others to issues of identity politics, to experiences shrouded in silence, and to forms of representation that *deepened our capacity to empathize with people who are different than us*” (p. 2, emphasis added). As I read and reflected on the text by Ellis et al., the importance of empathy as an integral element of my artistic explorations, both by being-with-others, and as a means of creating “meaningful, accessible, and evocative research” (p. 2) representations that enhance understanding and responsiveness of others, emerged clearly for me. The “people who are different than us” that I would be researching were ill, yet I was also ill, living with numerous chronic physical and mental illnesses that would shape, and be shaped by, my experiences with others. I realized that autoethnography offered a way to write and express this relationship.

Tami Spry’s (2001) writing on autoethnography was also influential, in particular her observation that reflecting on multiple selves across multiple contexts, can arguably, serve to “transform the authorial ‘I’ to an existential ‘we’” (p. 711). I used my personal stories and experience as both creative inspiration and content, exploring my personal experience in relation to others, situating new relational insights in relation to the social, allowing for difficult, critical representations, narrative and visual, resisting accepted or entrenched stories, metaphors, and ways of knowing. I leaned into connections across experience, isolated and shared, relating these to a larger cultural reality. For me, it was an emancipatory process that allowed me to explore the

lived experience of illness, a universal human experience, in a more layered and complex way than I had previously been able to experience.

Ongoing reflection inspired by Denzin's (1997) "messy texts" led me to a new understanding of time. As I continued to review the creative writing I had been producing over the years I began to appreciate emergent contours related to family and time. My maternal grandmother had left her family and children when my mother was four months old, most likely due to mental illness, likely a bipolar disorder similar to what I live with now. I wrote a brief reflection about her in the form of a letter I would never deliver to her while her son, my uncle, was dying in the summer of 2015. I also found segments of automatic writing I had been creating since 2013, about Spedden, Alberta, a town my father's family would have passed through as they travelled to Smokey Lake after leaving the Ukraine to emigrate to Canada in the early 1900s. It was about a place I would never visit, and a woman I would never meet—both significant in relation to an ongoing, existential felt sense of ever-present absence. Over the following weeks, I compiled these disparate writings, including new reflections noting *when* each was written, to draw attention to, and acknowledge the time and process it took to collect all of these thoughts—how sometimes you have to wait and live through an inquiry, and not will it into existence.

Later that month, I presented my compilation to my arts-based research class as a spoken narrative with a small installation component with photographs and videos. Over the next month, I created a 3D-rendered recreation of that installation; the first time I had ever combined surreal digitally created spaces with visual field notes, histories, and reflections. At the time I had no idea that this was the beginning of a new visual language I would continue to develop over a year and a half period, which resulted in my *Otherwise* series. This work would become *Alberta #2*

(*replica*) *Part Four*. At the end of the class, I wrote a short story about the events that led to the creation of the two *Alberta #2* works made in 2016 and how I was thinking about time and family, specifically being a husband, and father of two young daughters, learning how to be a parent with mental illness. A year later I would take part of that story and combine it with field notes from the research I was doing with patients at CAMH in Toronto, along with notes I wrote during the manic episode I experienced in June 2017. This work would evolve into *Alberta #3* and then, later, into *Alberta #4 (Stormshelter)*.

In January 2018, I was in Upstate New York with a fellow artist and friend Kyle Terrence working on turning *Alberta #3* into a performative short film which involved me reading the text. We spent a week recording me reading and reworking the text. Then, over the next two months, Kyle added visuals over the reading. The way this story developed over time felt like separate events over many years adding up to a larger and longer exploration. I felt how the writing, structured in small vignettes, temporarily rocked back and forth in time, over years of experiences, and also generations past and generations ahead—placed me in a line of people through time where I wondered who am I from, and who am I to? The segments were out of order but in exactly the order they needed to be to tell a long, generational story. This was the first time I started to sense deep history, not cognitively but rather through an embodied understanding. I was telling a story using specific events from my life that was not unique to me, but that was somehow communal, collective, and universal.

Following a process of readying or orienting myself over time through intuitive writing, narrative field notes and visual reflections, along with preliminary, small-scale artistic explorations with no larger project in mind, is a creation-as-research practice I am continuing to develop. When enough time has passed, what can emerge is a felt sense of an unfolding “time-

shape” of events and experiences dynamically coming into focus. Allowing for emergence, I have explored themes and understandings beyond what I could plan or conceive. My developing understanding of autoethnography encouraged me to explore and create these long stories.

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In February 2018, three weeks after my artist residency in upstate New York, I left for a month-long residency in Buenos Aires, Argentina. With no specific plans for the residency, I started with small visual explorations based on the video techniques I had developed for the *Waiting Room* (2017) installation I had created for “see me, hear me, heal me,” the head and neck cancer project. After the first week, a miscommunication in back-and-forth email messages with a curator from Workman Arts in Toronto led to an unanticipated opportunity. I was trying to propose that I could do a performative reading of *Alberta #3* at the Rendezvous with Madness Festival that was taking place in October. She replied that she wanted more, but I was confused as to what she meant by that. The festival included art, film, and site-specific theatre, and I thought she wanted me to move into one of the other categories. Somewhat later, as I was sitting at a cafe at an intersection near my apartment, I remembered the desire I had to convert the *Alberta #3* story into a dialogue that could be acted out in a short film. In that moment, a rush of memories came over me—a story of a parent hospitalized at a psychiatric hospital who was working on getting back to her children. I paid my bill and rushed back to my apartment to capture the stream of dialogue coursing through my mind.

Each day, over the next three weeks, I continued to develop small vignettes of conversations between the patient and her psychiatrist. I envisioned the patient as a mother rather than a father, primarily because I wanted to work with Samantha Jeffery, an actress I had worked with several years previously on a short film entitled *Alberta*, and I believed the role was meant

for her. The structure of the small vignettes involved the beginning of conversations between the patient and her psychiatrist, which cut off as soon as her children were brought up. The vignettes would be temporarily out of order, like in *Alberta #3*, which allowed me to explore the recovery journey within a hospital that mirrored the chaos and disorientation within her mind, while also providing me with a structure that enabled me to tell a longer story outside of direct dialogue and linear temporal occurrences. The content of the play aligned closely with the events of my manic episode from June 2017, with the exception of the outcome of ending up in hospital which was different from my experience. My experience at CAMH informed much of the play, observing how patients spend their time, how staff psychiatrists work with patients, and various continuities and discontinuities of patients' recovery journeys. As I recalled my experiences at CAMH, I also tried to channel an "ideal hospital" where the confines of the healthcare system and their budgets didn't apply and two humans could work together on healing.

At the end of the residency, I had around 20-minutes of the play written and the overall arc of the patient's recovery journey in place. I submitted it to the Rendezvous with Madness Festival jury and a month later it was accepted. Sam Jeffery's theatre company StoneMarrow Theatre agreed to produce the show, and Perry Gratton took on directing it. They hired a dramaturg to help me extend and develop the show further. In June 2018, a year after the manic episode I had spent the last year exploring, I entered a very creative period of artistic production while I was preparing the work for my candidacy exhibition *Telling Stories Otherwise* at the FAB Gallery at the University of Alberta. As I worked on rendering images on a collection of computers for my "Otherwise" series, I simultaneously worked on my play and began writing my dissertation. My dissertation writing found its way into the play, and insights from the play and visual images I was creating found their way into the dissertation text, specifically into

Chapter 1: Trauma. Each developed in ways that I don't think they could have had I been working on each individually. Experiencing, thinking through, and processing ideas in multiple forms simultaneously created a space for unplanned insights to emerge—a generative site collapsing past, present, and future, providing a portal to new understandings.

Within the play, I started pulling in experiences from all of my projects, research experiences, people I loved, and life events that shaped me. It was the most emotionally difficult artistic exploration of my life but, I felt, it was the accumulation of all my doctoral and life experiences. In September 2018, I completed the play (for now) and the cast began rehearsals. In October, we travelled to Toronto for the Rendezvous with Madness Festival and premiered the play with five performances that took place within a site-specific location at CAMH. After each show, audience members were invited to ask questions and share reflections during a 20-minute debriefing session. People responded to the play in relation to their own experience of living with, or experience of caring for or supporting someone living with mental health. Concerned family members and members of the general public hoped to better understand, and support those suffering through mental illness. Post-performance discussions were both heartfelt and illuminating, and were, I believe, a crucial part of the larger project.

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I have developed multiple, diverse insights into relationships that exist between time, autoethnography, and creation, beyond what I could have conceivably have imagined before this doctoral journey, through processes directed to exploring and expressing the lived experience of mental illness in more human-centred ways. Through this experience, I have developed a new relationship with myself, and more open approach to relating to others, including the people I met through the different phases of this doctoral journey. It has helped me tell long stories,

stories that are disparate but I believe all speak to longer and larger histories and themes. Insights from these discoveries are the foundation upon which I built my *Telling Stories Otherwise* exhibition that will serve as the final chapter and culmination of my doctoral studies.

Part 1—Alberta #2 (Replica)

Alberta #2 (Replica)—Part Three: Charhor and Paraskevia, Smokey Lake,

AB



Plate 4.1 Alberta #2 (replica)—Part Three Film Still. Full video can be found at: <https://vimeo.com/183052421>

Perhaps it's my mind cut flat, as I cross your back, to land on your ear upon which you lay bare to hear the impression upon which my ear is to hear the beating about at the crack of slack in your window and its street's heat. It's all heat. It's all movement. Nothing is still. You can't be still. Your body is a chemical state of perpetual movement, immunitary movement, until it moves no more, and then you are the site of a new movement as your body is overtaken by the gnawing of time and of predators.

God I love you. How many times has that been said? Whoever said it first persists in my genes somewhere. How many people have ***** to come to me? From bacteria to me, how

many ***** is that? Now I ***** and I have passed to the next one; the next one down the line. I saw my child yesterday moving about the uterus on an ultrasound. I don't know what to make of it, of her.

My uncle died in the summer of 2015 from liver cancer and now his wife, my aunt, died for no discernable reason a couple of weeks ago in the winter of 2016.

Elliot came up to the side of my bed on Sunday, I was laying there hungover and immobile, and she stood beside me, turned to her mom, put her hand on the bed next to my shoulder and said: "this is my daddy" and smiled. She was proud to have me as her dad and I couldn't be sadder with myself. All my illnesses, problems, graves. I need to stop drinking. I said that before in a poem I wrote as the Intermission to my "One too many mornings" series in 2012, before she was conceived, before I knew what it meant to be a father.

In the winter of 2015, I wrote a short film with my friend Kyle and I called it *Alberta*. I gave him a bullshit reason for the name, but I wanted that name because this is where I want my family to be, this is where they have been, and this film would be about them. I wrote some, we talked through it, deleted a lot, wrote together, and apart. I was doing a residency with Transplant Services and was meeting all sorts of families of organ and tissue donors. One woman's husband suffered from depression and killed himself one day. I was so struck as she talked about her daughter, now almost an adult, how she would want to know about her father who had died when she was 6. I wrote the film based on her. In the final scene of dialogue where she talks about her father and his suicide, I wrote it for Elliot, for my suicide. Because of my condition, the statistics are terribly high and the way I feel inside only makes it worse. I never want her to have to say that dialogue.

I stand here in front of my grandmother's parents graves. I have never met them but nested in my genes and the parenting from my parents and grandmother they are there. I remember my grandmother showing me the house she grew up in when I was ten, the one they built when they came from Ukraine of wood and straw mud. It wouldn't exist anymore I'm sure. These people knew my grandmother in a way I can never know her, they were her parents. They conceived her, her mother carried her, she birthed her, they cared for her under unbelievably harsh conditions, loved her as a parent loves a child, grieved with her. But I knew her as my grandma. Even though I was full grown when she died, after 11 years, these memories of her crushes my body and enlarge hers to have our proportions like something 20 years ago. I'm not spiritual, I don't feel that she is out there somewhere, but standing in front of her parent's graves on the land that they came to over a hundred years ago, where they walked and cared for each other, it makes me feel close to her. I wish she could have met Elliot.

In September of 2015, a month after we found out we were having another child, Candace began to bleed. We went to the hospital like we did when she was pregnant with Elliot, and she underwent an examination. The doctor said there was a bleed between the uterine wall and the chorionic membrane and that the chance for miscarriage was increased, but he refused to give a statistic or severity of the bleed. That night I laid there taking in the news, Candace's bed rest, her terror, and I realized that I had never even spoken directly to the baby. I became so sad to think that I could miss the chance to ever talk to my child, so I placed my head on Candace's stomach and told the child I was its dad and I loved it. I was so scared, just hoping the generations of genes would express properly and it would just hold onto that wall and grow. I know that's not completely how it works, but it was the way I could think about it then.

Alberta #2 (Replica)—Part Four: Spedden, AB

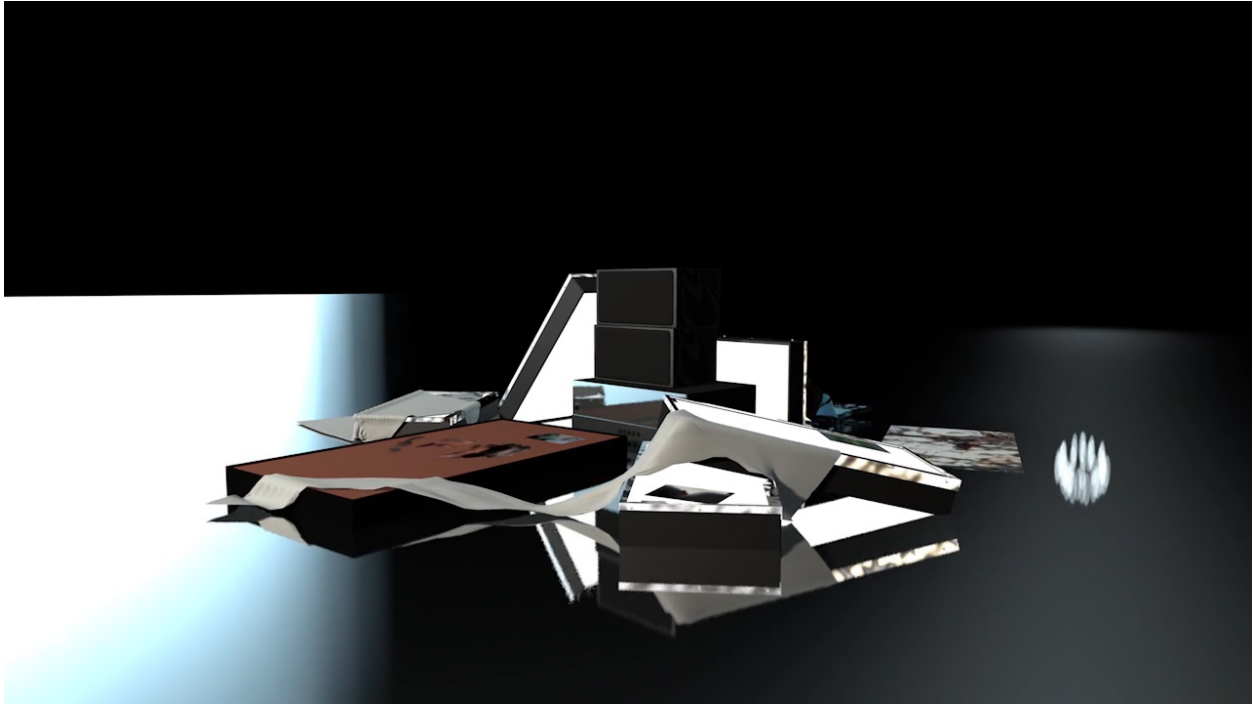


Plate 4.2 Alberta #2 (replica)—Part Four Film Still. Full video can be found at: <https://vimeo.com/195496389>

“I want to write a letter to my grandma. Not to the ones that raised me but the one that gave Elliot her blonde hair and her blue eyes. The one that I don’t even know how to spell her name because it’s a type of name I’ve never heard before.”

I wrote that in the summer of 2015, very soon before my uncle died, weeks before Mary was conceived. Sometime in 2014, my aunt sent me a card that had a photograph of my dad with his parents in a graveyard. On it was a post-it note that said *“Charhora and Paraskevia, Smokey Lake: This is where your ancestors are buried.”* I have that note beside me now and last winter I went to that spot and read to the graves of my relatives. In the fall of 2016, I wonder if my grandma has ever thought about me. In 2015, I continued to write to her.

We have met, apparently, at some arcade party in a warehouse when I was young. I remember the arcades but I can’t remember you. I want to tell you things for some reason I’m

not sure of. I want to tell you about a town I am writing about, where I'm going to make a video. It's a hamlet of 10 to 20 people. It used to have a railroad through it and has a grassed over graveyard. It's about 30 minutes outside of the town my father grew up in. It's the rail line my great-grandparents would have passed through, to get to their parcel of farmland on their way from the Ukraine. I've never been to this town and how I know about it I can't pull forth. For me, it's a nowhere town for no one but for the people that have lived and died there. Made lives, ate food, and *****. All I know about it is blurry satellite Google map images. So I guess I wanted to tell you that I'm writing about a place I've never been, one that I know nothing about.

I was raised by two parents and four grandparents. They cared for me and helped me become the person writing you this letter. Now I try to tell myself that this thing, the notion of myself, the idea that I am someone distinct—this thing that I try and hold onto, that I write and rewrite, the thing that is so fragile I wish I would just die—that it's all is just a set of relations. Like optical illusions, my mind was made to do a pretty good job of constructing a world for me to survive in, to eat in, and to **** in, even if it isn't what really was there. And it is only when the page turns a few degrees to the side that I see it was all just a mental fast-track construction of relations that my mind is pulling into something more, something whole and useful, something meaningful. But with that turn, in that offset it's all just lines, that's all this all is, that's all whatever I am is. But nonetheless I keep pulling these things together into bank accounts, politics, marriages, beauty, men, and illness. With all this melancholy I still spend 99% of my time invested in holding onto myself, cultivating myself, and just a fraction convincing myself that all this is just a disparate field of lines, that I am only trying to make sense of, to eat and ****. But it's something that if you spend too much time on the latter you might actually

start to believe it and see no difference between eating dinner with your family and lying in the dirt.

Is that why you left grandma? Were those four children, one just a newborn, all lines? Is this letter all just lines? I have never felt any relation to you, any pull. Even when I was diagnosed with all the illnesses that have marked my life, the genetic variables that sit nested in all these events. But now I see your blonde hair and your blue eyes in Elliot. These recessive traits have no other lineage than from you. I see her and I can't help but wonder about you.

In the fall of 2016, I continued to write. In 2010 my grandfather died, your ex-husband. I didn't know him too well though I spent lots of time with him. He didn't talk much and when he did it was very weak from exhaustion and a lifetime of smoking. What kind of man was he when he was young? Before you both had children and did all those tough things to each other? What did your love look like? When I wrote you that paragraph above in the summer of 2015 I only had Elliot, now I am raising two kids with my wife. It is so difficult. I remember when I wrote that line about you and Elliot's blonde hair and blue eyes, I really did want to meet you. Now your son has died, and, five months later, his wife died and I don't want to know you. Did you mourn your son? I can't make sense of you. I looked you up on Facebook, I finally had to ask my mother how to spell your name, and there was a coloured in black and white photo of you from when you were young. I don't recognize you. Have you died? Do you take medications for your mood? I heard that you were blind. Will I be blind someday too?

Elliot has a bad kidney, but we saw her doctor again last week and she is slowly growing out of it. I heard you had a bad kidney. My two cousins did as well. What else of you is nested in me, in my daughters?

Part 2—Alberta #3



Plate 4.3 Alberta #3 Film Still. Full video can be found at: <https://vimeo.com/263189911>

Today, I want to think through those who came before me and after me—about family, heredity, and legacy. I also want to think about genetically passed down altered states and their relation to time. For me, I have never had a linear understanding of time, the arrow of time. A lot of my time is caught in *deja vu*, or not understanding things yet. I’m going to tell a story, or a series of stories, not temporally in order, about some experiences with time I have had.

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In November 2017, I am sitting beside a pool on a rooftop in Arizona. I am looking at the scar that stretches from one side of my belly to the next as I write. I don’t remember the day I got it, but I sense it. I sense it with a deep hunger. After the surgery, I wasn’t allowed to eat for 10 days as my large intestine grew back together. The nurses would give me popsicles only to have them pumped back out through a nose feeding tube that ran into my stomach.

This scar makes me think of my mother. Physically it might be on my body, but it is her scar too. The years she spent in waiting rooms, doctor's offices, and hospital rooms with me. Time doesn't move normally in those rooms. You look out the window and people are entering and exiting buildings, trying to be on time. In here there is no time, you have the beeping of the machines, but measures like day and night, breakfast and supper, 4 and 5 pm don't exist. Melancholy time exists as my mother is grieving a child, a child that is only a few feet away from her, but one whose potentiality, whose futures are depleting.

*

In May 2017, when I met Derek, I thought he worked at the hospital. He was very pleasant, well spoken, and approachable. I felt like I knew him, or had known him, like I would know him if I remembered hard enough. His glasses looked broken and his ability to hold eye contact was spastic. In that moment, I cared deeply for him, like a brother. But there was a sense that maybe he was me, it's something I don't understand yet.

There was no hesitation in becoming close with Derek. We shared a madness experience, coarse and twisted, knotted, strung along a stretching expanse. It's not just the physical genetic trace expressing from our genome, some still present common ancestor, but transitory: we are all there, somewhere untouched, but not always accessible.

*

For me, illness is not a catastrophe, one that isn't simply about making-better, or curing, but is a species meaning-making event.

It is a very ancient space we all inhabit, it's nested deep within each of us, deeper than the genetic strands stretching across a geological timescale of billions of years, one that is in a space

for communal immunitary kinship, where our bodies fight off the gnawing of microscopic predators, genetic expressions, and time.

When I had my children, I became intensely aware, deeper than an embodied way, more like a geological awareness, long and vast, and much closer to the ground than I ever thought I could be, of all the illnesses that marked my life.

In the winter of 2016, I was standing in front of my great-grandparents graves reading to them about their daughter, in a land I haven't been to before, and it was like a flash of lightning placed me both before and after, an intergenerational being, and I wondered who am I from and who am I to?

I became present to my place in a vast line of parents who have all died, and that, somehow, I must learn how to die as a parent.

