

Envisioning change

Prince George women's experiences of substance use and mental health through photography

Summary Report



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Executive Summary

This report summarizes a community-based master's thesis project called *Envisioning Change* that took place in Prince George, British Columbia in 2011-2012. The project engaged five women in the creative process of photography to explore their experiences of substance use and mental health. Based on the innovative method of Photovoice, women took photographs representing their experiences. Their photographs were subsequently used to guide in-depth interviews. Interviews were analyzed revealing five interconnected themes related to material space and place, embodiment, power, relationships, and resilience. These themes highlight the importance of addressing women holistically within their particular contexts.

Women's photographs were exhibited in Prince George and the project was presented at multiple conferences. Project results suggest that photographs are a unique and impactful approach for sharing research with local, national, and international audiences. Feedback from participants indicated that the project was an empowering and transformative experience for some.

This summary report is based on the final defended thesis and is intended to be an accessible way to share the project outcomes more broadly. For more detailed information about the project, please refer to the thesis document available on the project website at: http://www.envisioningchange.ca/Envisioning_Change/The_Project.html

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I am grateful for the support and assistance from several local community organizations that met with me to discuss my project, to share knowledge of the city and of the topic, and for assisting with recruitment. The Elizabeth Fry Society, Phoenix Transition House, and Prince George Native Friendship Centre also provided meeting and interview space, for which I am very thankful.

Dr. Neil Hanlon assisted with my preliminary data analysis, Andreas Hans gave a photography workshop to the group at the

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Introduction

“There can be no health without mental health.”

(Mental Health Commission of Canada, 2012, p.8)

This report summarizes a community-based thesis project called *Envisioning Change*. The project engaged women in the creative process of photography to explore, conceptualize, visualize, and describe their experiences with substance use and mental health, issues that frequently co-occur for people in complex and reinforcing ways. The primary goal of the project was to investigate multiple interrelated factors that contribute to northern women’s experiences of substance use and mental health, including their successes and challenges accessing supportive services in Prince George, British Columbia (BC).

This project was grounded in feminist methodologies and intersectionality, a theoretical lens that endeavors to understand multiple and intersecting systems of oppression and privilege in order to better address health inequities (Hankivsky & Christoffersen, 2008). Based on the innovative method of Photovoice (see Wang, 1999), women took photographs to represent aspects of their experiences living with mental health and substance use realities. Their photographs then provided the framework for individual interviews to explore the meaning and symbolism behind their images.

The interview narratives were thematically analyzed resulting in five major themes, representing the main data in the project. Additional data was collected in two questionnaires to provide feedback on the project. These were completed by attendees at the photography exhibitions, and by participants at the end of the project.

New knowledge produced through this project was shared with people in the community and beyond to promote awareness about mental health and substance use. Two public exhibitions were

installed in Prince George; I presented the project to several local, provincial, national and international conferences; and I built and promoted a project website. The exhibitions, presentations, and the website offer a visual and narrative ‘snapshot’ of the lives and experiences of women struggling with these particular, often stigmatized realities.

Sharing the project in a variety of formats was intended to promote dialogue and understanding and contribute to reducing stigma. The project also hoped to inform individuals in policy and practice towards improving services in northern BC. The final goal was to learn about photography as a method for engaging people in research and for sharing results with diverse audiences. The outcomes of this project suggest that taking photographs, within this project context, was a powerful experience for some participants. In addition, viewing women’s photographs combined with their narrative had an impact on the audience. Table 1 summarizes the project goals and corresponding data.

Project Background

“Mental illness and substance use problems affect people of all ages from all walks of life. They are your family, your friends and your neighbours.”