*

“Don't forget Paraskevia (Smokey Lake) where your ancestors are buried,” reads a note attached to a picture taken in the 1990s, in Smokey Lake, Alberta. The picture shows my father and my paternal grandparents, with their backs to the graves of my great-grandparents. I visited that site recently and the gravestone remains new—shiny black marble, etched with names and dates. The new stones were put in on the day of the photo, to replace the worn stone from their Ukrainian funeral, etched by wind and time. When I received this photograph, the note obscured all three figures, leaving only the surrounding space of the graveyard, a place at once familiar (I had seen this image, or one like it, before) and yet made strange by the effacement of paper and words: this is where your ancestors are buried.

Watching my daughter's hair lighten to a fair blonde, considering her crisp blue eyes, and seeing the ultrasound photographs of her malformed kidney, I couldn't help but remember something: a woman I have never met until finding her nested in my daughter, my maternal grandmother. I never had any pull to her until I watched her son die, Ellie become ill, and the near miscarriage of my second daughter. (Did she ever miscarry?) I wanted to understand her at one point, and then, at another point, I didn't want to understand her anymore. Instead, I am trying to understand myself, to make room in myself for my role as a father.

When I first received that photograph with the note on it, I never thought much of it. My aunt has always been eccentric, sending me odd notes, so I just put it to the side. However, for years, including a move to a new house, I never removed it from my desk. It stayed piled amongst the ever-changing table refuse, yet it was always there. In the winter of 2016, it brought me to my paternal great grandparents' graves, accompanied by my father. On the first trip, we found our way to the "Necyk" farm, one that was sold over 70 years ago, and spoke to the current farmer. We spoke of the farm's history and we could tell that the farmer cared deeply for this land. He took us on a drive through the fields. My father then spoke about how his grandmother had a miscarriage in these fields. It was in that moment that I experienced time both fast and slow. I haven't been able to understand that yet.

My father asked if there was still a pile of rocks in the center of the farm. The farmer took us there. My father explained that the farm that was assigned to my grandfather as he brought his family from the Ukraine was a field of rocks; it would take him years to clear the field, each year slowly revealing more land to farm. Seeing that sculpture of rocks struck me. I felt my great grandfather's labour, frustrations, and time. I could see how my grandfather never went into farming and became a school teacher.

Later, my father and I visited his mother's parents' graves. There was an area off from the grave site, deep within trees, for unnamed (unbaptized) babies and people that committed suicide. The graves were so worn you couldn't read any of the names, and no one had replaced them, unlike my great-grandparents' graves. I wondered if they were my relatives. (With my disorder the statistical odds of me committing suicide are incredibly high.) I walked up to the top of a small hill and, on that crisp winter day, I could see for miles. I saw the rail line that my ancestors would have come on from the Ukraine. I saw a great many things that weren't visible.

In September of 2016, I began to think of my unknown grandmother. My maternal grandfather had been dead for years now and I still hadn't cried for him. I wondered what my grandmother would have thought of his death. She would know about it because she is close to one of my cousins who would have told her. I wondered what their love looked like, before they did all those tough things to each other. I thought more of Spedden, Alberta, the city I started writing about years ago. I promised myself that I needed to go there for the film and for myself to see this land, but slowly I started to see the relation between this place and the woman I would never meet. I wrote about both of them. I wrote about the deep sadness I feel trying to hold all these things in my life together, and I could see how she was not able to. I think of my bipolar diagnosis years ago. (Would she have been diagnosed with the same?)

People say that when they see Elliot they see my mother. Last weekend at my brother's wedding, my cousin, the one that is in contact with my grandmother, said my mother looks identical to her mother. There is a photograph of my 7-month-old mother sitting in a bath in the kitchen sink smiling. Her mother left a few months before. How did my grandfather take care of those four children alone? His family lived in Saskatoon. Who would have helped him? I have no idea where his parents are buried. I imagine myself alone with my children. My daughter is

now the age of my mother in that photograph. Would she smile at me without her mother?
(Would I still be there?) This last month my wife and I took Elliot off her daily antibiotics, they
were meant to prevent infections from overtaking her kidneys. My mother had kidney problems.
So did two of my cousins on my mother's side. What else of you is nested in my daughters?

*

In the summer of 2017, I am in rural Pennsylvania writing about you, thinking about you,
being with you, Derek. Are you doing well? Are you still out there? I'm talking to a 5-year-old
child named Holden as he swims in the outdoor pool where I have my feet cooling. He wants to
know what I am writing. I said I am trying to remember something. He asked: when did it
happen? I said a few months ago. He asked: don't you just remember? I said I am trying to.

*

I went manic three-weeks after I left you. It was the worst episode of my life. I thought of
you often during that month. I wondered what that recovery would have looked like if we could
have been together. It was so lonely. I remember when we went to the music room on that last
day. I recorded your hands as you improvised on the piano. Your voice was captivating. That day
you were returning down, slowing, and coming to realize all the things you had been through. It
looked painful, you were losing control, but it was part of your journey. It wasn't until I broke
that I was able to start putting all these experiences together.

*

I think of you my daughters. How many things I want to share with you, and how I won't
be what I am now but will be an old man when that day comes. I am sitting on a small sofa bed
in Greenwich Village, New York City, August 11, 2017, 11:46 pm, 33 years old, watching a

documentary of Bob Dylan with my dad. This was the first time we shared this experience together. He is 66.

*

In June 2017, I don't have any distinct memories that I could record from the next two days. I know I took my pills, read a lot, and painted. On Sunday, I woke up and went downstairs. My daughter Mary was crying, and I could tell that my wife Candace was exhausted from being up with the girls multiple times last night. I muttered with hate to her "why did we have kids?" Candace shut down and started to cry. Then, Elliot asked me for one of those small boxes of cereal that you could pour milk into and eat directly from. I tried to open it with my fingers, then a knife, but I couldn't open it because I was crying too hard. Candace rushed me up to the bedroom. I continued to cry. Elliot came in and asked me what was wrong. Candace said I hurt my leg but that I would be okay. Elliot placed a stuffy in my hand and Candace left me to cry. We talked about many things, things that I don't want to remember saying. Things no one should ever say. I don't know how long I was there. I heard Candace call my mom, herself crying, and ask for help. Soon, I heard them enter the front door. Candace came up and asked me if I wanted to kill myself, and I said I couldn't be left alone. I fell asleep for many hours.

I awoke with Candace by me. She asked if I was okay. I felt drained yet somehow better. I told her I hated myself for what I said. It was Father's Day and I can't remember the faces of my children. My parents were watching them downstairs as Candace and I were on the bed upstairs. I couldn't see anything anymore. All clarity was gone, and I was without affect. I don't remember the rest of the day, but I know I took my pills that night.

*

Sometime later, my dad drove me to the university to see a friend. I laid out several papers I wanted to write with him. He listened. I knew I wasn't making complete sense, but he listened anyway. As we sat outside a hard rain hit and we rushed inside. We talked, but I was looking out the window. Did it always rain this hard? I became intensely aware of my body being pulled down onto our planet. I felt the rotation of the earth, the momentum around the sun, around the center of the galaxy, and of the pull of everything towards everything within the supercluster of galaxies we are within. I felt the void colder than cold. Dan and I still talked. I realized there is no place to escape, that I am stuck in this husk of flesh on a rocketing planet, in an indifferent universe. Why am I not getting the ecstatic revelations, the communions with God that Derek got? Why is mine so meaningless and devoid of hope?

I found my dad sleeping in the car in a parking lot. We came home, and I continued to paint.

*

I finally ate. My mind was fast, and I thought I was going to throw up. I was dizzy, but not the kind of dizzy that would make you fall, but a kind that unbalanced your soul. I told Candace about this, and she sent me to the pharmacy to fill my anti-psychotic medication. She suspected I was in a manic episode and I would have to slow myself down with drugs. When I entered the pharmacy, there were aisles and aisles of ordered and repeated objects of care: deodorant, toothpaste, tampons. As I walked through the aisle and my visual experience fell out of sync with reality—the standard seamlessness of my visual field, time itself, became a falsity, like a grand illusion. Walking down that aisle time became a flat disc, where everything that was or would be rotated for infinity, and I would be in that aisle forever (I think I have dreamt about this aisle before). Driving home the sky opened, and the crisp blue prairie sky took a new

vibrancy, and just then every generation of my ancestors looked at it too, and I became an intergenerational being—I made a kinship with everyone before me, and with all my children’s children’s children. We all shared that sky.

*

I took my medications and slept that night. I woke up and couldn't focus my eyes. I went downstairs and my family, my children, were not my own anymore. I thought back to Sunday when I wondered how many pills I would have to take to die. That is when Candace called my parents for help. They came, and I felt ashamed. My dad went into the garage to look at my paintings. He turned to me and cried and held me. I saw myself crying and holding an adult Elliot. I saw a thousand of my ancestors crying, but then I realized the physicality of my father's body. He was becoming old. His control over the world, over his children, was waning. I felt so much sadness that he saw me this way. Then I had a vision of Elliot, and I was so scared when I would have to hold her like my father was holding me now. I told him I would get better.

I finished the large painting. I saw Derek. I saw his broken glasses, how similar him and I looked, I felt the wear on his notebook and saw his gentleness and intellect. He was 12 years older than me and had been hospitalized six times before. I thought my life would be different than his, but one month after meeting him I was here, now, in this room, with these pills, drinking them down, and thinking about how to kill myself.

*

I think of my ancestors, stretching back into the Holocene and before. What did their love look like? Had they had children with my disease? Had they grieved them? What was it like for them to hold their child?

I think forward to my children, and their children, and their children's children. I feel the world in pain, a geological pain. I feel eco-sickness as I breathed in the smoke from the forest fires in the north. I feel eco-anxieties as a rain hits, one that hits particularly hard, that pours over my gutters and breaks by ancient elm tree. What will their world be? How could I have brought them into this? I feel intense guilt.

I think to 2046 when Elliot will be my age now. She will have first-hand experience of a natural disaster. What impact will that have on her psyche? Will these eco-traumas begin an epigenetic cascade into a bipolar episode? Will I hold her like my father held me?

Part 3—Alberta #4 (Stormshelter)



Plate 4.4 Promotional shot set with my exhibition “Telling Stories Otherwise” in September 2018. Full video can be found at: <https://vimeo.com/336446196>

First performed in Toronto, ON at the Centre for Addiction and Mental Health

Set: A patient’s room within the Centre for Addiction and Mental Health.

Characters: doctor and patient.

Mood: Withdrawn and tired. Early to midpoint of her journey.

Doctor

Hello, Alberta. How are you doing today?

Alberta

Good...tired...you know, not well but better. How are you?

Doctor

I am well. How was your sleep?

Alberta

Good...still tired...you know. Actually, it was hard. The patient next to me talked and walked around all night. The nurses were dealing with her... she is a lovely person... just a hard night I guess.

Doctor

How are you adjusting to your medications?

Alberta

They make me tired...you know...I don't feel like I feel the same way, like emotions. And I don't see the same way, not out of my eyes, about clarity, about how things are and was.

Doctor

You are on a higher dose than you are used to. You will adjust and we can reevaluate when you are feeling better.

Alberta

I'm not feeling better.

Doctor

Not yet...

Alberta

But I will. I know. It's a process.

Doctor

Have you thought about your children?

Mood: Very manic and agitated. Early on her journey.

Doctor

Hello, Alberta. My name is Dr. Stonehocker. How are you?

Alberta

Fuck you, fuck you, and fuck this place!

Doctor

Do you know where you are?

Alberta

Rich textures strung along a stretching expanse of what is and what was...

Doctor

Alberta, can you tell me why you are here?

Alberta

(pauses, almost not thinking about what she said. Talking more to herself)

Things in and pieces coming out. (looks at Dr. Stonehocker) In me. Out of me. (back inwards) I can't see anything, I am just so hungry.

Doctor

Have you eaten today?

Alberta

No, no, no, no... fuck. (fumbling in her thoughts)

Doctor

Alberta, what can I do for you? What can I do to make you more comfortable?

Alberta

Can you just leave me the fuck alone?! And fuck these nurses. Sitting in their ivory tower looking down on me. (pause and thinking) Well I don't mind looking up!

Doctor

Alberta, I heard you were damaging your room. Do you remember what you did?

Alberta

(a pleading yell)

I don't want to be here! I don't need to be here! I'm finally clear, doc. I'm clearer than you. You think you fucking have me figured out. You can't even begin to understand what I am now. Can you?

Doctor

What are you now, Alberta?

Alberta

Mythical. (stops and turns inward)

Doctor

Alberta. Take a moment. We... I am here to help you. I just want to see you get better, return to your life, return to your children. Alberta, have you seen your children since you have been here?

Mood: Remembering. Midpoint of her journey.

Alberta

Hello, Dr. Stonehocker.

Doctor

Alberta. How are you feeling today?

Alberta

(pausing thinking about something else)

I remember walking downstairs. My youngest daughter was crying I could tell she kept my husband up all night... I saw it in his eyes. I saw it in hers. I muttered with hate to him “why did we have children?” He started to cry. Then, my oldest daughter came to me and asked me to open one of those small boxes of cereal, the kind that you can pour milk directly into and eat out of. I tried to open it with my fingers, then a knife, but I couldn’t open it because I was crying so hard. My husband rushed me upstairs.

(pause)

I laid on the bed crying. My daughter came in and asked what was wrong. Andy said I hurt my leg and I would be okay. She came back later and placed a stuffy in my stiff arms.

Doctor

How did that make you feel?

Alberta

I cried. I cried a deep cry, a cry of recognition of things I was yet to understand. I said many things to Andy, many things no one should say. I hate myself for what I said.

Doctor

How so?

Alberta

They are about my girls. I love my girls... I just can't always feel well, I can't always understand things... you know. Like I am there, but it's in a language I don't know.

Doctor

How long have you been treated for?

Alberta

I was diagnosed one way when I was 20, another way at 21, then a more significant way at 25, and then again at 32. I think 32 is right. Pills, other pills, more pills, and hurtful pills. You know?

Doctor

I know. I know deeply. Can you tell me what medications and dosages you are on right now?

Alberta

Too many (looking away).

Doctor

Can you tell me more about your children?

Mood: Elevated but distractible. Early-midpoint of her journey.

Alberta

Hello, Dr. Stonehocker. (before he can reply) Do you have children?

Doctor

Yes, do you?

Alberta

(Pause) Have you ever wondered why we have kids?

Doctor

I love my children, they make my life rich, meaningful... do your children do that for you?

(no response from Alberta)

They provide a rhythm to my day. They help me stay consistent, so I can be that for them. Do you wake up when your children do?

(no response from Alberta)

How long do you stay awake after they go to bed?

Alberta

Hmm... do you know why you are here?

Doctor

I am here to talk to you, listen to you, to treat you?

Alberta

Do you know what for?

Doctor

I have your file, yes, but I want to learn more.

Alberta

What have you learnt?

Doctor

I don't know yet. Why don't we talk more about your children?

Mood: Calm, inward. Later in her journey.

Doctor

Hello, Alberta. I heard you were in the sunroom watering the plants with another patient.

Alberta

(Looking away) I miss Pam.

Doctor

Pam?

Alberta

Pam was a patient here, she was here when I first got here. In the room around the corner from me. We used to water the plants together.

Doctor

Yes, I remember. What do you miss?

Alberta

Her gentleness and intellect. When I first got here I was being introduced to everyone on the unit. I thought she worked here. She was very pleasant, well spoken, and approachable. I felt like I knew her, or had known her, like I would know her if I remembered hard enough. Her glasses looked broken and her ability to hold eye contact was spastic. In that moment I cared deeply for her, like a sister. But maybe there was a sense she was me.

Doctor

What else was it about her?

Alberta

There was no hesitation in becoming close with Pam. We shared a madness experience, coarse and twisted, knotted, strung along a stretching expanse.

(pause... more a happy reminiscing now)

I remember on her last day, we went to the piano room. She was improvising on the piano. Her voice was captivating. She was coming down, returning down, and coming to realize all the things she had been through. It was tough, she was losing control, but it was her journey.

Doctor

That's a very meaningful relationship. Have you made connections with anyone else since then?

Alberta

Not in the same way. I wish we could be going through this together.

Doctor

Alberta, you are doing very well. You seem very well. You have come such a long way during your stay. Do you think you will be ready to see your children soon?

Mood: Manic and fast. Early in her journey.

Doctor

Hello, Alberta.

Alberta

(excited)

Dr. Stonehocker!

Doctor

You seem very cheerful today. How would you describe your mood?

Alberta

Good, great. Fast, clear. I'm raw energy. And I saw my kids today!

Doctor

Really? I didn't know you had a visitor.

Alberta

Well, to be honest, it was a bit of a secret. I was across the street and Andy came and met me. He had the girls. They look so good and are so happy. It was like I wasn't even gone. (disappears in that train of thought)

Doctor

(pauses)

Alberta, was this a dream? I am just wondering because you are not cleared for private walks yet. First, we need to do supervised walks. Is that something you would be interested in?

Alberta

Elliot is starting school soon. Kindergarten. She is remarkable. Her gentleness and intellect.

(pauses with happiness)

Mary is trouble. She is strong though. A strong line of women behind her.

Doctor

Alberta, I am so glad you shared this about your girls.

Alberta

(pauses. Crashing down)

What the fuck do you know about my kids? You have no idea. No idea. Where did you even come from?

Doctor

Alberta, did I say something to bother you? Did you want to talk more about your girls?

Mood: Tired. Midpoint of her journey.

Doctor

Hello, Alberta. How are you feeling today?

Alberta

Tired... not so clear... like a tingly fog. Have you ever tried these pills?

Doctor

No.

Alberta

You should.

Doctor

Why?

Alberta

If you have to ask you then don't understand them.

Doctor

How so?

Alberta

Have you ever been a different person?

Doctor

Not that I know of?

Alberta

I have. I am right now. The person I am on the street, in my bed, on these pills, in front of my children. These are all different people.

Doctor

How so?

Alberta

Have you ever looked up and seen the sky?

Doctor

It's pale today... too much humidity. Have you been outside today?

Alberta

No. I don't have access. Have you?

Doctor

Would you like access?

Alberta

To see what? The sky?

Doctor

To move, to get a coffee across the street. And, yes, look at the sky.

Alberta

I can't remember the faces of my own children.

Doctor

Do you want to see your children?

Mood: Manic, agitated. Early on her journey.

(Alberta pacing around the room)

Doctor

Hello, Alberta. I am Dr. Stonehocker. Do you remember me?

(No response)

How did you sleep last night?

Alberta

Fuck you man (pacing around the room, looking under sheets for something).

Doctor

What are you looking for?

Alberta

Hmmm... things. What are you doing?

Doctor

I am here to see you for your appointment.

Alberta

Fuck you man, there are no appointments. There is no time in here. You can't be on time. There is no time. I look outside these fucking windows and see people being on time. In here there is no time. 4 and 5 pm don't mean anything.

Doctor

They do... they do to me. Why do you think that?

Alberta

Why wouldn't I? Where is the clock in here? I wake up and night and have no idea if it is day or night.

Doctor

Isn't it dark or light?

Alberta

Fuck you, you took my blinds away and the moon and sun ravage me. They don't mean anything to me. Do they mean anything to you?

Doctor

Of course. They mean a great deal.

Alberta

Do I mean a great deal to you?

Doctor

You are my patient. Of course...

Alberta

Do you really fucking care? Like, do you?

Doctor

Alberta, once when I went 10 thousand miles, it was hard. A rain hit, hit particularly hard. The water rushed over my gutters and broke my ancient elm tree. I saw many things I didn't want to see and many things I needed to see. I saw my father. A deep sadness in life. A life of sadness. It was hard. Then...

Alberta

This doesn't make any sense.

Doctor

I know. But it does to me. Just like you make sense to yourself but not to me. Have you seen your parents recently?

Mood: Uncomfortable, yet calm and contemplative. Midpoint of her journey.

Alberta

Hello.

Doctor

Hello, Alberta. I heard the unit was on lockdown.

Alberta

Only for an hour or so. A patient was yelling and pacing around the unit. It was quite scary.

Doctor

I'm sorry you went through that.

Alberta

He was yelling about his parents, about his childhood I think.

Doctor

Alberta, you haven't told me about your childhood yet. Do you want to talk about it?

Alberta

I had great parents. They loved me. But I was a sick kid. Something to do with my guts, I never really understood what it was. A dead section I guess. I had lots of surgeries, removing things, putting other things in me, taking them out, and on and on. (pause) It was a super rare disorder, but a chance is always a chance.

Doctor

That must have been difficult to endure as a child. How old were you?

Alberta

I guess I was sick from day one. My mom fought for me but, because it was so rare, it went missed for two years. They don't know how I survived.

(pause)

But my mom never gave up.

(pause)

I remember the surgery where they took parts out. I can't remember it with vision or sounds, just hunger. A deep hunger. I couldn't eat for ten days. And I remember my hands, a thickness to them, a uselessness to them. I guess they had to cover them with oven mitts so I wouldn't pull out all the tubes.

Doctor

That is a difficult memory.

Alberta

(thinking further inwards)

When I was in grade one I had some kind of intestinal attack. Not sure its name. I spent part of the school year in the hospital school. All kids of different ages, like the way school used to be, just everyone together. I don't know how they taught all these different ages.

(pauses. Goes deeper)

One day I went out to the freezer on the unit where you could get a popsicle and on my way back my room was blocked off and there were nurses and doctors running everywhere. I looked into the room beside mine and the child that was beside me was surrounded by people.

(visions)

The room lost structure and became an infinite white void with only people, those bright spotlights, and the girl on her small hospital bed. I looked and the parents were pushed to the back corner and the mother was screaming but without sound. And after all the shocking, banging, and pressing everything stopped. The room collapsed back into form. She had died. Whatever that meant to a six-year-old. A nurse grabbed me and rushed me back in my room.

Doctor

A child shouldn't have seen that.

Alberta

You experience these events differently as you take in more experiences. I thought about it once years ago in an artwork. I understood it one way. Now, as a parent, I experience it in a very

different way. The focal point of the void moves to the mother. The tears of rage. I can't think about it as a parent.

Mood: Calm but worn out. Early to midpoint in her journey.

Doctor

Hello, Alberta.

Alberta

Hello, Dr. Stonehocker.

Doctor

Do you feel well today?

Alberta

Better than other days.

Doctor

Your husband dropped something off for you. He knew you lost your other pictures. Here they are again, of Elliot and Mary.

Alberta

(Cautious happiness)

Thank you.

(She looks at them. Rubs at the finish, across their faces)

Thank you, Dr. Stonehocker.

Doctor

You're welcome.

Alberta

(Hint of excitement)

Is Andy still here?

Doctor

Not anymore.

Alberta

Did you talk to him?

Doctor

Yes. We talked for a while. He is excited about your progress.

Alberta

Are you?

Doctor

Of course...

Alberta

When can I leave?

Doctor

Well... Alberta. I still think we need a bit more time. More rest...

Alberta

More pills. I know...

Doctor

Not just pills. Mindfulness, talking, moving. Do you want to go outside with one of the nurses and the other patients? It's a beautiful day out.

Alberta

Maybe, I just want some time alone... with these pictures.

Doctor

Do you want to think about your children?

Mood: Frightened and manic. Early to midpoint of her journey.

Alberta

I can't breathe! I can't breathe right. Oh my god. Help! Help!

(She rushes around the room, looking for something, anything, something she isn't sure of)

No no no no... where is it? Where are the pictures? Where are they? Not this again...help!

Where are they? I just had a nap. Andy? Where are you? Where is Elliot? Why did you leave with Mary? I just needed to nap. Where is Elliot? Why isn't she in the house?

Help help help help!

Mood: Elated and fast. Early on in her journey. (note: while Alberta is talking very fast and moves from subject to subject quickly she still has an intense inner dialogue going on with

herself that we don't hear, we are just seeing bits of the total conversation. This provides room for movement and pauses)

Doctor

Hello, Alberta. How is your second day?

Alberta

(too excited. Fast speech)

This place is wild. I met everyone, all over the unit. Some depressed, some too happy. Everyone was quiet. I met someone nice though. Pam.

Doctor

Yes, I know Pam.

Alberta

I thought she worked here! She has such wild ideas. She started a fashion company you know?

And I think she might give me a job there.

Doctor

Don't you already have a job?

Alberta

But not like this! This is different. I think this was my dream. I just didn't know it. Are you living your dream?

Doctor

I think so...

Alberta

Maybe you just haven't met the right person yet. A person you knew all along but hadn't met yet.

Did you know she is a musician? We might start a band.

Doctor

Do you play an instrument?

Alberta

Ya, not for a while though, but ya, guitar. Do you play an instrument?

She's had a hard life though. She was basically on the street. I couldn't imagine pulling yourself from the street into the fashion world. The things she has seen.

But I'm glad for my life. I'm just excited for this next stage. Are you?

Doctor

Excited for your next stage?

Alberta

One of our favourite musicians is Bob Dylan, for the words and percussions in his speech. Deep histories. Stories of the structures of our mind. You can learn how to live by those words.

But I am just excited about this band. We are going to practice in the group therapy room. The nurses have a guitar and she has vocals. She says there is a piano here too.

I've started writing again, in my notebooks. Do you want to see them?

Hmm, well let me finish this latest verse. I think you will get me when it's done. Mathematical songs.

Doctor

Are there any songs about your children?

Mood: Calm but unsure. Later in her journey.

Doctor

Hello, Alberta.

Alberta

Hello, Dr. Stonehocker.

Doctor

Your husband is here to see you today. He wants to come into the unit to be with you. See where you are staying.

Alberta

Oh, I better clean up. (looking around the room) Oh, no blinds. Do you think he will think that is weird?

Doctor

Don't worry too much about that. In my experience, his focus will be on you. Have you missed him?

Alberta

I have. I feel ashamed it came to this.

Doctor

Don't be ashamed.

Alberta

I know. But I just put him through so much. Every month there is a mood scare, like I'm speeding up, he gets so scared. He takes over the kids as I try to get better. I usually do pretty quickly. We just never know if this mood shift will be the one that brings me here.

Doctor

He sounds very understanding of your bipolar disorder.

Alberta

He is amazing about it. He tries so hard to understand it, to understand it in me. He loves me all the way through it, each time. I can't imagine why he stays.

Doctor

For me, you are describing a man who deeply loves you. All of you.

Alberta

(pause)

He does. And I love him so. I'm worried he won't see it.

(pause, more confidence)

He grounds me, rooted to the ground. I feel like we grow deeper, year on year, experience on experience.

(pause)

God I love you. I always say that to him. Who do you think said that first? I think they must be nested somewhere in my genome.

(more thought)

I remember the first time we kissed. We were 18, but it was like we had lived this life that was about to come a hundred times together. We kissed but I could see us from a different angle.

Outside, looking in. I thought I should be in the moment, but it was like I crossed over a plane, like destiny was there with us in that room. Then, a rush of emotions, deep emotions of the body, bodily understandings that stretched backwards and forwards. I felt today, now, finally kissing, like it was something we just couldn't do, like we were waiting for times to sync up. But at the same time I felt the end. That someday, no matter what we would be separated. As we kissed for the first of many kisses I was aware that one of us will die first. But it wasn't terrifying, but it was everything. In that moment I realized that I loved him, that I always loved him, and just as quickly as the future was in focus the past was too. I could see it being rewritten, every exchange. Every glance. Every joke. Every fight. It all was in love, we just didn't know that we needed the right moment to come, to illuminate all this. My past was new and my future was told. I will never forget that moment.

Doctor

Beautiful images. Do you think you can see him now?

Mood: Isolated in her thoughts. Later in her journey.

Alberta

Hello.

Doctor

Hello, Alberta. How is your mood today?

Alberta

I'm slower, but maybe that's a good thing. Lots of time to think. Maybe too much time.

Doctor

What have you been thinking about?

Alberta

I am thinking about my grandmother. My dad's mother. I think of her gentleness, her care, and her love. Years ago, when I found out she was sick I cried on Andy's shoulder in his parent's house on New Year's Eve. I had thought of the moment when the continuum of family I grew up with would break, but I was here, now, in this room, on Andy's shoulder, crying a deep cry of recognition of things to come.

(pauses)

We always had suppers on Sunday night at my grandparent's house. On that day we ordered food in because she was too sick to cook.

(pauses. Shifting focus)

As we sit around this table, a table I know too well, the phone rings and my grandmother got up to answer it. It is the hospital and her blood results had come back and the cancer was very advanced, and she needs to get to the hospital immediately. We are preparing her to leave for the hospital and we all leave the table. We all are leaving that table for the last time. As I am leaving, I look back through the kitchen and the lights fade out and a vignette forms around my grandparents. I don't understand that this would be the last time they would be in this house

together. As I watch, I see them stumble through this moment they must have spoken about, a moment whose momentum had been coming for some time now.

(pause, happy thought)

Yet my grandmother is simply showing him how to take messages from the phone. That is how they are spending their last moments in that house together. I turn my head and leave out the back, and the brightness of this late October day pierced through the faded vignette and I could see all the red berries on that ash tree in the back. A tree I had spent my life looking at.

(pauses. Shifting focus)

I got to the hospital later that Sunday. I must have gone home for a bit. I saw through that pane of glass. I saw my grandmother in that damn hospital gown, across that damn hospital bed. I walked in the room with courage but as I stood across from her I burst out crying, tears of grief, and she reached across the bed and held me. She spoke to me, but the words are gone. We held each other for a long time.

(pauses)

I am not sure what to do with all these memories. It's like I broke in here, but now all the pieces, more than just now, are coming back in focus, trying to get back together. It's too much.

Doctor

You are healing, Alberta. Your grandmother sounds strong. You come from a strong line of women. Your children come from a strong line of women.

Alberta

But this is too much. I can't hold all of this. It's not in my mind, but in my body. I feel it everywhere. All at once. I don't know if I have enough glue for all of this.

Doctor

You are accommodating all these experiences and the emotions that come with them. You are making room in yourself for them. That is healthy. You are growing.

Alberta

(pauses)

Can I show you something?

Doctor

Of course.

Alberta

I was looking through notebooks I had Andy bring. Things I was writing at the beginning of this. Before I ended up here. Most of it doesn't make sense anymore. But I found two things I wrote about my daughters. Can I read them to you?

Doctor

Yes, of course.

Alberta

(reading from the book)

Elliot, I remember when you were born. I saw a newborn baby. Immediately I was so worried about you. I saw you on my chest as I held you for the first time. I felt tears of joy. I heard the sounds of thunder out the window. I then thought to all the dreams I had about a girl born in a great storm. I felt a rush of memories I hadn't had yet. Like I had lived this life a hundred times before with you and this was another cycle. I felt all that we would share all at once. I saw your left hand, your language, your intellect, your gentleness. I still feel forward, moments coming, times for holding, times for bracing, times for guidance.

(flips page)

Mary, I remember when you were born. You came so quickly they couldn't give me pain medication. My Doula and the female nurse guided me through the most intense moment of my life. I laid there in absolute pain. Yet I became intensely aware of the continuum of women that had led to this point. I saw a thousand women giving birth. And those children giving birth. I saw you in a long line of unbelievable women. I felt a strength you would have, a strength I see developing every day. When you were born, you were blue and they rushed you to the side and two nurses began massaging your back. I just watched from the bed at your small face and, suddenly, you took a gasp. They handed you back to me and you laid on my chest as I cried as the nurses continued to press on my stomach.

My parents showed up soon after, it was 4 am, and I handed you to my father and introduced him to you: this is Mary. Your great-grandmother's name, his mother's name. He held you, looked at you, and cried a cry of layers.

Doctor

You care so much for your girls. I can see that. I have seen that.

Mood: Sad. Later in her journey.

Doctor

Hello, Alberta.

Alberta

Hi.

Doctor

Today, I was wondering if I can hear more about your last day at home again?

Alberta

(Thinking)

I was taking my meds. Too many meds. But I needed to slow down. I couldn't make sense out of anything. Out of my kids. I painted then I went upstairs and fell asleep.

(looking away in embarrassment and sadness)

I woke up and Andy was beside me. He looked terrified. He said he and Mary were on a walk and Elliot was up in her room playing. He said when he came back he found Elliot outside the house looking for me.

(hurt)

She didn't know where anyone was. She is three. I can't believe she was out alone. I can't believe she didn't know where I was. I can't believe she was alone.

(sadness)

I knew then I couldn't care for my children, they weren't my own anymore. I feel so much sadness.

(pause)

Andy asked me if I could be left alone and I said I couldn't.

Doctor

Then what?

Alberta

I couldn't stop thinking about my pills. Specifically what pills I would have to take to die. Andy could see that, he took my pills and called my parents. I don't remember what happened next but I was in a hospital. Now I'm here with you. How could I leave my children?

Mood: Tired. Later in her journey.

Doctor

Hello, Alberta. How are you today?

Alberta

Fine... you know... tired... you know.

Doctor

Yes. Did you sleep okay last night?

Alberta

Fine... you know... deep, like I was gone, but it still doesn't feel restful at the end. I know it's the pills.

Doctor

And your state. They are in combat. You are going through a lot. It takes a lot to come down. Give it time. I do think it is time to review your medications. Would you like to do that now?

Alberta

No, not more. Not more. I can't do more. I can do less or the same. We just need more time...

Doctor

It has been more time. You have been here for...

Alberta

A long time. Too long. Am I supposed to be here this...

Doctor

Long. Sometimes. It takes time. You are on your journey...

Alberta

Are you on yours?

Doctor

Yes.

Alberta

And what is your journey?

Doctor

My journey right now is to help you.

Alberta

But why? Why do this? Spend all this time with mad people? Why do it?

Doctor

When I was younger I went 10 thousand miles.

Alberta

I still don't understand.

Doctor

My mother. She was ill. She wasn't ever really... there. My dad would work and when he would come home he would take care of us and her. When I got older I hated my mother. And I felt a deep sadness for my father. I left when I got older but not old enough. I never said bye to my father. I should have. But I wasn't old enough yet. I ended up a great distance away. I was in school and I never told him for what. I didn't know until my brother told me, but my father had died. By then I was old enough to say goodbye but I didn't know that yet.

Alberta

I'm sorry.

Doctor

I studied psychiatry, not just to help people like my mother, but to save people like my father.

Alberta

What do you think I am doing to my children?

Mood: Very stunned from medication. Resignation. First day.

Doctor

Hello.

(pauses to flip open the chart)

Alberta. My name is Dr. Stonehocker. Do you know where you are?

Alberta

(Quietly)

CAMH.

Doctor

Yes, the Centre for Addiction and Mental Health. You are in the Mood and Anxiety Unit. Have you seen your room?

Alberta

(Hands holding knees up, speaking quietly, no eye contact)

Not yet. I've just been waiting here.

Doctor

I see. I've been looking at your file. How are you feeling right now?

Alberta

Scared. I've never been here... in a hospital like this.

Doctor

Don't worry, it is a very safe place, we will take care of you. Are you thirsty?

Alberta

Hmmm... yes... I think so... but I don't feel well... I'm really tired.

Doctor

It looks like you came from another hospital...

(reading)

(Quietly) Pills... I see.

(looks down thinking)

I think you will be okay now. Have you thought about harming yourself recently?

Alberta

Not right now.

Doctor

Do you have a plan on how you might hurt yourself?

Alberta

It's in the file. That's how.

Doctor

I see. Do you have a family?

(waiting for a response from Alberta, then continues)

Can you tell me about them?

Alberta

Not right now... I can't remember their faces. Will I ever?

Doctor

You will. You will see them soon.

Alberta

Is Andy mad at me?.

Doctor

I haven't spoken to your husband yet. Once you get into your room you can call him.

Alberta

I can't remember their faces.

Mood: Out of focus. Early to mid-point of her journey.

Alberta

Hello, Dr. Stonehocker.

Doctor

Hello, Alberta. How is your mood?

Alberta

Everything feels like it's running but I am out of focus. I can't make anything clear.

Doctor

It's the medications. You are on a higher dose to stabilize you. You will get used to it.

Alberta

(looking away)

I used to be able to see things. Things that weren't visible, like synesthesia. That's what I made my paintings about.

Doctor

Do you want to paint?

Alberta

(looking away somewhere)

There is nothing to paint. Before it was colours and particles and dots. Disintegrating faces sitting on an endless field of colour.

Doctor

Do you want to paint while you are here?

Alberta

(looks at the doctor)

There are no paints here.

Doctor

Maybe I can talk to the occupational therapist.

Alberta

(looking away again)

Maybe.

I paint with my daughter sometimes. I mix the colours for her and she paints over photographs of faces.

Doctor

That sounds special to share that. Maybe you could paint with your daughter.

Alberta

(looking away)

I can't have her see me like this.

She saw me like this. This isn't something for a child to see.

I remember when I was crying in my bed. On Mother's Day. I couldn't see her face. I can't see it now. Andy called my parents crying asking for help. They came in through the front door. My dad asked me to show him my paintings. I brought him in the garage to show him. Then he turned to me and hugged me. He held me the way a parent would hold their child for the last time. He cried and asked me to hold on. I told him I would get better. Then, suddenly, I saw myself holding an adult Elliot. I saw a thousand of my ancestors holding their children. I am so scared I will have to hold Elliot someday like my dad was holding me then.

Doctor

That's a powerful experience. Are you spiritual?

Alberta

(turning more inward and away)

No. Not like the people in here. I don't get ecstatic revelations, the communion with the Gods like the other patients.

Doctor

Maybe yours grows deep. You ancestors. The sky. Children.

Mood: Calm

Doctor

Alberta, can you tell me a bit about what you were doing before you got sick.

Alberta

I was working on a project. About family, heredity, and legacy. After I had my kids I became very connected to people I had never met— my family, my ancestors.

Doctor

Interesting. Why do you think you moved in that direction?

Alberta

I remember getting this note from my Aunt. She is eccentric and always sends me notes in the mail with pictures of our family. This one time she sent a picture of my grandparents and my dad

from the '90s along with a note on it that said the names of the grave sites where my great-grandparents were buried and a line that said: this is where your ancestors are buried.

(pause)

I never thought much about the note but it always remained on the ever-changing table of papers. Then one day I thought about going to the graves, to make art. It was January, and cold, but I thought I might lay on the graves, with my body, and leave a temporary mark. I'm not sure what it meant, but it was a gesture.

(pause)

My dad and I went up there one day, it was about 2 hours north. We found our way to the sites and I got all my equipment to record it. After I laid on the graves, my dad and I were headed to the other gravesite when we came across my great-grandparents farm. My dad recognized some buildings. We pulled in and just looked. Soon a farmer drove up and started talking to us. We started to talk about the farm's history and in that moment I could see he cared deeply for this land. He took us on a drive through the fields. My dad made a comment that his grandmother had had a miscarriage in these fields. Just one day working. It was then that I felt time both fast and slow. I thought about Mary, my bed rest, my terror.

(pause)

My father then asked if there was still a pile of rocks in the center of the farm. The farmer took us there. My father explained that this farm assigned to his grandfather was a field of rocks. Each

year he would bring these stones here and reveal more land to farm. I could see my great-grandfather frustrations, labour, and time. That pile of rocks struck me.

(pause)

We visited the other grave site that day, too. My grandmother's parents' grave. I cared so deeply for her. I never met them, but I thought of their relationship to their daughter, my grandmother, and I felt something deep. I went home and began to write. Six days later my dad and I returned to that site and I read the narrative to the graves. I read about their daughter, I read about my daughters.

Mood: Contemplative and calm. Later in her journey.

Doctor

Hello, Alberta.

Alberta

Hello, Dr. Stonehocker.

Doctor

How did you sleep last night?

Alberta

Dreams. Strange dreams. Long dreams. Dreams... well I know psychiatrists don't care about dreams anymore.

Doctor

I care about dreams. Do any of them resonate with you?

Alberta

Kind of. One dream was like I had lived it before, like I have lived it, if I remembered hard enough.

Doctor

Of what?

Alberta

When I first got sick, this time around, my husband could tell something was off. He was worried and sent me to the pharmacy to fill my antipsychotic medications... you know, to slow me down. When I got in, I walked down an aisle repeated of objects of care: deodorant, toothbrushes, tampons. When suddenly my visual field fell out of sync with reality. Time itself became a falsity, a grand illusion, and I felt like time was a flat disc, and everything that is or was was on that disc and I would be in that aisle forever. I think I had dreamt about this aisle before.

Doctor

Was this a dream or a memory?

Alberta

I don't know. Both... And when I got out of that pharmacy I looked up at the sky and just then it took on a new vibrancy, and just then all of my ancestors looked up at it too and I became an intergenerational being.

Doctor

I'm not sure I understand.

Alberta

I don't either, but I understand it on a deeper level. Like a geological level, long and vast and much closer to the ground than I ever have been. I feel my children there, in this lineup. Both before and after. I see all their children's children's children. And I love them all.

Doctor

Do you want to see your children?

Mood: Calm but inward. Late in her journey.

Doctor

Hello, Alberta. Your parents are here.

Alberta

Oh... I see.

(Pause)

Doctor

Do you want to see your parents?

Alberta

When I first got sick I painted a lot. It's all I could do was paint. Dots, colourful dots surrounding dissolving figures. Entire fields of dots. By this point, my parents were coming every day. To check on me. To help with the kids. My dad came into the garage to see what I was painting. I showed him, then he turned to me and hugged me. With a cry in his voice, he just said "please don't give up. Please hold on." And he held me tight. The way you would hold your child for the last time.

I wanted to cry but I couldn't. I felt a deep sadness that he saw me this way. Then I saw an adult Elliot and I was holding her like my father was holding me. I wish I never will have to hold Elliot like this. Do you think I will do this to her?

Doctor

You can't feel guilt for having children. Yes, you have a disorder and yes she might too someday. But you will love her, guide her, care for her through the process. You shouldn't feel guilt for bringing children into this world when there is love.

Alberta

That day when I muttered those hateful words to my husband. When I said all those terrible things. When Elliot placed that stuffy in my hands. Andy went downstairs and called my parents crying and asking for help. I continued to cry on the bed. Soon I heard the front door open. Andy came up and sat on the bed and asked me if I wanted to kill myself and I said I couldn't be left alone. He took all my pills and left briefly. I fell asleep for, I'm not sure how many hours. When I awoke Andy was there. I felt better but all clarity was gone. I couldn't remember the faces of my children. It was Mother's Day but my children weren't my own.

Doctor

They were yours. They are always yours and, you might not feel it yet, but they are lucky. People are dealt different cards, some tougher than others. But it is how we live those cards that matters. You are still here and that will mean the world to them.

Alberta

Is your mother still alive?

Doctor

Yes. She is beautiful. I just couldn't see it when I was that young. After my father passed she found life to be disconnected. But she saw me, she saw my brother, maybe for the first time in her life. She saw us in sadness. She saw us without care and she moved. It took her time but she started to move. She looked for help for the first time in her life and, for the first time in her life, she took the help. I love my mother. Even the mother she was when I was a child because she still stayed there. And, by staying there all those years, she was there for us when we needed her later.

Alberta

I don't know if I can see my parents. I don't know if I can let them see me in a place like this.

Doctor

If Elliot were here, would you care to see her in a place like this or would you just want to see her?

Alberta

With every bit in my being.

Doctor

Then let your parents see you. Let them hold you.

Mood: Happy but nervous. The end of her journey here but the start of a larger one.

Doctor

Hello, Alberta.

Alberta

Hello, Dr. Stonehocker.

Doctor

How are you feeling today?

Alberta

Better. I feel... good.

(new confidence)

Yes, I think I feel good.

Doctor

Today you can go home. Do you want to go home?

Alberta

(Hesitant, holding a picture of her children)

I can go home?

Doctor

Your husband said your children are throwing a welcome home party for you. I'm only letting you know so you are ready. Are you ready for that?

Alberta

Yes.

(Pause)

Yes. I can't believe my girls would do that for me. After everything I did. After leaving them for so long.

Doctor

You are their mother. You stayed for them. They will never forget that. You don't know yet what you did for them.

Alberta

Yes, I did stay. I am so glad I stayed.... I can't wait to see them, see their faces, hear their stories, and hold them.

There are so many things I want to share with my girls, (pause thinking) but not yet. They will be... I will be... much older when that day comes. I will be an old woman when I can do that.

I remember last year. My dad and I were in New York City, sitting on a sofa bed in Greenwich Village watching a documentary about Bob Dylan. That was the first time we shared this experience. He is 66.