(BC Ministry of Health Services, 2010, p.11)

Mental health problems affect an estimated one in five Canadians in any given year with an economic cost over \$50 billion (Mental Health Commission of Canada [MHCC], 2012). Mental health and substance use issues have a significant impact on the health care system and economy, not to mention on the mental, social, and financial well being of individuals, families, and communities. Gender is an important factor in substance use and mental health risks and experiences (Salmon et al., 2006). Women are over represented in certain mental illness diagnoses and are at greater risk of interpersonal victimization including childhood abuse, sexual abuse, and intimate partner violence; traumas that

Table 1 Research goals and corresponding data collected

Primary research goal		Data collected
#1	To investigate and produce new knowledge of Prince George women's lived experiences of substance use and mental health.	Interview narratives based on participant photographs; Participant feedback
Secondary research goals		
#2	To promote dialogue and understanding of substance use and mental health issues among the community and the public, thereby contributing to reducing stigma and discrimination.	Exhibition questionnaire
#3	To learn about photography as a method for sharing research results in a meaningful way.	Exhibition questionnaire
#4	To inform individuals in policy and practice for improved services in northern BC.	Exhibition questionnaire
#5	To learn about photography as a method for engaging women in research.	Participant questionnaire

often co-occur with substance use and mental health problems (Ad Hoc Working Group, 2006). Indigenous women are disproportionately burdened with mental health and substance use issues, a health inequity that needs to be understood within the context of historic and ongoing colonialism and intergenerational trauma (Kirmayer, Brass & Tait, 2000).

There are gaps in knowledge about women's experiences of mental health and substance use that have not been fully accounted for in research, health promotion, and treatment (Ad Hoc Working Group, 2006; Salmon et al., 2006). Additionally, many mental health policies and practices have neglected to address rural and northern community needs (Leipert & Reutter, 2005). Improvements in health inequities in Canada have lagged in part because the complex interactions between social, geographic, and other determinants of health have not been sufficiently explored and incorporated into policy and practice (Hankivsky & Christoffersen, 2008). Several reports acknowledge these gaps and call for research on women's experiences of mental health and substance use issues in order to support better policies, programs and service delivery (Ad Hoc Working Group, 2006; Salmon et al., 2006). This project was in part a response to these calls.

The Project

Envisioning Change was launched with six participants in August 2011, after recruitment with the assistance of several community organizations. Data was collected using an adaptation of the Photovoice method. Women took photographs guided by questions about their daily lives, the challenges and strength they find living with mental health and substance use issues, and their experiences accessing services in a comparatively small northern community. Their photographs were then used to guide individual interviews. Interviews were recorded and I transcribed them to produce interview transcripts, which were analyzed for themes. The results of the preliminary thematic analysis were taken to the group for their feedback, which was incorporated into the results. Several group sessions over the months helped keep the project momentum, and we worked together to organize a photography exhibition that was installed at *ArtSpace* in downtown Prince George in March 2012. A second exhibition was held at the *Rotunda Gallery* at UNBC in January 2013.

Table 2 Project Timeline

2011	May	• Developed connections with community organizations
	June	
	July	• Recruitment • Individual meetings with potential participants • Project orientation for participants
	August	
	September	
	October	• Participant photography
	November	
	December	• Individual interviews • Transcribed interviews
2012	January	
February	• Planned photography exhibition	
March	• Photography exhibition at <i>ArtSpace</i> • Data analysis	
April	• Follow-up group session to present results to participants	
September	• Website launched	
2013	January	• Photography exhibition at Rotunda Gallery
	August	• Thesis defended
	October	• Project summary completed

Results and Discussion

Envisioning Change is anchored in the data from in-depth interviews and is augmented by additional data from questionnaires and participant feedback.

Table 3 Data sources

Main Data	Individual interviews
	Participant feedback on preliminary interview data analysis
Additional Data	Exhibition attendee questionnaire
	Participant experience questionnaire

Five women completed the project. They ranged in age from 22-35. Three were mothers and one of these three had custody of her children. Two women were of Aboriginal decent; one of First Nations/Métis ancestry, the other Inuit. Two women did not finish high school and two had either graduated from college or were currently attending college. Financial stability had been a challenge for all of the participants, several of whom had been or were currently on disability or social assistance. Stable housing had subsequently been a challenge for all of the women at some point in their lives. The mental health issues described by this group

ranged from major, chronic, and treatment-resistant depression, suicide attempts, cutting, anorexia, obsessive-compulsive disorder (OCD), generalized anxiety, and post-traumatic stress disorder (PTSD). Substance use issues were primarily related to alcohol, pot and cigarettes but also included cocaine and other drugs. Four of the women indicated early childhood experiences of emotional trauma or physical/sexual abuse.