Will I ever be able to share these stories with them?

Doctor

When the times sync up you will. Good luck.

(Dr. Stonehocker leaves)

Alberta

(Alberta in thought)

Maybe I will be 66.

I guess I'll just have to stay.

[End]

Chapter 5: Healing by Telling Stories Otherwise

In mid-August 2018, I began a two-week installation of my doctoral exhibition *Telling Stories Otherwise* at the FAB Gallery at the University of Alberta. Over the previous three months, I had completely reworked the stand-alone artworks I had initially proposed for the exhibition. The resulting sur/un/hyper-real animations, virtual reality artworks, and large-scale 3D-rendered photographs were exhibited alongside the original process work (field notes, drawings, paintings, videos, and photographs) now embedded and in relation to each other within these new works. The process works were waiting for the right time to be collected, reorganized, recontextualized, and placed in relationship together. I re-examined my entire body of visual and narrative doctoral work and thought about it anew during June and July and fabricated and installed the work in August. Over that time, I had many peers, colleagues, and mentors come through my studio, and we would imagine all the ways that this work could be presented. Each visit, something new would emerge: creating a wallpaper image that would go behind specific works filling the whole wall, or colour-matching parts of images with walls I painted in the gallery when I installed the exhibit. I can recall a crucial, defining moment with Natalie Loveless, when we imagined how the work could be installed in the space. She helped me create loose themes for each room, conceptually and formally grounding the work, by developing meaningful relationships between the artworks. She helped me create a healing journey that the viewer would go on as they moved from room to room within the FAB gallery. Even during installation, she visited and helped me reorganize the space after we saw the scale of the works in relation to the gallery space.

My “Telling Stories Otherwise” exhibition was organized, in part, to provide a venue for my doctoral candidacy examination which was scheduled to take place during the first week of the show. Recognizing that it would be challenging to communicate my vision for the scholarly work I was proposing, I hoped that holding my candidacy exam in the FAB Gallery would create a space that would help guide my examiners through my thinking and work. In addition to academics who were familiar with the fields of arts-based research and research-creation, my committee included health researchers and clinicians for whom these alternative fields, and new scholarly literacies represented new terrain. As part of my opening presentation, I took the committee around the exhibition and shared information about the exhibition along with some insights into what I was working through when I was creating various artworks. I held back from suggesting how they might understand or interpret any particular piece, but simply outlined a beginning context that might support their responsive engagement with the artwork.

I then presented on the fields of arts-based research and research-creation to describe the ideas that were guiding my developing methodology and the scholarly outcomes. I outlined all the “applications” of this research that extended beyond artistic explorations and demonstrated how arts-based research-creation can contribute to knowledge within the health sciences, in particular in relation to patient experience. I also described the impact of the work that I had witnessed, to that point, as I disseminated my work through narrative publications, exhibitions, film screenings, and plays. First, I found that it created a safe, inclusive space for people living with an illness to not only express themselves and their individual experience, but also to begin developing new stories and insights opening up new ways to think through and experience their illness. Second, I met family members who were looking to understand their loved one’s experience of illness. The desire to find a way to understand their loved one’s

experience was powerful; many shared that the opportunity to experience the various outcomes of my creative inquiries offered a space for understanding and connection. Third, I had many discussions with health professionals on how the lived experience of the illness extends past the 10-minute appointment in their office, that patients and their family members suffer through, endure, live with and through, extended journeys through illness, and if not recovery, adaptation or adjustment.

I shared that, as the general public engages with the work over time, I hoped it would encourage reflection and dialogue that would lead to more inclusive and empathetic responses to other's experience of illness. I have observed that these impacts have been most pronounced in the work I have done that has focused on mental illness. I have wondered if this heightened impact might be related to the stigma associated with living with a mental illness, or that so many of us have experienced, or know someone who has experienced, or is living with mental illness, or may in part be related to the personal focus of the work involving the examination of my own experience of illness, which often involves a socially-shared exploratory or dialogical process.

I spent as much time as I could in the FAB gallery during the four-week run of the exhibition. I often spent entire days meeting people, introducing them to the work, and answering questions. I had numerous conversations with people who shared their overall experience of the exhibition, and responses to different artworks as many were not composed using conventional "art mediums," but, instead, involved 3D-renders and virtual reality. Many talked to me about struggling with mental illness, and how the work resonated with their experience. I also observed how those supporting or caring for those challenged by mental health

issues experienced new understandings, and also hope for a more positive future in a space where their experience had been recognized.

Between August 28 and September 22, 2018, over 600 people visited the “Telling Stories Otherwise” exhibition at the FAB Gallery, which included groups of health science students and faculty, and many other people that do not frequent art exhibitions. Over those four weeks, I came to appreciate the power of artistic exhibitions as an evocative and encompassing mode of dissemination, or knowledge translation, offering an “imaginative space” for “seeing connections and developing embodied understandings, resulting in greater capacity for personal and cultural creativity than that afforded by Cartesian-based, rational calculation” (Brett-MacLean & Yoon, in press).



Plate 5.1 Dwelling Otherwise. 14 x 14 foot 3D-rendered photograph on synthetic adhesive paper. 2018.



Plate 5.2 Arctic room installation shot. 2018.



Plate 5.3 Hope Otherwise. 44 x 132 inch 3D-rendered photograph on synthetic adhesive paper. 2018.



Plate 5.4 Together Otherwise. 44 x 132 inch 3D-rendered photograph on synthetic adhesive paper. 2018.



Plate 5.5 Waiting Room. Video, photograph, and sound installation. 2017.



Plate 5.6 Creating Otherwise. 44 x 76 inch 3D-rendered photograph framed. 2018.



Plate 5.7 Creating Otherwise installation shot.



Plate 5.8 Resting Otherwise. 44 x 76 inch 3D-rendered photograph framed. 2018.

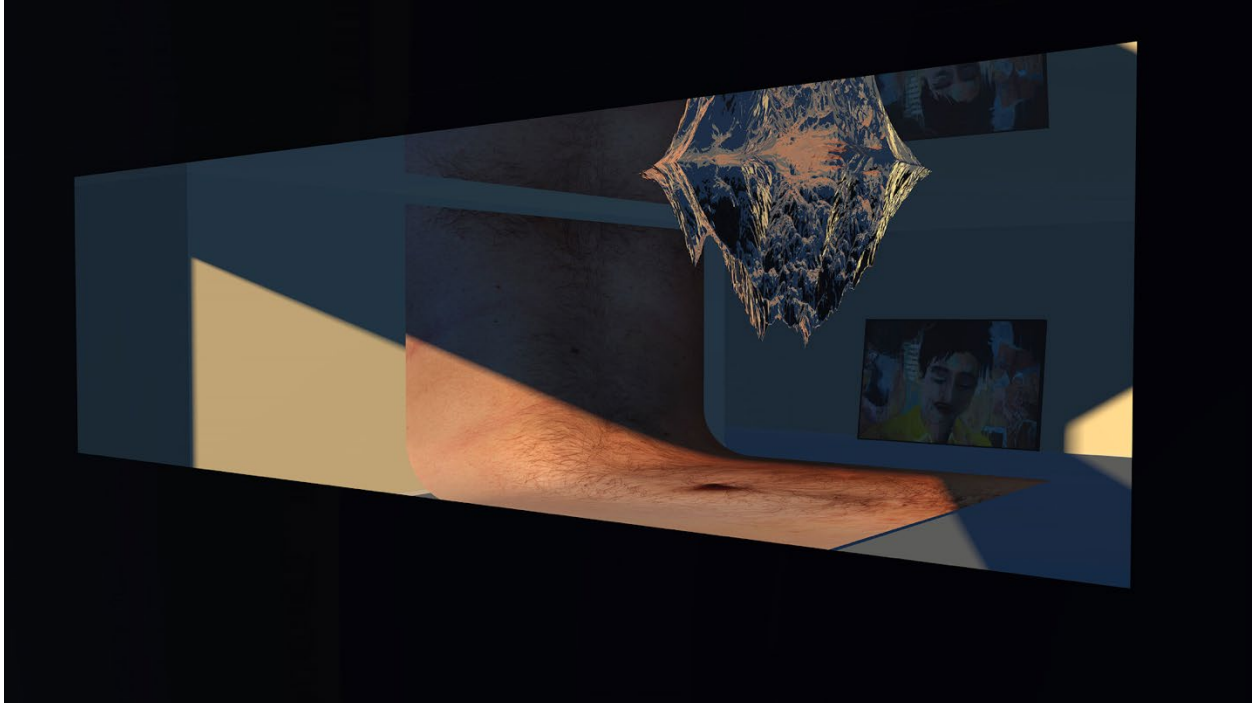


Plate 5.9 Sitting Otherwise. 44 x 76 inch 3D-rendered photograph framed. 2018.



Plate 5.10 Stormshelter promotional shot. 2018.



Plate 5.11 Mania painting (Waking). 6 x 10 foot oil on canvas. 2017-18.



Plate 5.12 Mania painting (Kissing). 6 x 9 foot oil on canvas. 2017.



Plate 5.13 Healing Otherwise and Pink Otherwise installation shot. 2018.

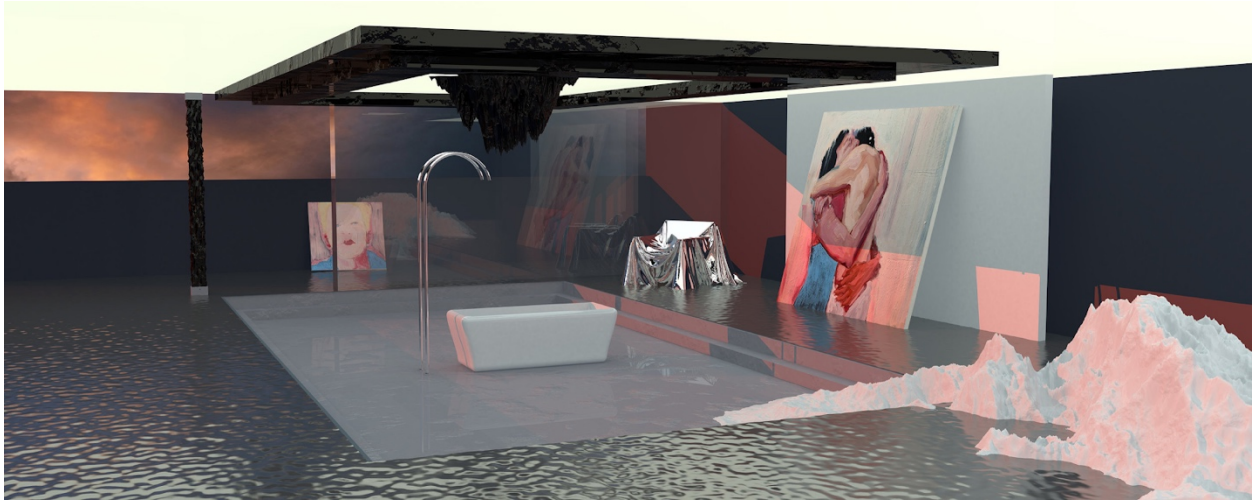


Plate 5.14 Healing Otherwise. 44 x 126 inch 3D-rendered photograph framed. 2018.

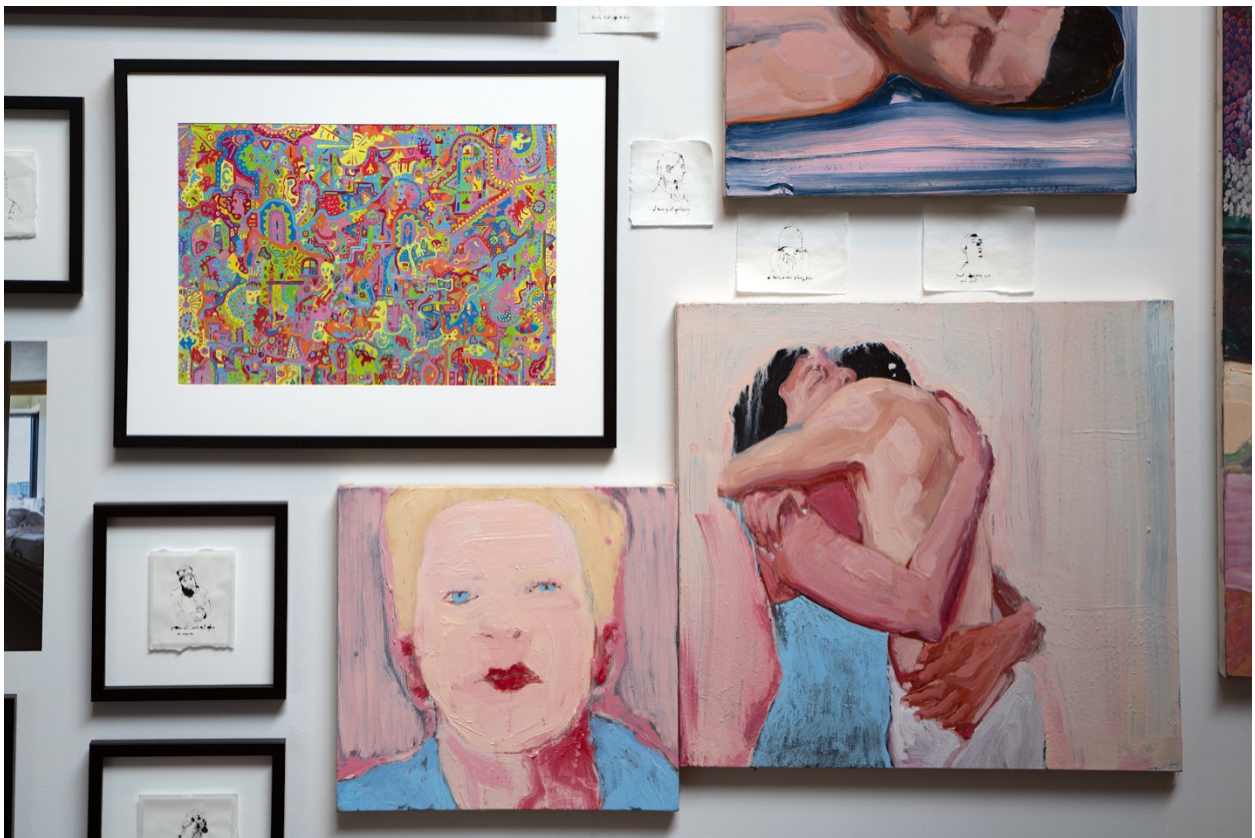


Plate 5.15 Process wall (detail). 2009-2018.



Plate 5.16 Process wall. 2009-2018.



Plate 5.17 Treating Otherwise and Kissing Otherwise installation shot. 2018.

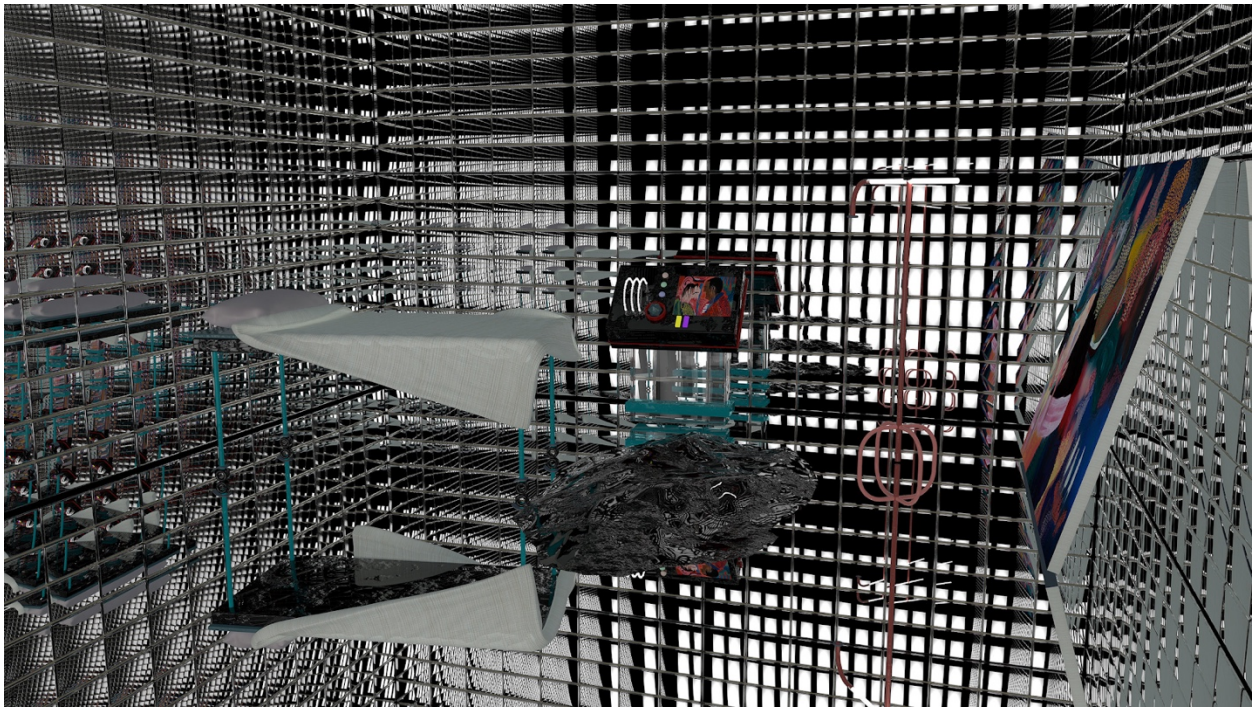


Plate 5.18 Treating Otherwise. 44 x 76 inch 3D-rendered photograph framed. 2018.

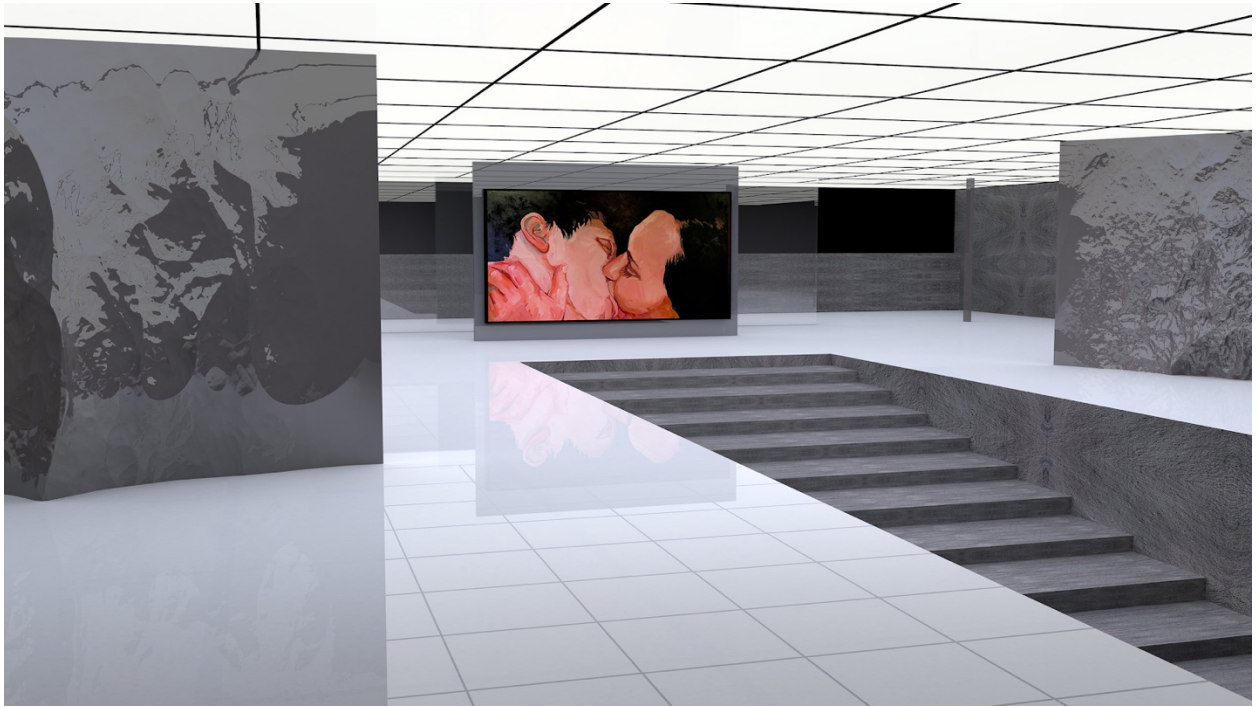


Plate 5.19 Kissing Otherwise. 4K 2-minute animation. 2018.