I was honoured to hear deeply personal stories of struggle and triumph in these interviews. I have done my best to identify some of the major themes that emerged; however these could never encompass the breadth of the stories and experiences that participants shared with me.

Interview results

Individual interviews were conducted with each of the five women. Interviews were recorded, transcribed, and analyzed as a whole body of data. The findings of a thematic analysis of the interview data revealed five interconnected themes that are related to material space and place, embodiment, power, relationships, and resilience. While these five themes do not have distinct boundaries and they interact and overlap

with each other, they represent one way of grouping the significant content of the interview data. Appendix A provides an example of participant photography for each theme.

1. Place and space

The first theme relates to the active nature of space and place. The project revealed that women are both creators and recipients of spaces. They experienced space and place on both the macro and micro levels. Several findings in this theme relate specifically to services in Prince George, BC and perhaps in other locations as well. First, actual material spaces, such as treatment centres, hospital wards, and drop-in centres, have an influence on mental health. Secondly, the geographic location of services spread throughout a city can make it financially and practically difficult for women to access the treatments they need. Finally, while Prince George is working on establishing a residential rehabilitation treatment centre for women, it still does not have one available. This means that women seeking longer-term residential treatment and rehabilitation for substance use problems need to leave their city in order to access this service.¹

2. Embodied realities

The second theme identified mental health and substance use experiences as deeply embodied realities. This has implications for supportive services at the community, clinical, and institutional levels. Women described sometimes feeling dismissed when seeking support for mental health issues. They found their mental health concerns were sometimes perceived by health care providers as something to overcome with will power. I think this is an artifact of Cartesian dualism in biomedicine, an approach to the mind and body as distinct. Mental illness is easily characterized as a personality flaw

¹ The Prince George Mental Health and Addictions Unit offers an in-patient detox unit with wrap-around, integrated community follow-up services. This is a different type of service than a residential therapeutic community (sometimes referred to as residential treatment centre).

within this dualistic framework. Dualistic thinking is evident in the way that many women felt undermined and dismissed when seeking support for mental health concerns. Unfortunately, there continues to be a differentiation between mental and physical health that is coupled with differential valuation of each. This contributes to the ongoing stigmatization and discrimination that exists for people who experience mental health and substance use issues.

3. Power

The third theme in the interview data was about the manifestation of power and its impacts on women's experiences of mental health and substance use. Trauma and abuse are manifestations of power that are deeply connected with mental health and substance use issues. Many participants spoke or alluded to traumatic experiences in their lives and of their use of substances or self-harming behaviours to manage the resulting emotional distress. There is growing acceptance of the role of trauma in treatment approaches for mental health and addiction issues. The results of this project support the need for trauma-informed care as part of a holistic approach to supporting women in their healing processes. In addition, the interviews revealed that dis-empowerment contributes to poor mental health and to the use of substances. Finding ways to build on women's innate strengths and support their autonomy and control in their lives is an important aspect of improving wellness. Women in this project spoke about how having a psychiatric label contributed to experiences of discrimination from within the health care system. These included feelings of belittlement by doctors in the mental health system and lack of responsiveness to suicidal states in Emergency Rooms.

4. Relationships

The fourth theme revealed the centrality and dynamism of many kinds of relationships in women's lives and how these can support or undermine individuals in ways that contribute to mental health and substance use experiences. Abusive relationships in

adulthood and early experiences of neglect or violence in the family can have profound implications for women's mental health and resulting use of substances. Some women spoke about the importance of supportive relationships with friends, family members, partners, and service providers for their mental wellbeing. Participants also spoke about their relationships to substances and the complexity of this with mental health experiences. Acknowledging that many different kinds of relationships can play a complex and important role in women's vulnerability to and healing from mental health and substance use issues is very important. There is great potential in positive relationships to reduce women's experiences of stigmatization, alienation, and isolation, thereby improving overall mental wellbeing.

5. Resilience

The fifth and final theme was the most pervasive throughout all of the interviews and brings into focus women's innate strength and resilience in coping with adverse life experiences and mental health and substance use issues. It is important that mental health and addiction providers remember women's strength and resilience. This theme supports a strengths-based approach to programming and services for women with substance use and mental health issues. Focusing on the resources and skills women have instead of on deficiencies could go a long way to improving wellbeing.

Directly addressing the primary research goal, the five themes are a way of broadly grouping the significant content of the interviews thereby producing new knowledge on the multiple, interrelated factors contributing to Prince George women's lived experiences of substance use and mental health. Instead of being independent of each other, the themes interact and link with each other. Interaction between themes is evidenced in many ways throughout the data. This is typically the case when attempting to reduce complex qualitative data into categories. Participants in the project validated the complexity and

interrelatedness of each of the themes. Indeed, when I presented the preliminary analysis to participants, one of them summarized the interaction and interrelatedness of all the themes when she said:

... these are not compartmentalized things, right? All six² of those issues are one and the same. Because your strength and resilience comes from saving your space and your place. And your space and place can create your embodied experiences, and the power imbalances also relate to the isolation and alienation. The relationships go back to the power imbalances. And this is the thing that nobody understands. They are all one and the same even though they are totally different f**king things.

The themes that emerged from participant interviews in *Envisioning Change* indicate the imperative of treating women with substance use and mental health issues in a holistic manner, as complex and strong individuals within a particular context of space and place. All of the women in this project reached a point in their lives where they were ready to make a change. Prior to that, availability of resources was not enough. It was clear, however, that all the steps along the way and each interaction with supportive resources, planted seeds that grew into a readiness for positive change.

Other results

One of the secondary goals of the project was to promote awareness and dialogue about mental health and substance use, with the intention of contributing to reducing stigmatization and discrimination. Women's experiences were shared with the community and beyond in a variety of formats. I really believe that demystification and personal/emotional connections are powerful

² My preliminary data analysis had six themes: space and place, embodied realities, power, isolation and alienation, relationships, and resilience. During the writing of this thesis, I collapsed *isolation and alienation* into the theme of relationships because it related to women's relationship with themselves and with society at large.

ways to change attitudes and reduce discrimination. This project contributed by sharing women's powerful images and words with diverse audiences in a variety of publications, presentations and exhibitions.

Comments from a questionnaire completed by exhibition attendees indicate the importance of creating space for dialogue, reflection, and learning about issues that are not typically spoken about because they remain shrouded in stigma. For example, one attendee said, "[m]ental health and substance abuse are usually kept in the dark, but this project did an excellent job putting it in the light!" Another commented that the exhibition was a "[g]reat way to see what is so often unseen." Some people mentioned photography specifically, as this attendee did, "I think that photography is a great medium [...] to open up dialogue with others and new ideas for yourself." In terms of addressing stigma, one attendee said that "[i]t is important that mental health issues are as accepted/understood as much/equally as physical health issues. It is still seen as a stigma in our society. This is an important exhibit – help build awareness/acceptance through photos/stories."

Another secondary goal of this project was to learn about photography as a method for sharing research results with diverse audiences. Attendee responses to the photography exhibitions anecdotally suggest that there is a strong potential for the use of photography paired with narrative for sharing marginalized realities. Further research is needed with stronger methodological grounding. As a graduate student researcher, I found the use of photography in the project made it easier to share the project and gain interest in the subject. Photography made the project much more accessible for people and interested an audience who may not have any prior knowledge of mental health and substance use issues. One of the big challenges of

research is making the results accessible to a broader audience, and I think that photography is one way of accomplishing this.