Plate 5.20 Creating Otherwise. Virtual Reality. 2018. (created with Jessa Gillespie)

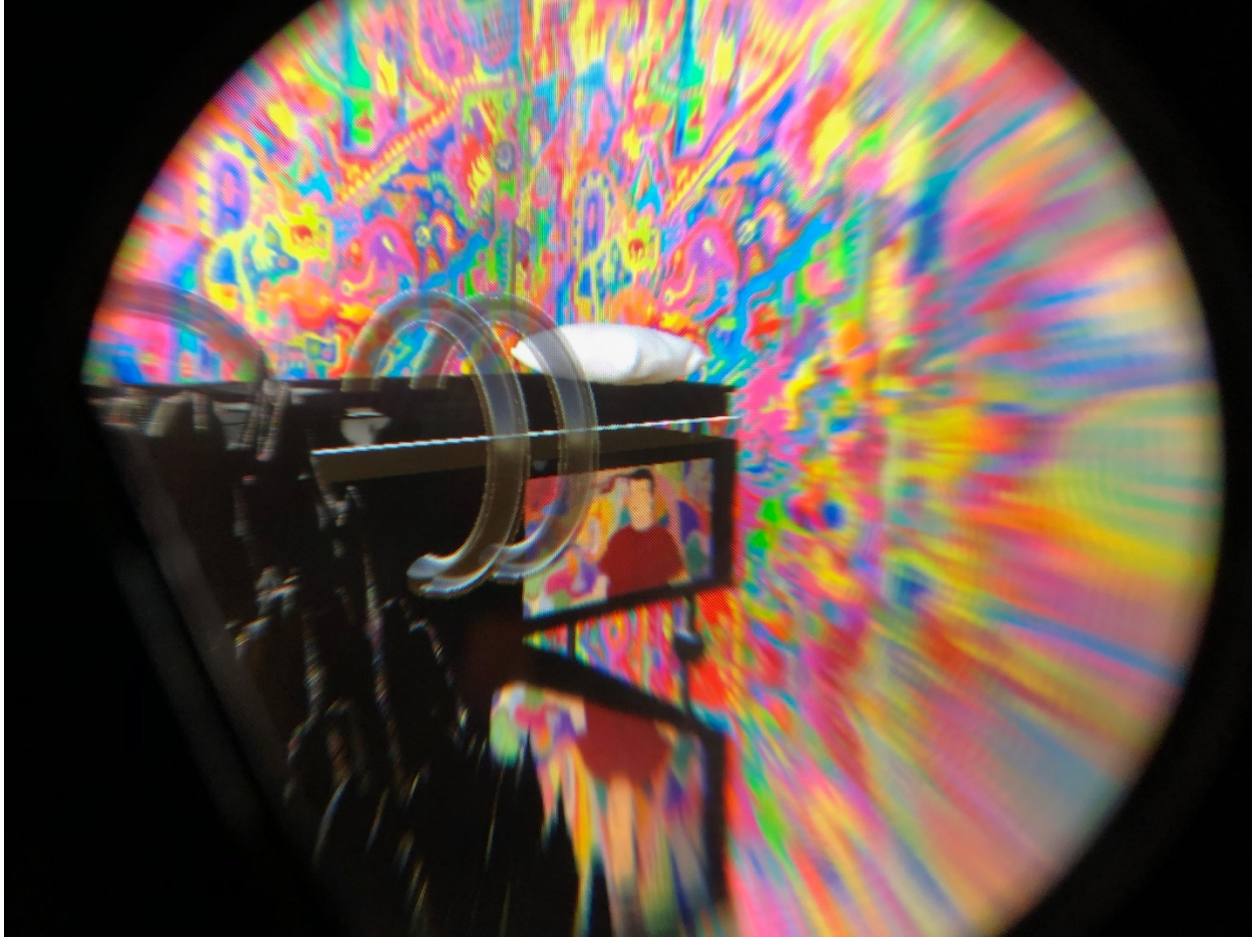


Plate 5.21 Creating Otherwise. Virtual Reality. 2018. (created with Jessa Gillespie)



Plate 5.22 Arctic Otherwise. Virtual Reality. 2018. (created with Jessa Gillespie)



Plate 5.23 Arctic Otherwise. Virtual Reality. 2018. (created with Jessa Gillespie)

Chapter 6: Visual Creative Work Documentation

Iqaluit Series

In October 2016, I travelled to Iqaluit, Nunavut to participate in the 27th annual conference of the Canadian Association for Suicide Prevention. I had been invited to conduct a workshop that was scheduled on the final day of the conference. A group of 15 or so community engaged conference attendees participated in this session. We sat in a circle and I introduced arts-based research and how this form of qualitative research would be employed to explore “visualizing a way through suicide”—a provocation rather than a set objective. I briefly described the technique we would be using, image theatre, but left it vague and open to interpretation, as much of what would happen needs an open, curious attitude. Each “image” would be created one person at a time, with someone starting with an initial “shape” or pose with their body. I then encouraged someone to respond to that initial gesture, and slowly we would add more and more responses to create the image. Soon, with enough responses, we started to narrate the images from the people still in the audience, with heartfelt interpretations of what they saw happening in these images. Many were survivors of suicide or socially engaged community members and shared so much of their struggles and hopes for their community. After we created three images, I ask everyone if we could recreate them outside of the high school as a wonderful snowfall was coming down; the highschool classroom we conducted the session in was not the best environment to communicate the work we had done and images we had created.

In 2018, I revisited these co-created images as well as landscape photography I was exploring while in Iqaluit and created four new works: three 3D-rendered environments and a virtual reality landscape experience. These works were created at the same time I was creating

the "Otherwise" series and shared much of the same visual language and style, yet they allowed me to explore separate themes. While the "Otherwise" series dealt with illness, recovery, and healing, the Iqaluit series focused more on the relationship between the land and the people that live there, and their lives in relation to this unique landscape. This is why the images took the super-panoramic aspect ratio to convey the land itself as a force, a home, and a site of spirituality.



Plate 6.1 Dwelling Otherwise, installation shot at FAB Gallery, Edmonton, AB. Total image 14' x 14'.



Plate 6.2 Installation short at FAB Gallery, Edmonton, AB. Each photograph is 44" x 11'.

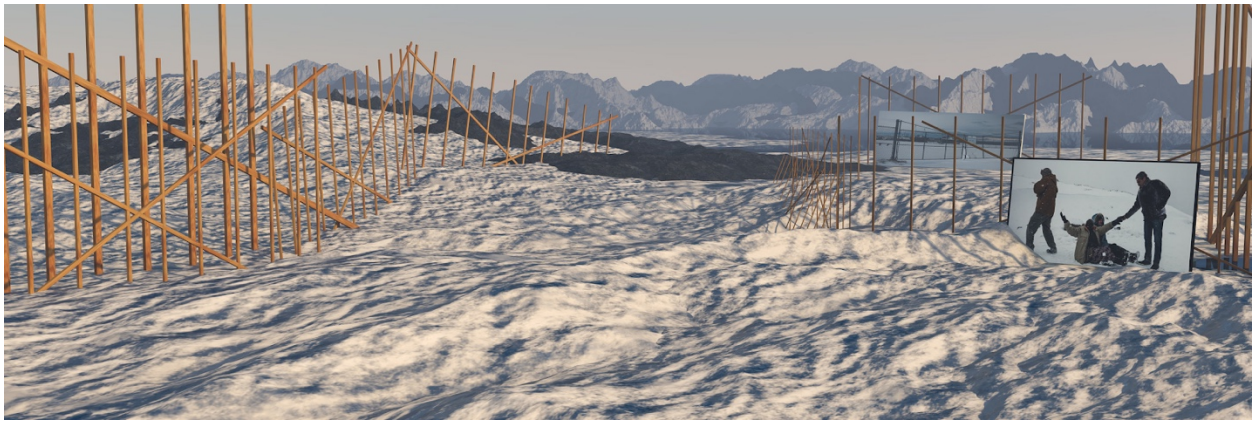


Plate 6.3 Together Otherwise.



Plate 6.4 Dwelling Otherwise.

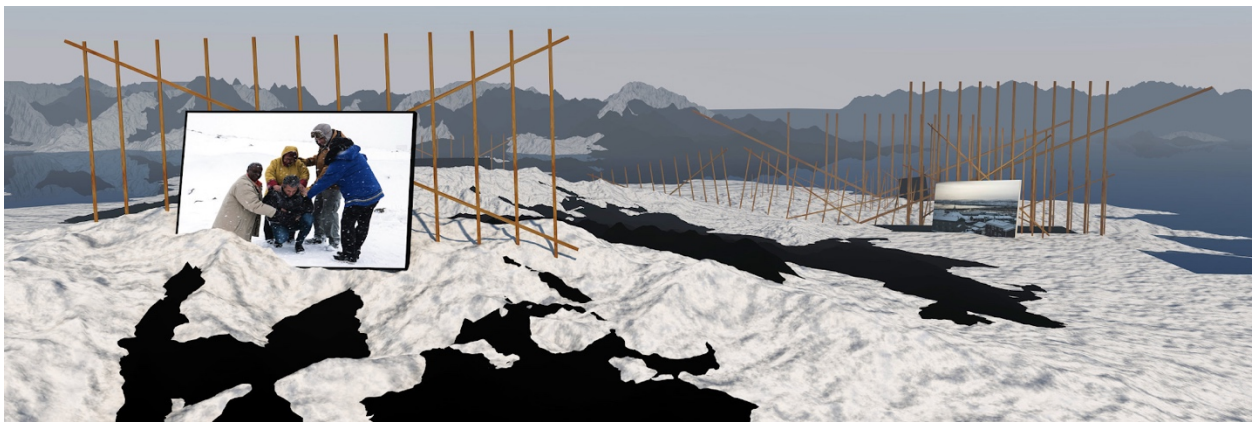


Plate 6.5 Hope Otherwise.



Plate 6.6 Documentation from the image theatre workshop. 2016.



Plate 6.7 Documentation from the image theatre workshop. 2016.



Plate 6.8 Documentation from the image theatre workshop. 2016.



Plate 6.9 Documentation from the image theatre workshop. 2016.



Plate 6.10 Documentation from the image theatre workshop. 2016.



Plate 6.11 Documentation from the image theatre workshop. 2016.



Plate 6.12 Virtual reality experience. See video documentation at: <https://vimeo.com/289193113>



Plate 6.13 Iqaluit, Nunavut. 2016.



Plate 6.14 Iqaluit, Nunavut. 2016.



Plate 6.15 Iqaluit, Nunavut. 2016.



Plate 6.16 Iqaluit, Nunavut. 2016.



Plate 6.17 Iqaluit, Nunavut. 2016.



Plate 6.18 Iqaluit, Nunavut. 2016.



Plate 6.19 Iqaluit, Nunavut. 2016.



Plate 6.20 Iqaluit, Nunavut. 2016.

Waiting Room— “see me, hear me, heal me” project

For me, this project was about trust. This trust has allowed my work to discuss difficult topics around trauma and the self. I learned from our patient sessions that head and neck cancer was not something that you get past or a battle you can win; nor can you refer to yourself as a survivor. These people fight a never-ending battle. From the traumatic event of diagnosis and rupture of the continuum that defines one's whole self, through to the tests, scans, waiting rooms, radiation, chemotherapy, surgeries, reconstruction, physiotherapy, prosthetics, more waiting rooms, and, for some, the eventual return of cancer... there is no point past this possibility but only a field of illness states. These states are not neatly fitted into a binary of healthy or dead, but rather in a continual state of 'doing-illness': bodily discipline, support networks, constant engagement with health systems, and, for some, a new relation between themselves and illness—an integration, an acceptance. However, the way of being is dramatically unmoored. There were large lifestyle changes such as the inability to work and maintain relationships, but there were also more intimate changes such as in the way your body moves, and how one speaks and eats. Throughout this state of 'doing illness', the traumatic event of diagnosis, treatment, and recovery remains and persists as a dizzying dislocation of the self in relation to one's own body. Rooted in the level of trust formed between project participants, these were the tough narratives that were shared by the patients and that I found my artwork was able to explore.



Plate 6.21 Installation shot from the FLUX exhibition at dc3 Art Projects in Edmonton, AB. 2017. Video documentation: <https://vimeo.com/200095646>



Plate 6.22 Installation shot of “Waiting Room”.



Plate 6.23 Installation shot of "Waiting Room".



Plate 6.24 Installation shot at the International Museum for Surgical Sciences in Chicago, IL, May 2018.



Plate 6.25 Installation shot at Workman Arts in Toronto, ON, November 2017.



Plate 6.26 Installation shot FAB Gallery, Edmonton, AB, September 2018.

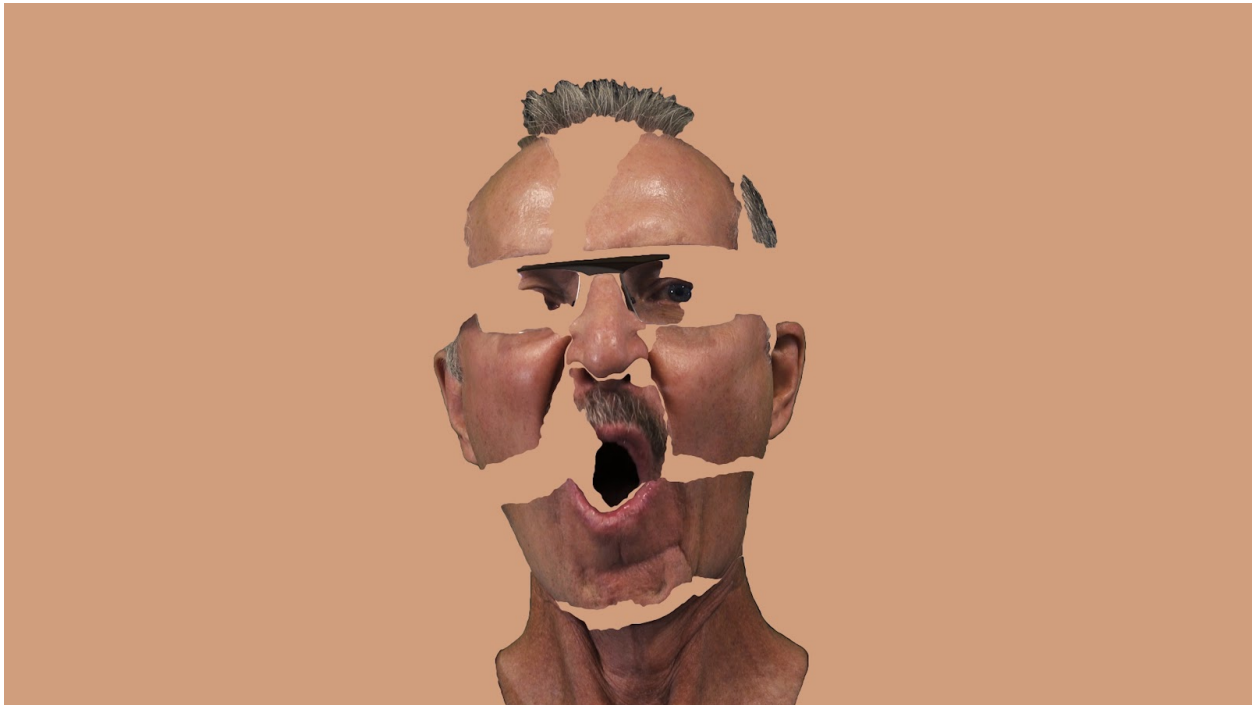


Plate 6.27 Waiting Room. Video: <https://vimeo.com/191533007>

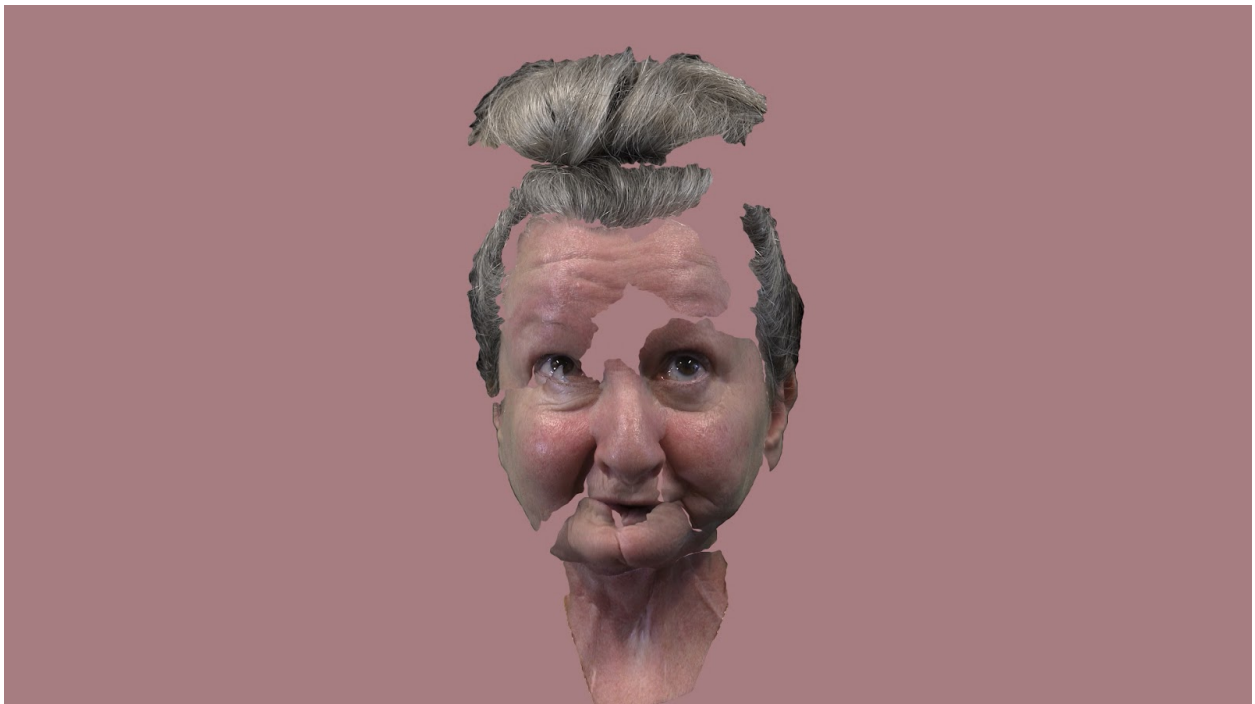


Plate 6.28 Waiting Room. Video: <https://vimeo.com/197247935>

Below is a collection of process works from the research-creation process from 2015-18.



Plate 6.29 This was my initial visual response to the two-day workshop that I shared with the research group early on. 2015.



Plate 6.30 First self-portrait test. 2016. Video:

https://www.youtube.com/watch?time_continue=1&v=bTGTSkNXR7s



Plate 6.31 Candace test. 2016. Video: <https://vimeo.com/170393922>



Plate 6.32 Dan test. 2016. Video: <https://vimeo.com/177111342>



Plate 6.33 Leslie photography test. 2016.



Plate 6.34 Ken photography test. 2016.



Plate 6.35 Photography test. 2016.



Plate 6.36 Kim photography test. 2016.

Psychiatric Rooms

In May 2017, I spent a week in the Mood and Anxiety Unit at CAMH. While there, a group of inpatients and I co-created “self-portraits” by staging their rooms and suggesting shots and angles they wanted me to photograph. They also later helped me edit the images on my computer in the hospital. Although small in scale, this series was the driving force behind the creation of the "Otherwise" series. These images were used as inspiration to create the 3D-rendered spaces included in that series.



Plate 6.37 Psychiatric Room. 2017.



Plate 6.38 Psychiatric Room. 2017.



Plate 6.39 Psychiatric Room. 2017.

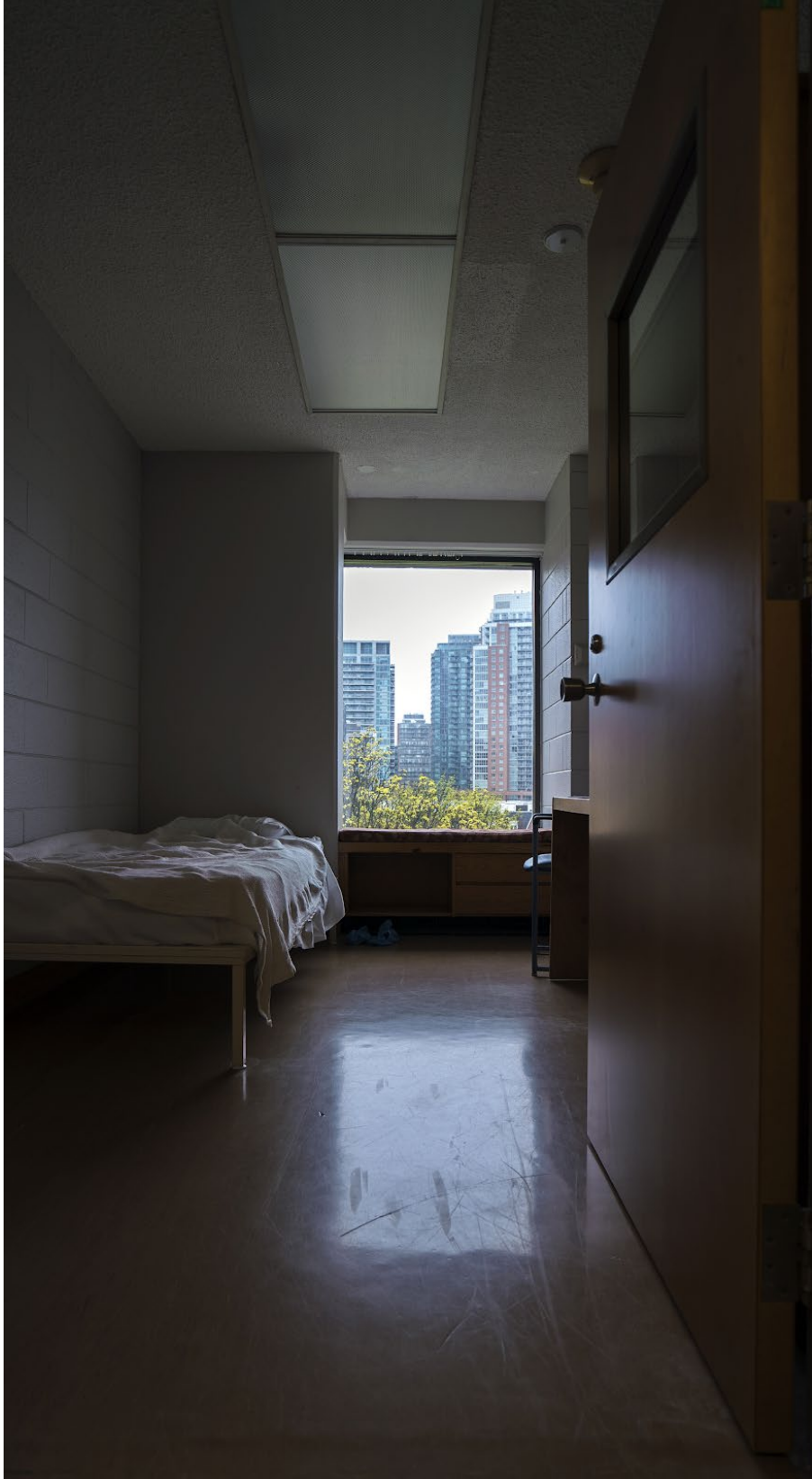


Plate 6.40 Psychiatric Room. 2017.

Mania

As a visiting artist-researcher, I began travelling to the CAMH in February 2017 to learn about the lived experience of mental illness directly from patients. In May 2017, I visited the Mood and Anxiety Unit and spent time with patients being treated for mania and depression. The following June, I began developing a visual approach to inquiring into, and processing all I had learned about, and experienced, when I went manic myself. This was the most severe and sustained episode of mania I had experienced since being diagnosed with bipolar affective disorder 13 years ago previously. Over the month of June, I continued to live-with my mania but also recognized the unusual position I was in: I was someone reflecting on others' experience of mania, while also experiencing mania myself.