A third goal of the project was to inform individuals in policy and practice for improved services in the north. This was an ambitious goal and one that is difficult to measure. Any changes that occurred in health promotion, policy or practice would be through increased awareness and compassionate decision-making at an individual level in people's capacity as practitioners and citizens. As a real-world example of how informing and influencing individuals in policy and practice might work, one of the committee members for this thesis was working on renewing a mental health and addictions intake form in her role with Northern Health. After hearing the preliminary analysis of these interviews, she realized that the form asked about challenges and difficulties, but not about strengths and resources. She took this perspective back to make changes to the form. In ways like this, interactions with this project in its multiple formats, be it the exhibitions, a conference presentation, or the project website, contains the potential to make change at an individual level that ripples out through broader mechanisms.

The fourth and final research goal was to learn about photography as a method for engaging women in research. The results of the participant questionnaire suggest that taking photographs within the project context was a powerful experience for some participants. The opportunity to reflect on aspects of their lives and histories through a creative and visual process brought a new perspective of themselves and their realities through a lens of strength and resilience. Some women found the experience healing, suggesting the potential of similar projects for therapeutic purposes.

I found that participant photography deepened the level of self-reflection and engagement with the research questions on the part of participants, it changed the interview dynamic between researcher and participant by focusing on participant photographs, and it broadened the scope and formats for sharing women’s lived realities and experiences because of the images.

Insights for individuals in policy and practice

This project was limited in its ability to make policy and practice recommendations because of the small number of self-selected participants. However, the results can offer insights for individuals working within policy and practice in the mental health and addictions fields. It can also inform further studies. The following summarizes key results of interest to people involved in mental health and substance use policy and practice:

Considerations for policy development:

- Incorporate a trauma-informed approach for mental health and substance use.
- Recognize that women may internalize self-blaming ideas about mental health and substance use issues. Counteract this with an understanding of systemic oppressions operating at a societal and institutional level.
- Policy and programs that support women’s autonomy and empowerment might include: safe, affordable, and accessible childcare so that women can work; safe, healthy, subsidized housing and transportation; affordable and culturally safe health care, and counseling that allows women to disclose openly.

Considerations for program development:

- Particular spaces and places can be emotionally triggering for women. This should be considered when planning the location of programs.
- Consider spaces and places as having either therapeutic or detrimental potentiality on women’s experiences of mental health and substance use.
- Photovoice projects and other creative approaches to engaging people in exploring and sharing marginalized realities have great potential to be meaningful, positive, and unique experiences for participants.

Considerations for therapeutic relationships and interactions:

- Approach women’s treatment from a holistic framework taking into account the impact of larger societal processes such as sexism, racism, classism, homophobia and colonialism.
- Pay attention to how women express themselves in their spaces and places.
- Take women seriously. Do not use mental health or substance use status as a reason to dismiss women’s experiences and symptoms.
- Remember that women possess great strength and resilience to survive and overcome adversity. Support their resilience from a strength-based perspective.
- Recognize the inherent power differential between practitioners and women seeking support and how this may contribute to therapeutic interactions.
- Supportive, trusting, respectful relationships with key practitioners and providers can be a powerful aspect to women’s recovery and healing from mental health and substance use issues.
- Support women’s autonomy and empowerment as a critical part of healing.

Considerations for community infrastructure and resources:

- Continue the process of establishing a women's residential therapeutic community or addiction treatment centre(s) in or near Prince George. Address other service gaps.
- Increased availability of liaisons and advocates would help women to bridge service gaps.
- Centralization of multiple specializations of physical and mental health care would increase feasibility for women to access services.

Conclusion

This was a large and ambitious project from the start, and ultimately there was not enough time to do everything that I would have dreamed of doing with this project. There are very real constraints on a master's level project related to time and funding. *Envisioning Change* is, however, one small contribution to the domain of experiential knowledge related to women's mental health and substance use, located in the particular geography and context of the northern city of Prince George, British Columbia. The collective results of this project not only achieved my primary research goal of investigating and producing new knowledge of northern women's lived experiences of substance use and mental health, they also provide a strong basis of support for additional community-level projects that engage individuals to explore and share their marginalized realities through photography. I am very honoured to have had the opportunity and support to implement this project.