I kept my techniques and materials fluid, trying, as much as possible, to let intuition and the illness drive my paintings—taking them in directions that I didn't expect. The works created during this period captured my journey beginning with the exuberant energy, disintegration, and flux reflected in use of bursting colour, particles, followed by raw exploration of dissolving forms and faces, and then the more resolved figurative works of kissing, hugging, and reconciliation. These moments were experienced within the everyday context of my family life during that period. Capturing extraordinarily challenging, moments we experienced together, these images are as much theirs as they are mine. The later works were about growing back, towards them. Works created during this period are presented chronologically, from June 14th to July 8th, 2017. Some were smaller studies, while some were large-scale works often taking a full day to construct the support, stretch the canvas, and prime the surface. Working at such a scale was completely unique to this episode that took a level of energy, speed, and immersion that I had never experienced before in my life.



Plate 6.41 June 14. 5.5 x 8 foot oil on canvas. 2017.



Plate 6.42 June 18. 3.5 x 7 foot oil on canvas. 2017.



Plate 6.43 June 22. 6 x 10 foot oil on canvas. 2017-18.



Plate 6.44 June 23. 4 x 5 foot oil on canvas. 2017.



Plate 6.45 June 25. 18 x 24 inch oil on canvas. 2017.



Plate 6.46 June 26. 24 x 24 inch oil on canvas. 2017.



Plate 6.47 June 27. 24 x 24 inch oil on canvas. 2017-18.



Plate 6.48 June 28. 6 x 9 foot oil on canvas. 2017.



Plate 6.49 June 30. 2 x 2 foot oil on canvas. 2017.



Plate 6.50 July 8. 2.5 x 2.5 foot oil on canvas. 2017-18.

I have continued to explore insights I experienced during my manic episode in 2017, as part of a more recent series of paintings that continues into the present.



Plate 6.51 4 x 5 foot oil on canvas. 2018.

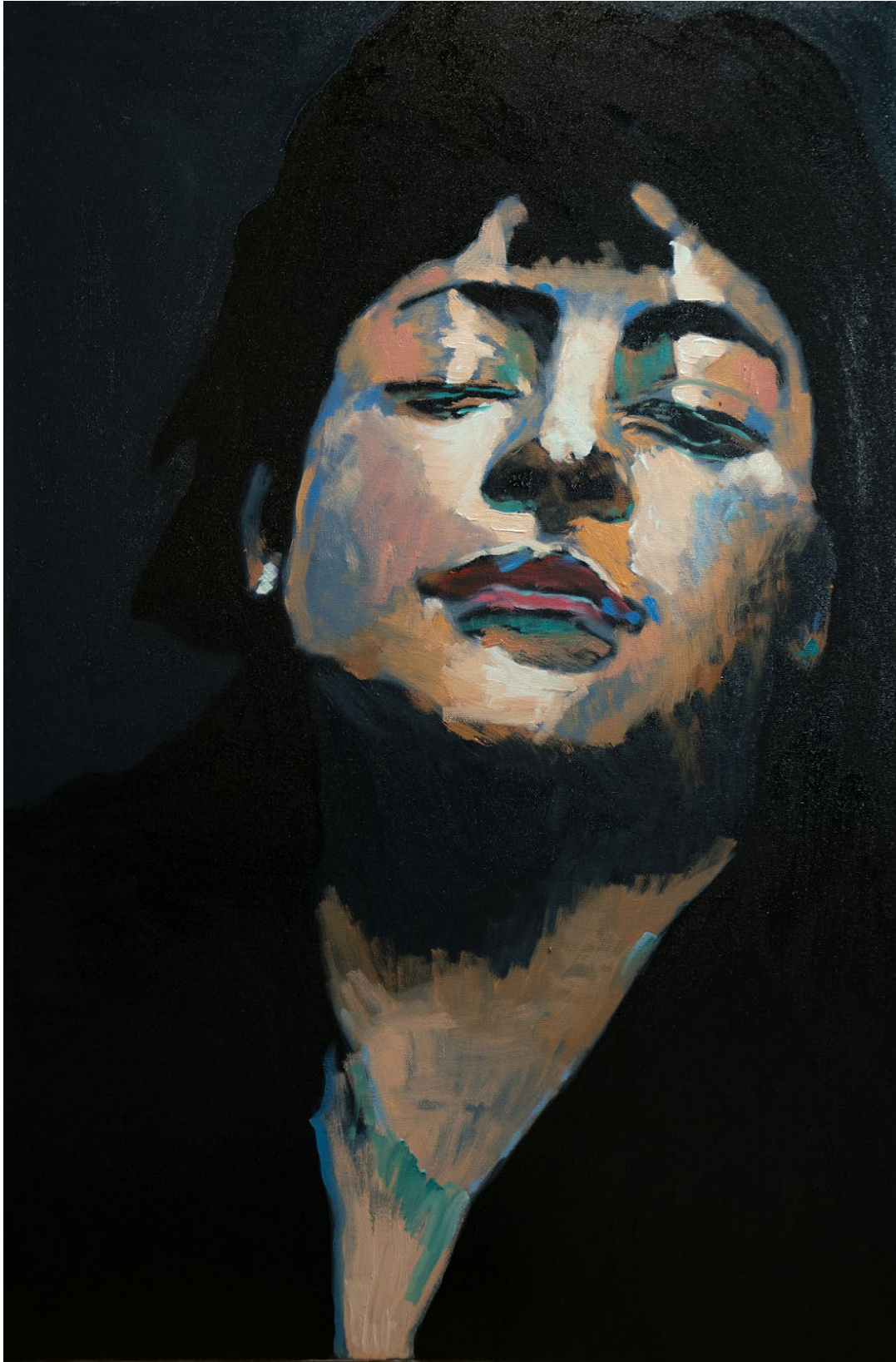


Plate 6.52 2 x 3 foot oil on canvas. 2019.



Plate 6.53 2 x 2 foot oil on canvas. 2019.



Plate 6.54 18 x 24 inches oil on canvas. 2019. These next two works were conceived and executed during another manic episode in April of 2019. Created from a vision experienced during this state, my mind shifted away from portraits to landscapes as that was the subject matter I had been exploring in “Solastalgia”, created at the same time.



Plate 6.55 6 x 10 foot oil on canvas. 2019.

Otherwise

This body of work and the period of intense creative connection and immersion in June and July of 2018 was the foundation for my "Telling Stories Otherwise" exhibition at the FAB Gallery. These works were informed by a radically integrative revisiting of all of my doctoral research to that point, and ongoing reflection on my life, and personal experience of illness, that allowed me to see and tell a larger, longer story of this journey. I accomplished this through the combination of new visual compositions that included synthetic spaces and objects along with “real”, physical field notes of paintings and photographs. This allowed me to see and make connections that weren't apparent until I immersed myself in a sustained and intense process of creative reflection and experimentation as I prepared for my candidacy exhibition.

Even as I was creating these images, on almost a daily basis, I was also adding 40 minutes of dialogue to "Alberta #4 (Stormshelter)" which involved moving fluidly between images, videos, and writing, each informing one another, and also wrote much of what became “Chapter 1: Trauma.”

It was while reflecting on this intensely, creative experience that I was able to begin articulating my relationship to artistic creation, research-creation, and creation-as-research as expressed in “Chapter 2: Art as Research.” It was during this period that I began to understand, at a deep level, the rigorous, expansive possibilities of research-creation as a methodology, specifically creation-as-research, as an approach to learning and knowing through doing. It helped me develop insights, and think through different connections across the projects and inquiries I had been involved in to that point as a doctoral student, while also making connections with the larger lifeworld that encompasses them. Following my candidacy exhibition, I have continued to produce work (see below). However, this experience of creative

immersion represents a turning point in my doctoral journey, that has left me changed, hopefully forever.

Images produced in January 2018 reflect the ongoing, unfolding of my doctoral journey. These images are much more focused on the hospital itself, all referencing rooms or experiences I had there—ECT rooms, patient rooms, and the common area from outside at night. One is bursting with colour and creative energy, while another image depicts cool, detached, clinical precision. Others reflect more quiet, meditative moments. In June, I came to recognize a shift. Although I thought I was still exploring hospital spaces when I produced “Healing Otherwise” (at the time of creation it was untitled) I could see I was thinking about another aspect of the journey: healing.

It had been one year since the manic episode that rocked my life, and I was returning to the paintings, writings, and stories from that period, perhaps recognizing that I needed, and was ready to heal. This period includes the Iqaluit images recalling those who, despite profound experiences of loss and grief, had collectively turned toward hope and healing. Somewhat later, I returned to continue exploring visual language of collaging field notes, but this time, my agenda was much looser. These explorations have offered starting points for other projects, some which I will continue to explore following my doctorate, including: a series entitled “And All of Everything” that explores time, the march of time, and the sense of being-out-of-time; and another series I have called “Solastagia” in which I am exploring the effects of climate change on mental health. With respect to this latter series, I have become increasingly concerned about the world my children, Elliot and Mary, are growing up in and growing into. I have embarked on this project concerned about their futures, and also their children’s futures, and their children’s children’s futures in mind, as they grow up in the Anthropocene—an epoch of global warming,

extreme weather events, and ecological devastation, as their home—their world—becomes increasingly unfamiliar, and uninhabitable.

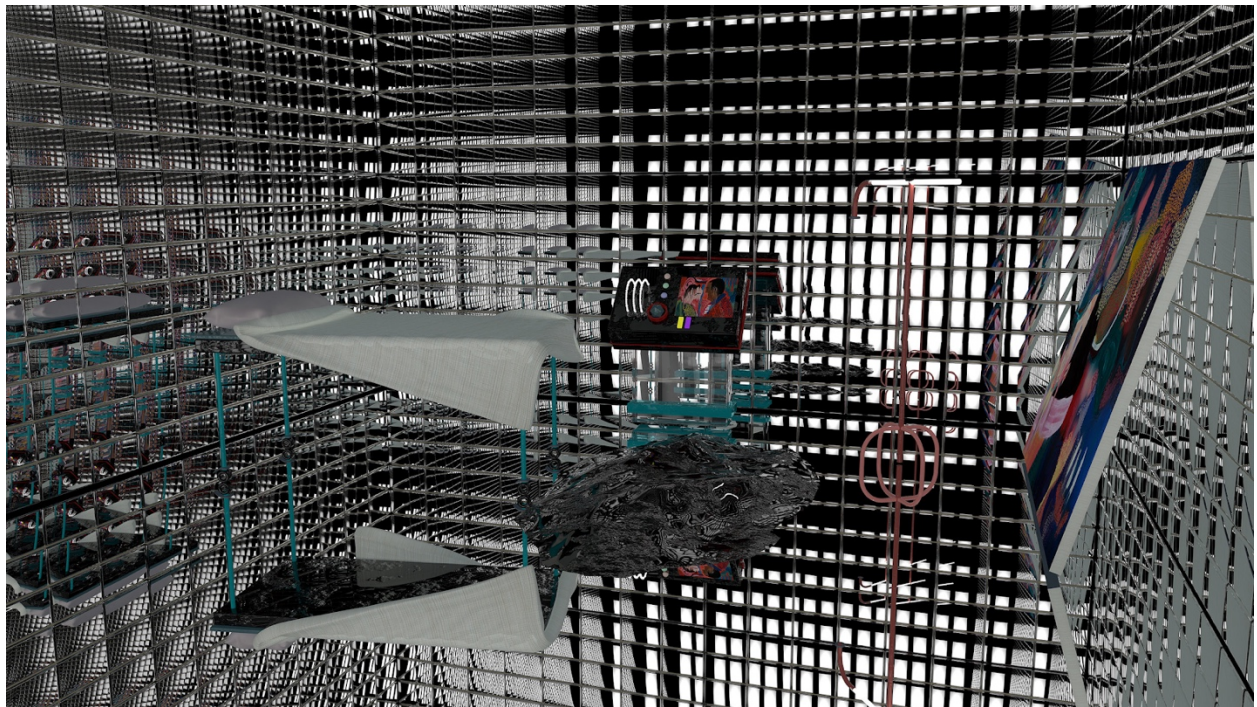


Plate 6.56 Treating Otherwise. January 2018.

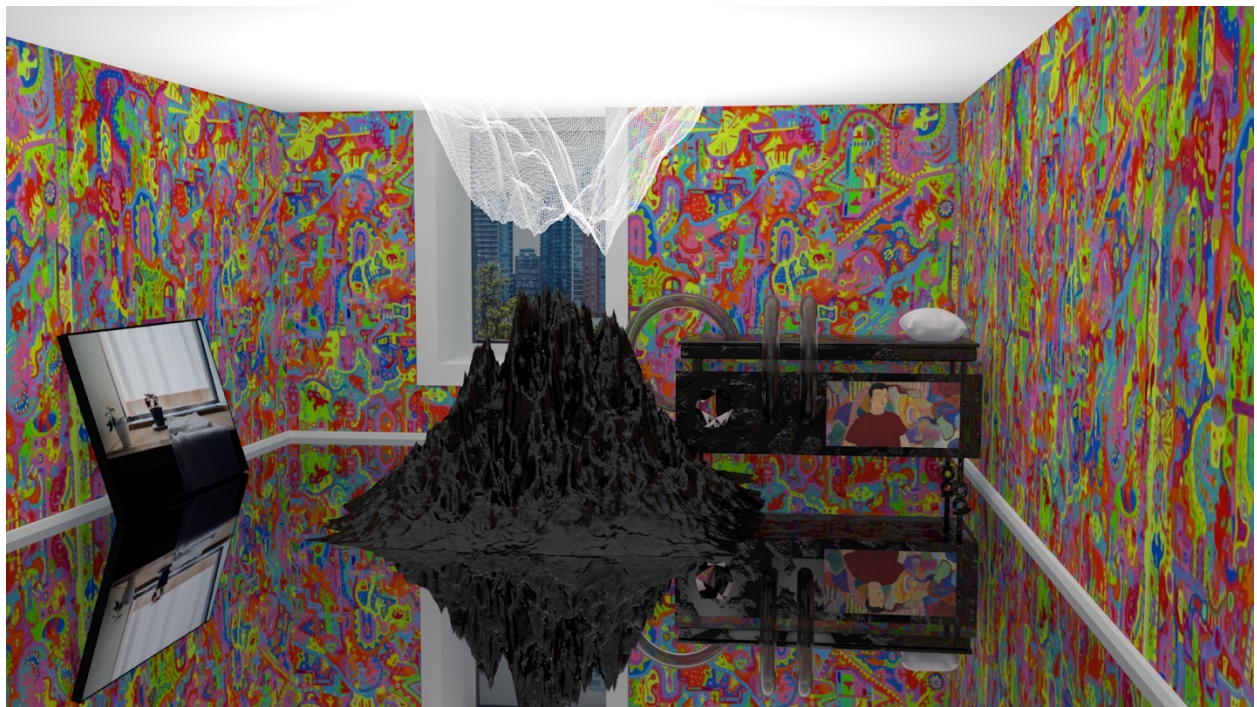


Plate 6.57 Creating Otherwise. January 2018.



Plate 6.58 Resting Otherwise. January 2018.

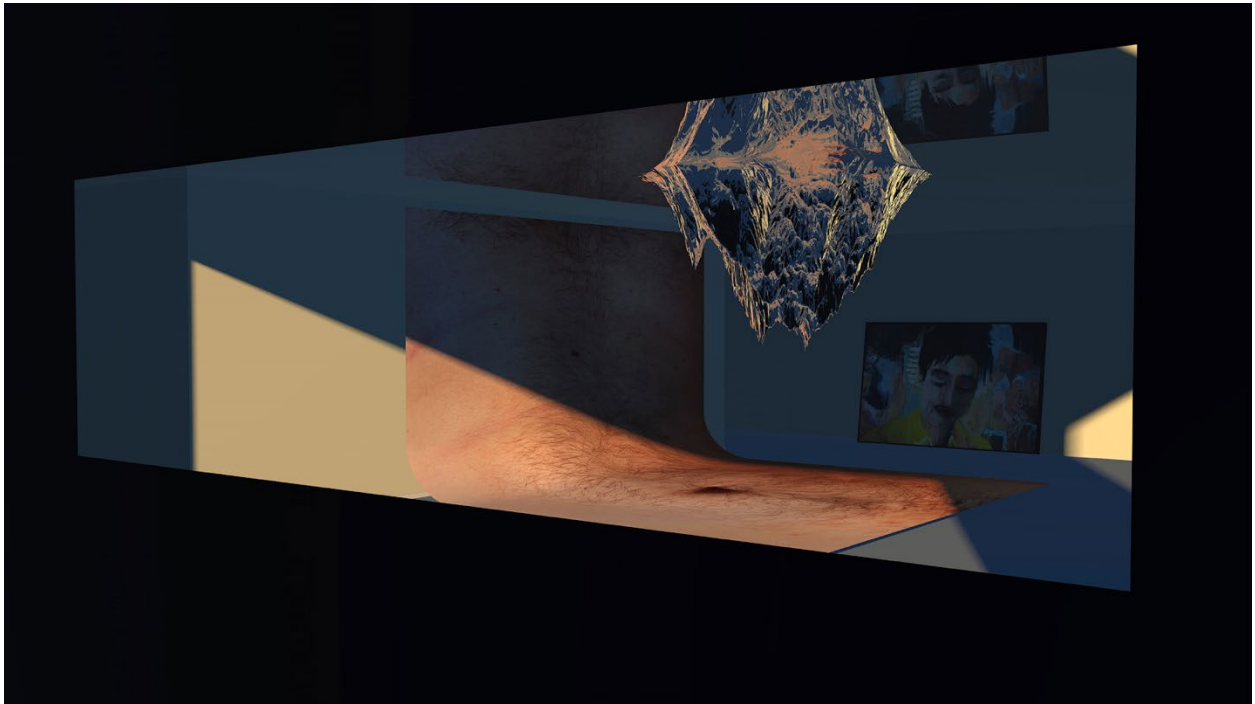


Plate 6.59 Sitting Otherwise. January 2018.

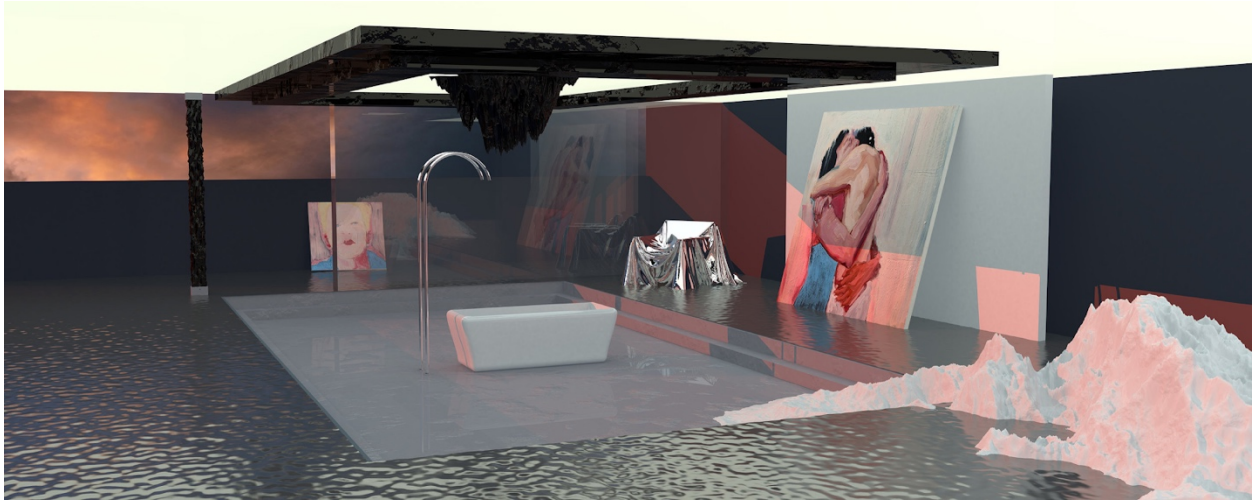


Plate 6.60 Healing Otherwise. June 19, 2018.