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Appendix A: Examples of participant photography

The women who participated in this project produced many beautiful and powerful images. Most of the photographs are included in the thesis and on the project website (www.envisioningchange.ca). In the following

pages, one example for each interview theme is provided with some contextualizing text and accompanying quote from the participant.

1. *Space and place*

The dynamic and impactful nature of material or built environments was evident in women's images as well as their interviews. An example of how meaning is assigned to place and space by a person's inner emotional and mental health realities can be seen in the image below. For this participant, the different meanings a bridge could have

depended on her level of wellness or suicidality. It is a powerful reminder of the different meanings that places can have for each of us. Constructions of place, in other words, are never static but are instead always in flux, co-produced by the people who live in them and experience them.

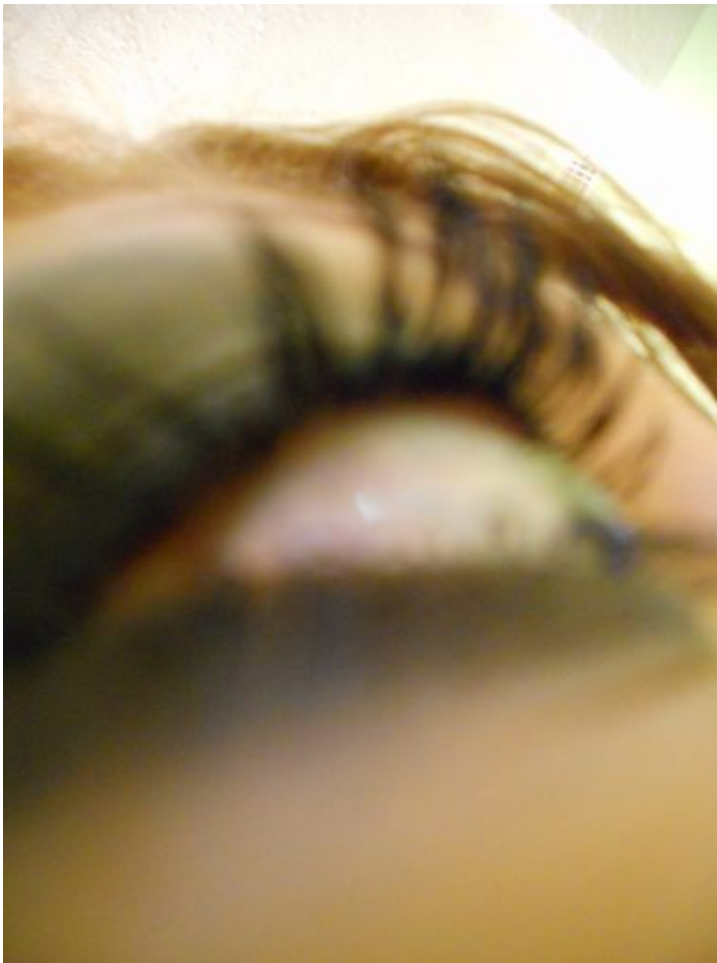


“You know, whenever I go by a bridge these days, I don’t always think of it anymore, but whenever I used to go by any bridge when I was suicidal, I used to think, ‘Hunh, I could jump over that.’ I was always thinking of ways that I could die. It is not a good way to walk through life...very dark [...] I had many plans for suicide and some of them involved bridges and the best ways to ensure that you die in case just falling over the bridge doesn’t kill you. [...] It’s nice now to look over and see a nice view and not see a potential death [...] even further, to not see a potential death that I want.” (Lissie)

2. Embodied realities

Embodiment in this thesis refers to the physical manifestation of emotional or psychological states. While only a few photographs represented this theme, the link between psychological and physical experiences for women with mental health and substance use issues was very evident in interview narratives. Talking about her physical appearance when heavily involved in

drug use, one participant remembered looking in the mirror: “[...] I didn’t even look real. I didn’t look alive. Especially when I was high I just looked like a ghoulish...I was so so skinny and the bags under my eyes were so deep and I was so pale [...].” In this way her inner emotional reality was represented through her physical state.