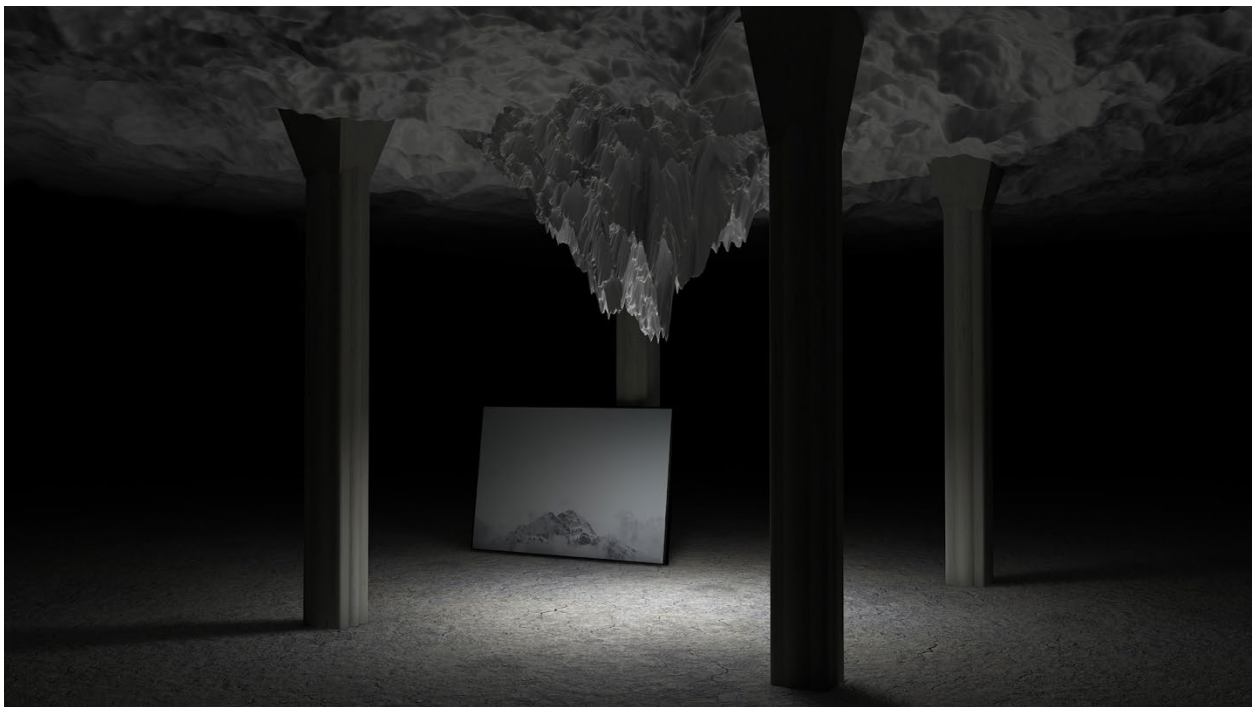


Plate 6.61 Storing Otherwise. June 20, 2018. Video: <https://vimeo.com/282865826>



Plate 6.62 Waking Otherwise. June 22, 2018. Video: <https://vimeo.com/277213011>

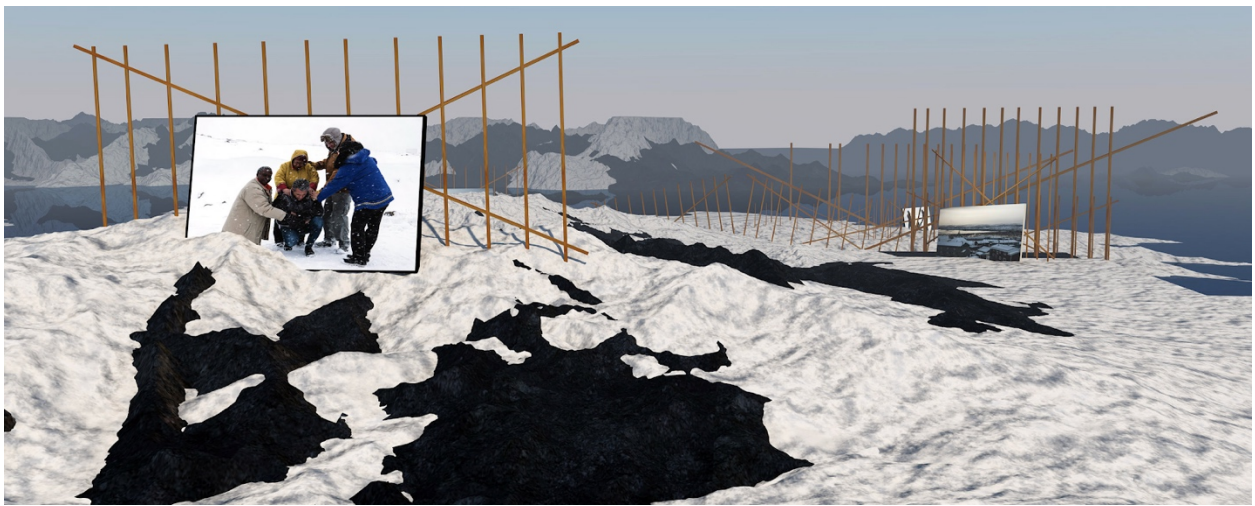


Plate 6.63 Hope Otherwise. June 26, 2018.

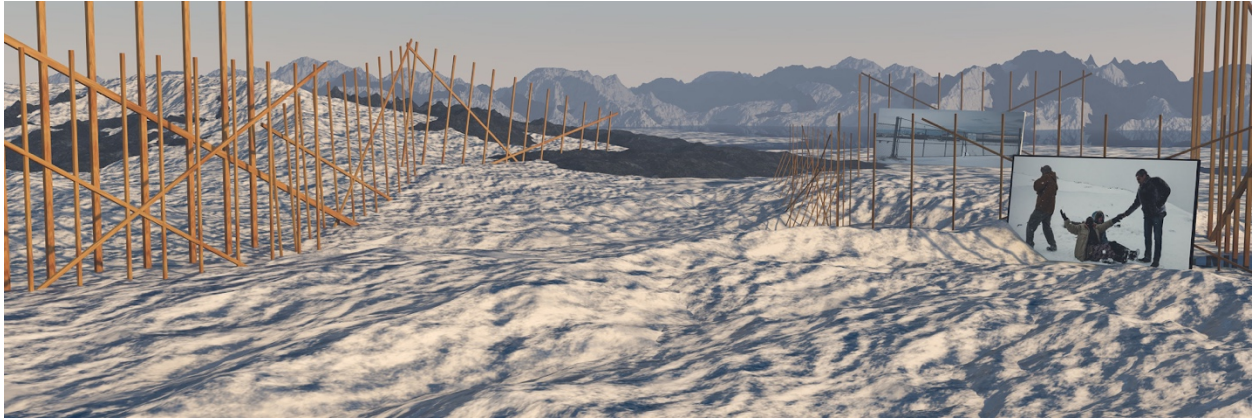


Plate 6.64 Together Otherwise. June 27, 2018.



Plate 6.65 Dwelling Otherwise. June 28, 2018.

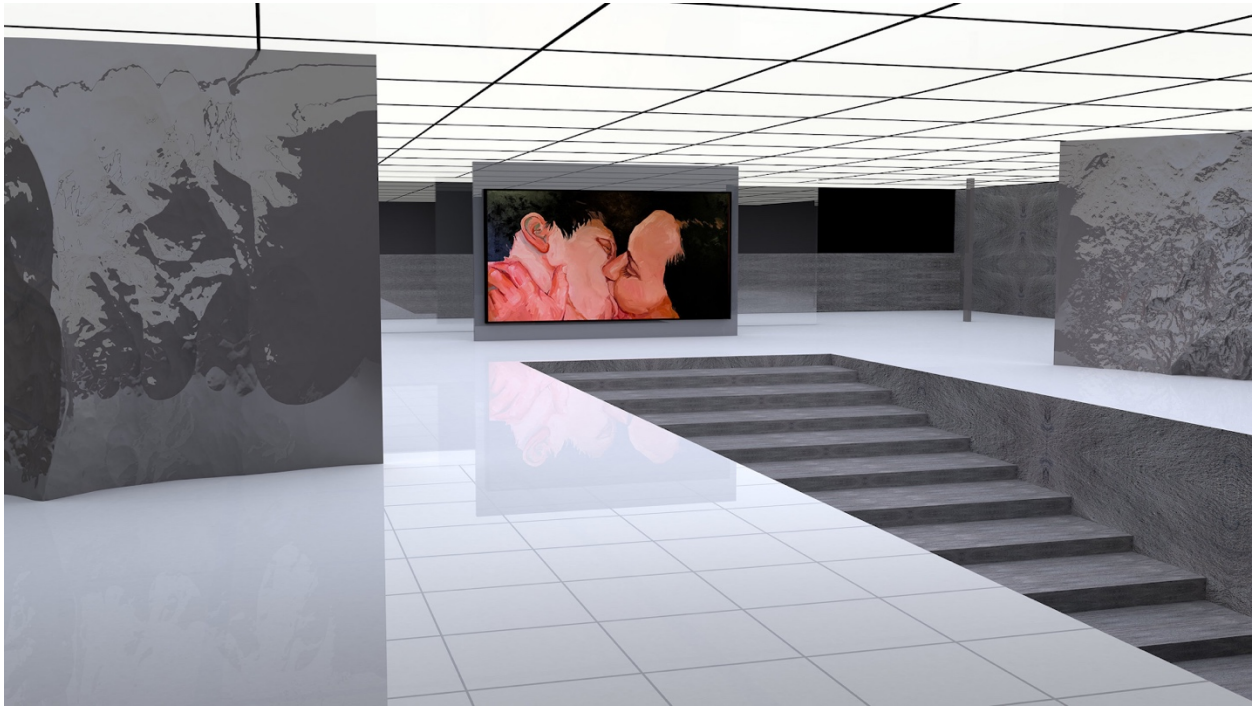


Plate 6.66 Kissing Otherwise. July 2, 2018. Video: <https://vimeo.com/281113862>

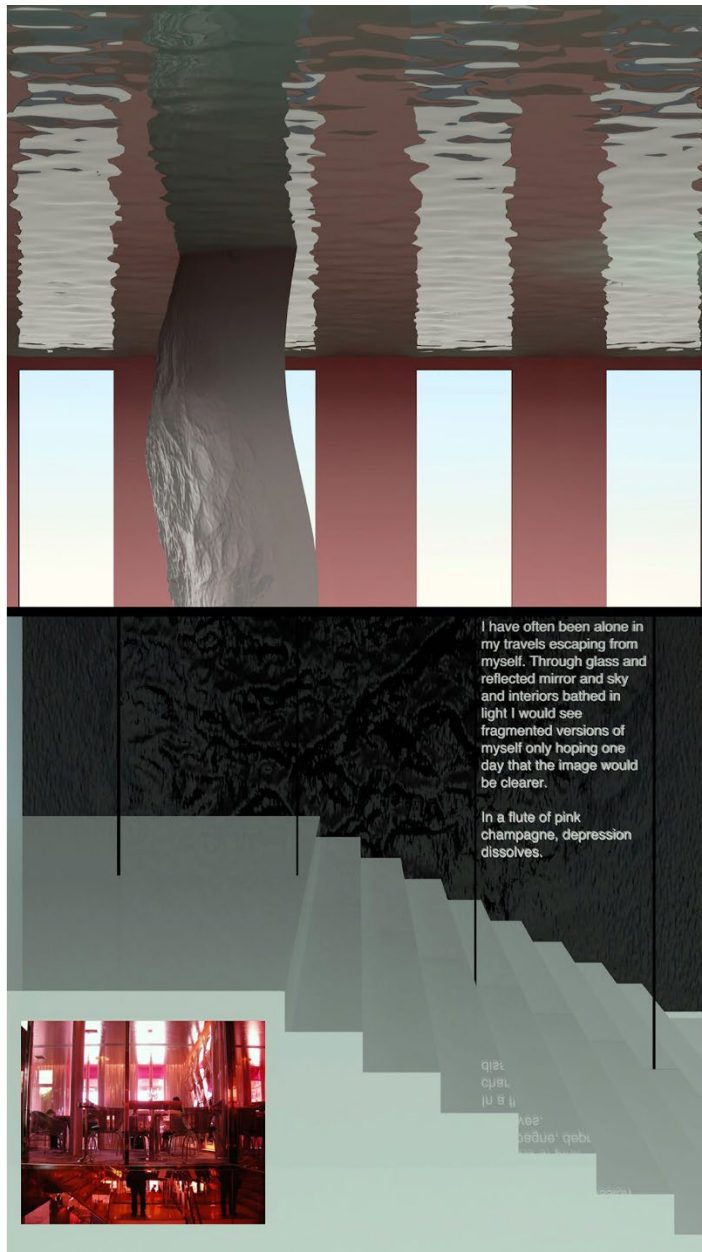


Plate 6.67 Pink Otherwise (with Kaj Korvela). July 14, 2018.

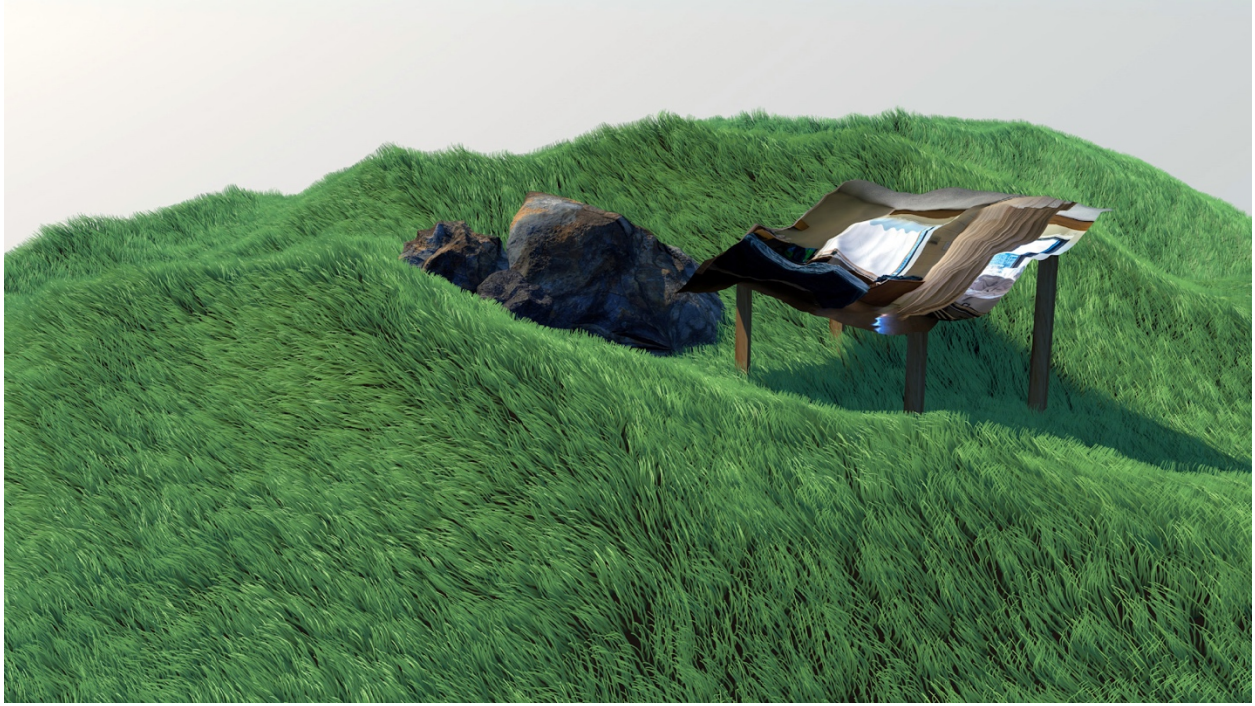


Plate 6.68 Thinking on a hill Otherwise. August 11, 2018.

After “Telling Stories Otherwise”

Below is content that followed the *Telling Stories Otherwise* exhibition. Imagery and themes begin to shift away from my experiences at the Centre for Addiction and Mental Health and freely move between disparate themes and 3D-rendering techniques. These explorations would lead to the final body of work, *Solastalgia*, shared in this dissertation, giving an idea of where my work will take me next.

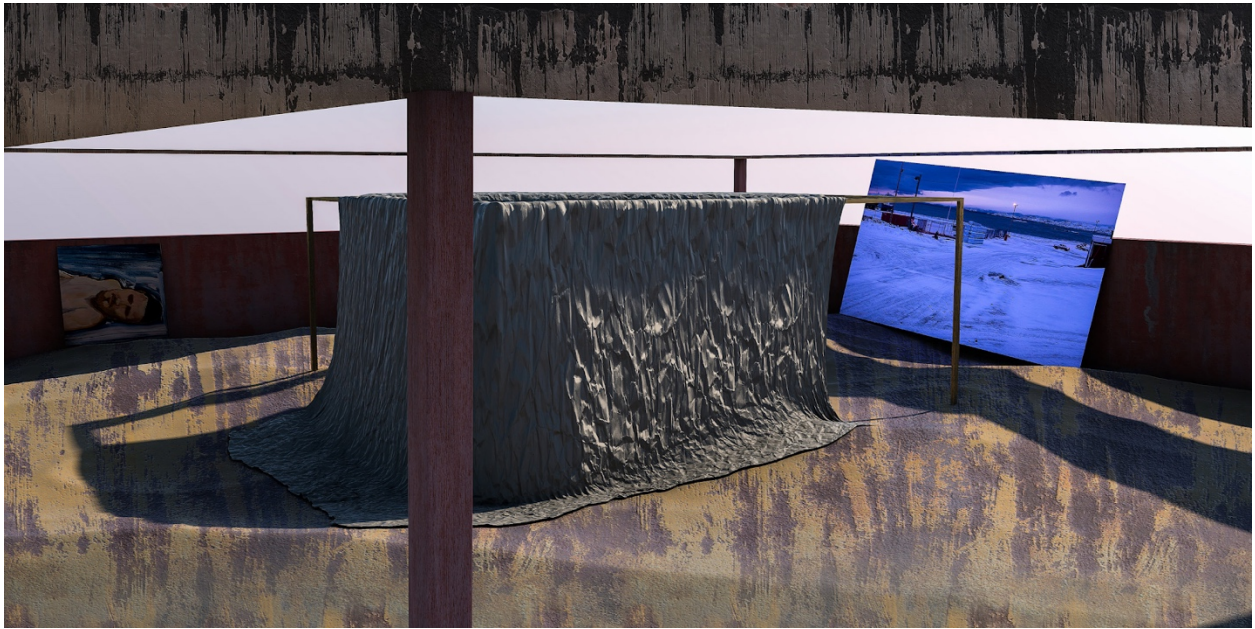


Plate 6.69 Where is Iqaluit now Otherwise. November 13, 2018.

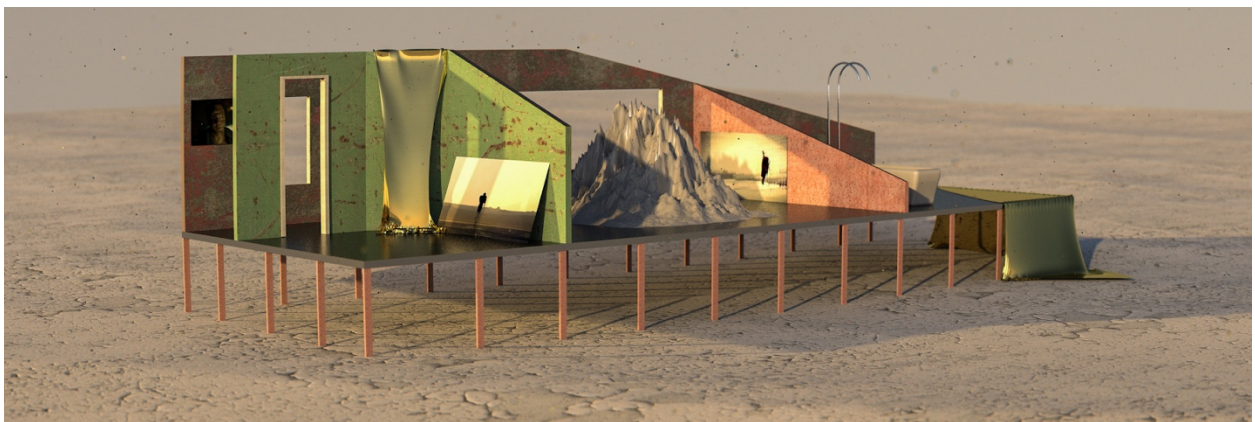


Plate 6.70 Walking Otherwise. November 29, 2018.



Plate 6.71 Why are our museums full of tears Otherwise. December 5, 2018. Video: <https://vimeo.com/305665467>



Plate 6.72 And All of Everything. December 14, 2018. Video January 2019:

https://www.youtube.com/watch?time_continue=20&v=u3WMLuGBzyA



Plate 6.73 Brad Otherwise. January 4, 2019.



Plate 6.74 And all things of the forest Otherwise. January 7, 2019.



Plate 6.75 Otherwise Otherwise. January 10, 2019.



Plate 6.76 Misting Otherwise. January 14, 2019.



Plate 6.77 Raining Otherwise. January 19, 2019.

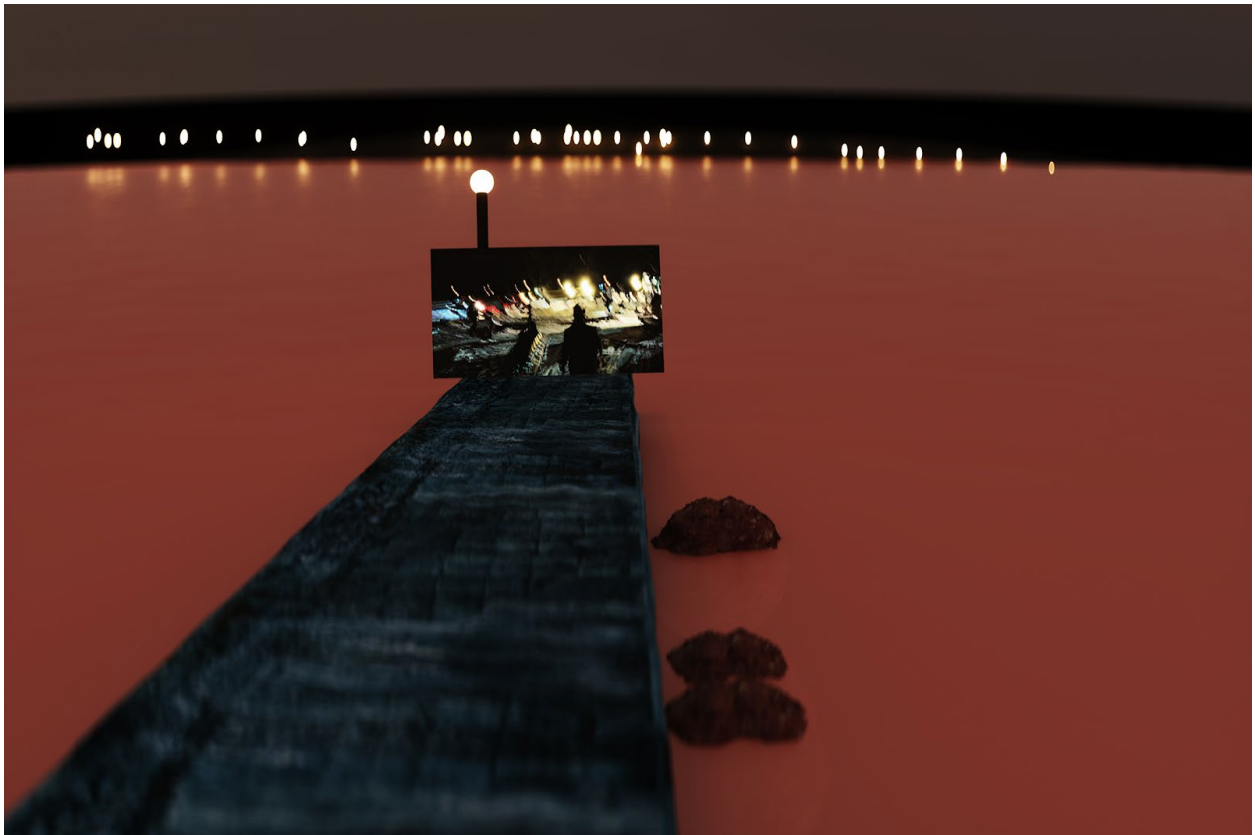


Plate 6.78 Rivering Otherwise. January 21, 2019.



Plate 6.79 Gold Otherwise. January 28, 2019.

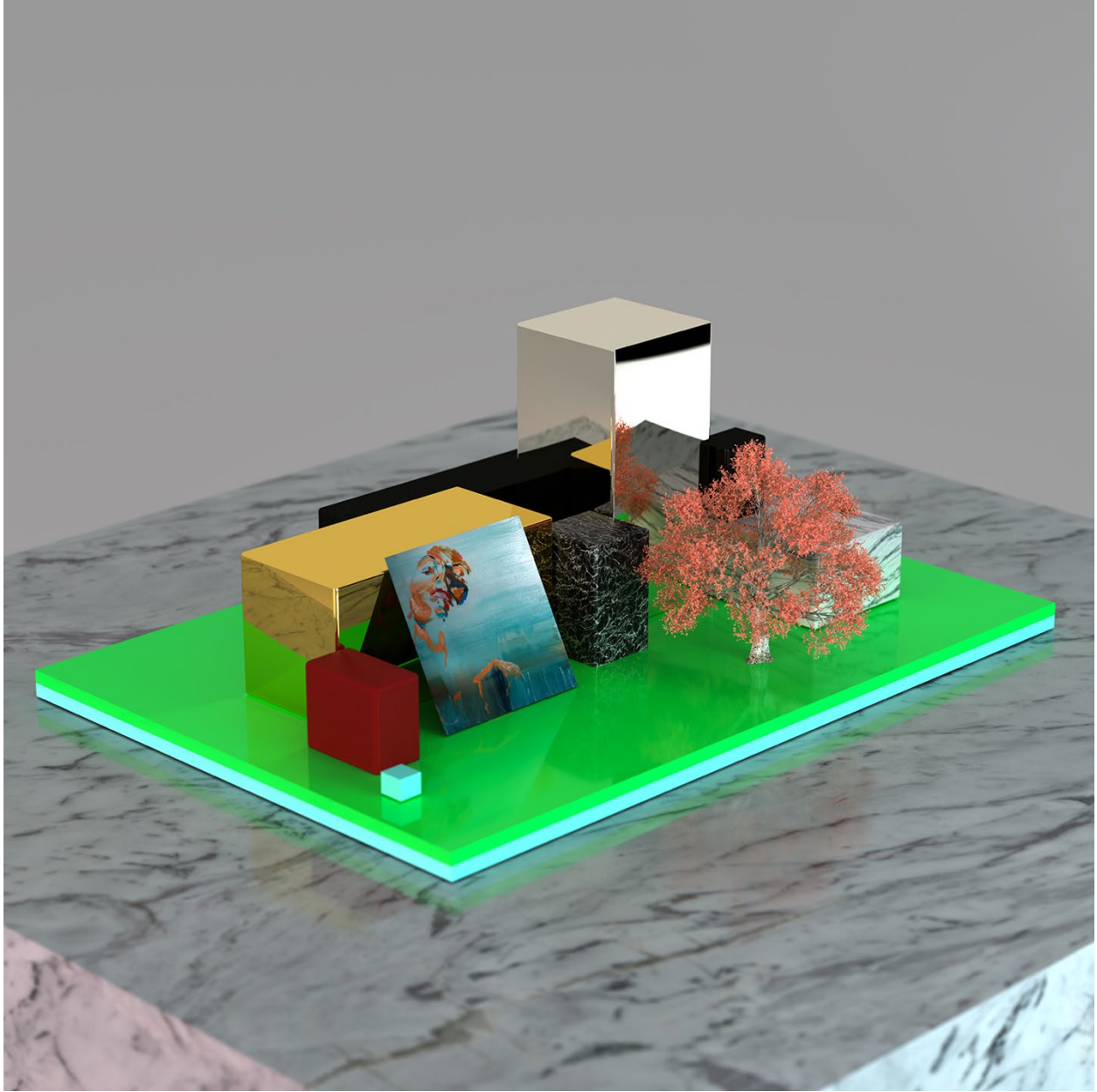


Plate 6.80 Wishful thinking Otherwise. February 4, 2019.

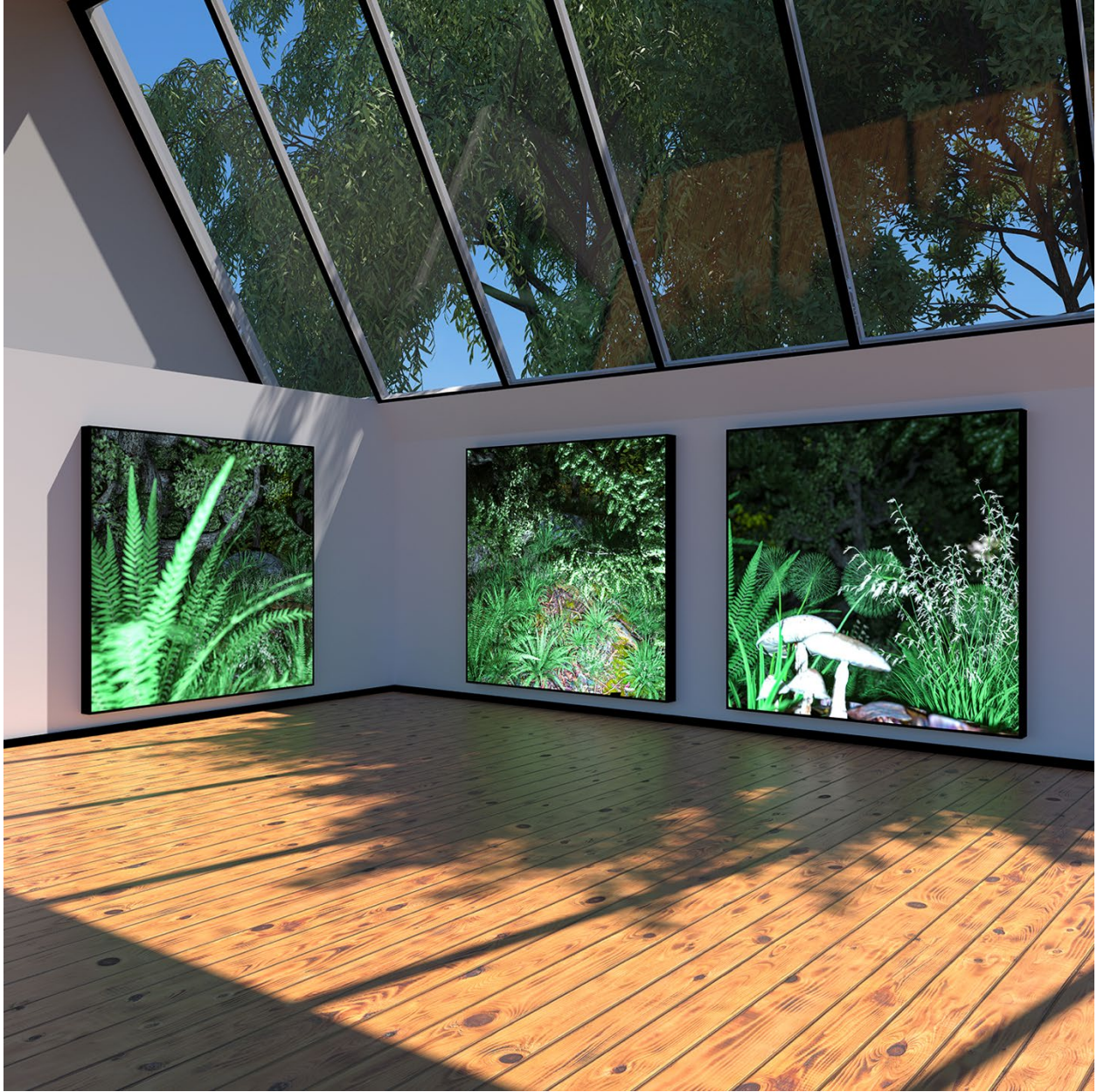


Plate 6.81 Holocene Otherwise. May 15, 2019.



Plate 6.82 Spring Bloom Otherwise. June 10, 2019.

“Solastalgia” and Future Research—A Preview



Plate 6.83 Installation view. 2019.

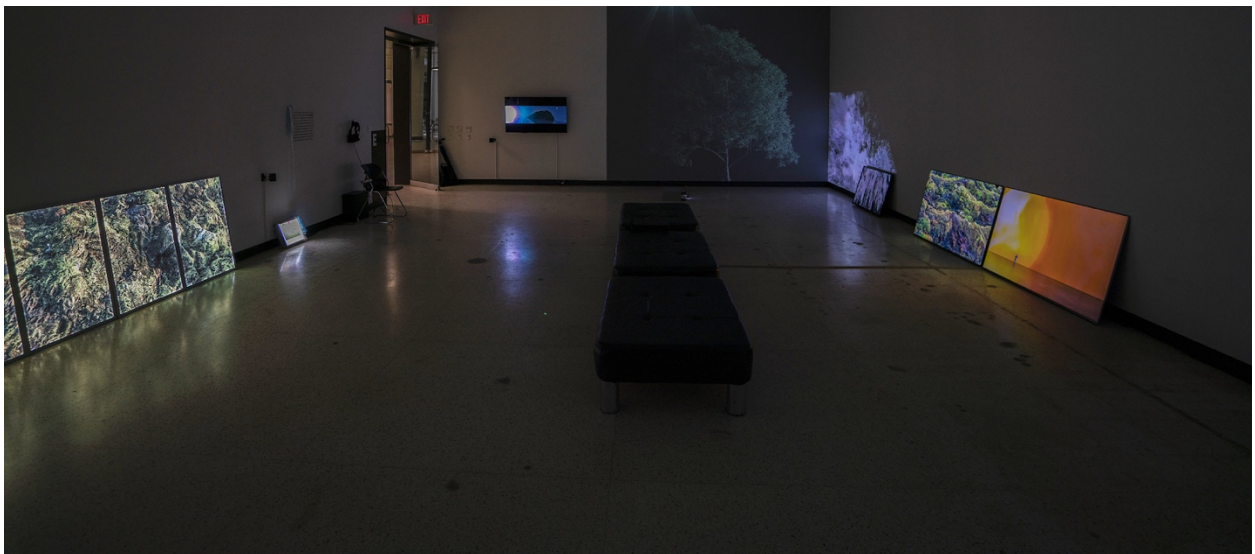


Plate 6.84 Installation view. 2019.



Plate 6.85 Installation view. 2019.



Plate 6.86 Nothing Last. 4K 6-minute video. 2019. Video: <https://vimeo.com/331493271>



Plate 6.87 Storm Fear. 4K 5-minute video. 2019. Video: <https://vimeo.com/327851653>



Plate 6.88 Field Recording. 2-minute video projection with TV. 2019. Video: <https://vimeo.com/332745495>

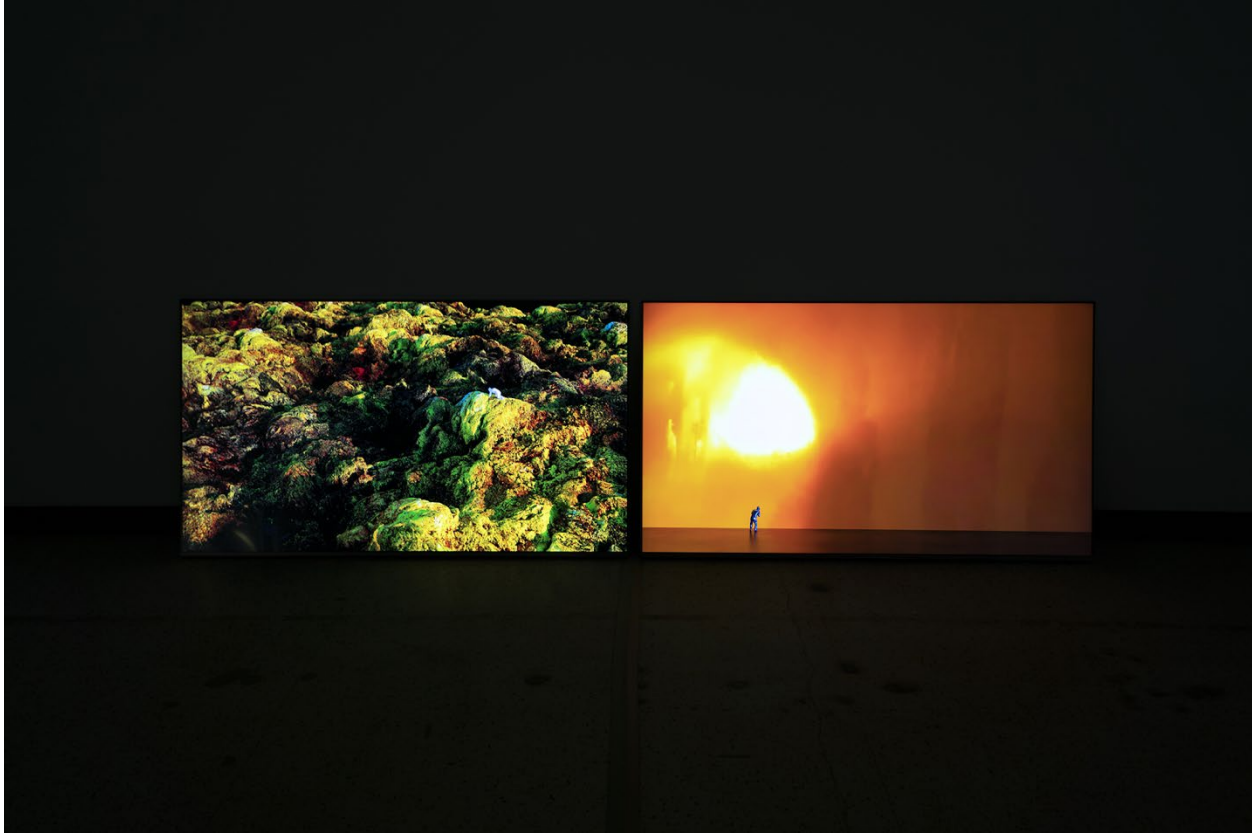


Plate 6.89 To Witness. 2 channel video on TV. 2019. Videos: <https://vimeo.com/321885048> and <https://vimeo.com/325037794>



Plate 6.90 Fields. 2 channel video on TV. 2019. Video: <https://vimeo.com/332746225>



Plate 6.91 Solastalgia. 5-minute video. 2019. Video: <https://vimeo.com/316163439>

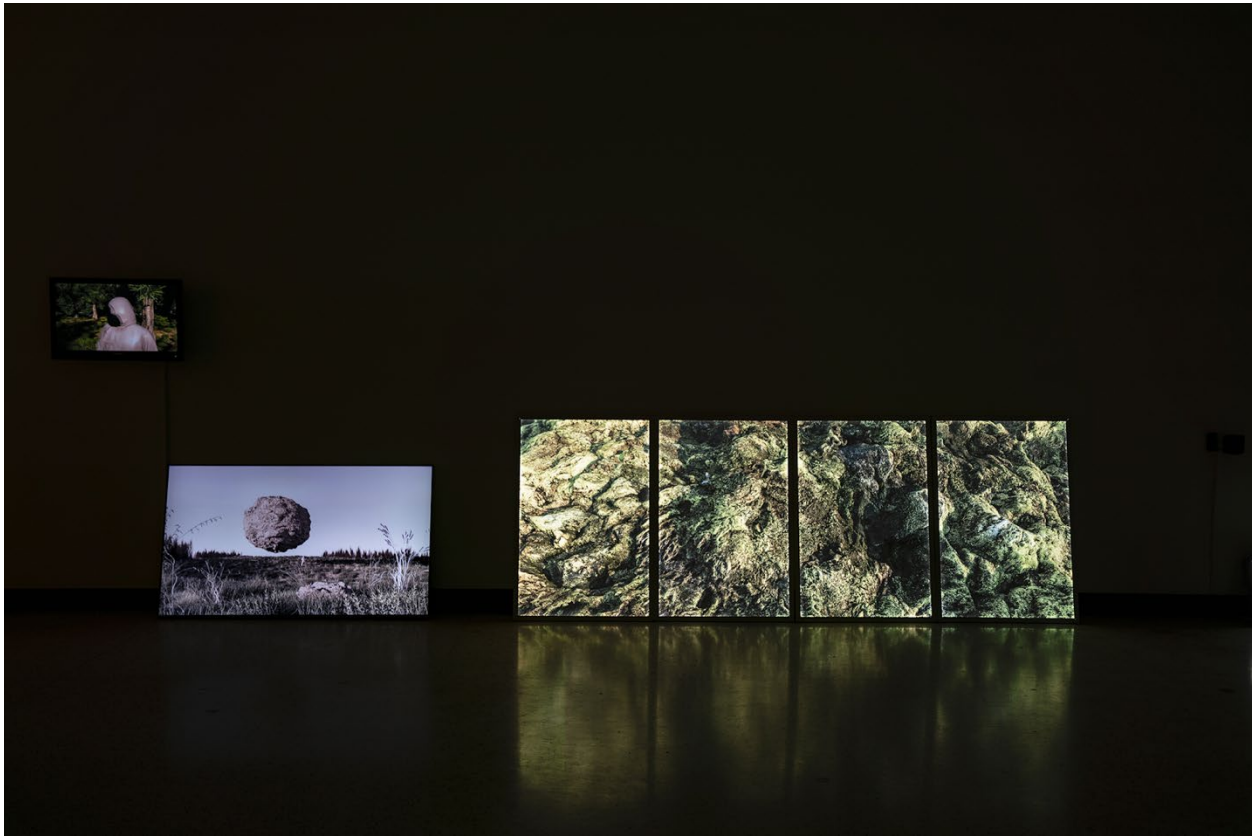
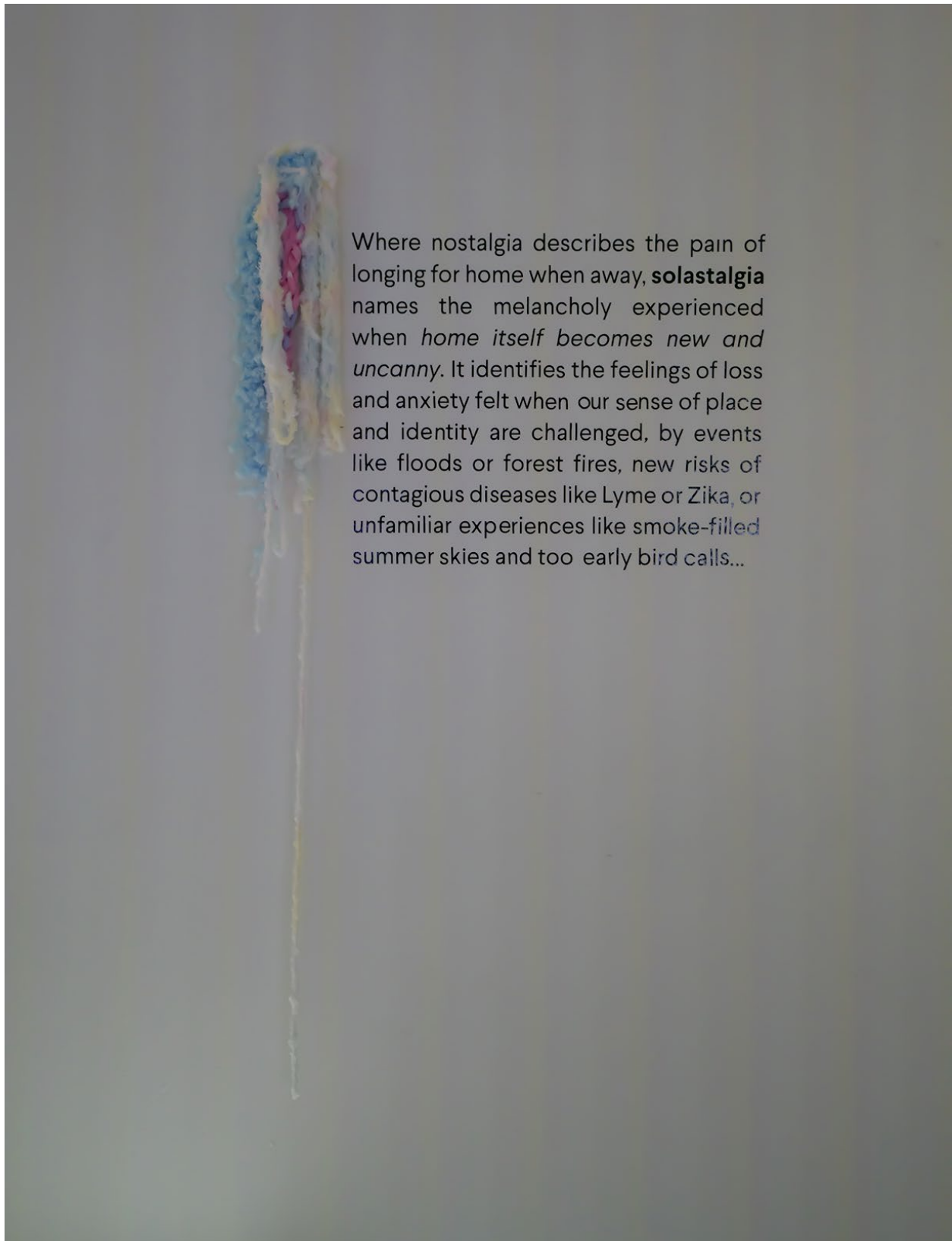


Plate 6.92 To Witness. 3 video on TV, single 1-minute video on TV, and 4 part lightbox photograph (3 x 8 feet). 2019. Videos: <https://vimeo.com/329889204>, <https://vimeo.com/331139064>, <https://vimeo.com/321288379>, and <https://vimeo.com/324465209>



Plate 6.93 Drawing and finger knitting by Elliot Necyk



Where nostalgia describes the pain of longing for home when away, **solastalgia** names the melancholy experienced when *home itself becomes new and uncanny*. It identifies the feelings of loss and anxiety felt when our sense of place and identity are challenged, by events like floods or forest fires, new risks of contagious diseases like Lyme or Zika, or unfamiliar experiences like smoke-filled summer skies and too early bird calls...

Plate 6.94 Finger knitting by Elliot Neczyk

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