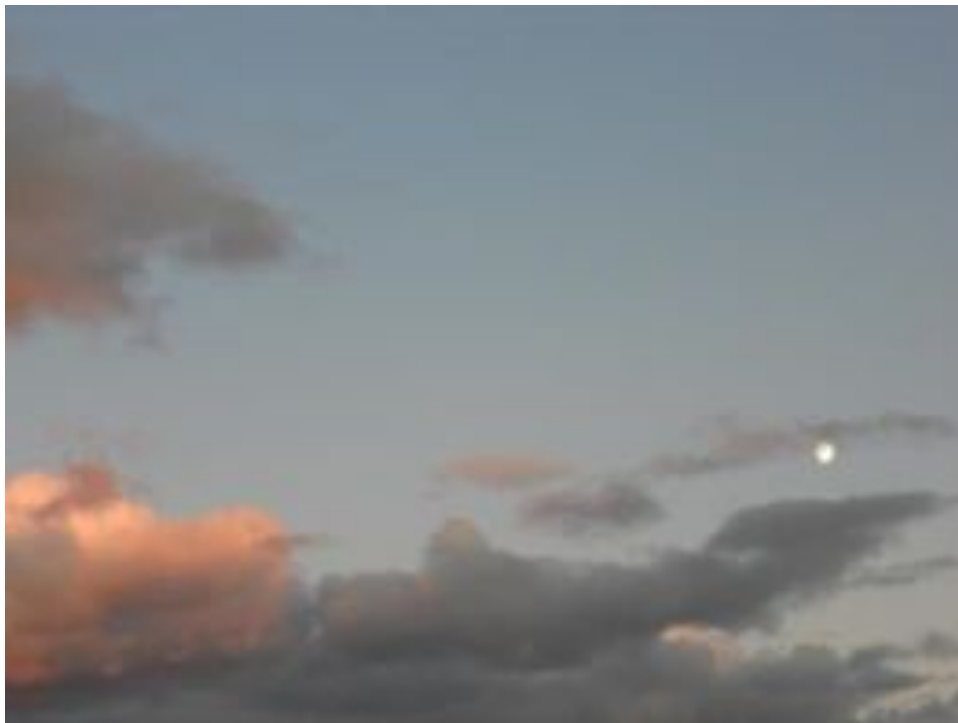


“I was so afraid...I just wish I would die because I couldn’t see any way out. And another way I was so afraid of dying. It was really polar opposite thinking. I wanted to die and I was afraid to die. I wanted to get loaded and then I didn’t want to get loaded. I wanted to think clearly and then I didn’t want to think at all. I didn’t really know which way was up. I couldn’t make up my mind. I was ...tired of living, too afraid to die.”
(Jane)

3. Power

Women in the project spoke about their experiences of turning to the ‘appropriate’ systems for support and assistance and finding those very systems turning against them in ways that further disempowered and complicated their lives. One woman had extremely frustrated and devastating interactions with the legal, health, and child welfare systems that left her feeling defeated and disempowered in her attempts to protect herself and her children. She found there was

a limit to the trust she could place in supportive resources such as the legal or medical systems. This situation resulted in increased feelings of anxiety and helplessness. The institutional power held by doctors and medical professionals makes it very risky for some women to actually find the support and help that they need dealing with their mental health and substance use issues.



“I’m the moon, and this is all the support people (clouds). It’s there and you can see it, but you can’t touch it and you can’t really go close to it. Because if you go close to that support, what’s going to happen? You can’t see the moon anymore, all you can see is the clouds. That’s what happens.” (Roxy)

4. Relationships

Women in the project described positive relationships as having the qualities of open communication, as being non-judgmental and accepting. They were described as empathic, compassionate, with the ability to listen and to understand. People able to build strong, positive, and therapeutic relationships with women were described as happy, joking, smiling, and genuinely loved their work.

Thus, the depth and strength of relationships and social connectedness is shown to contribute to women's mental health and wellbeing. Describing a public health nurse she prefers to see instead of her doctor, one participant said, "I like to go see Linda, the public health nurse, for familiarity, consistency, and comfort level."



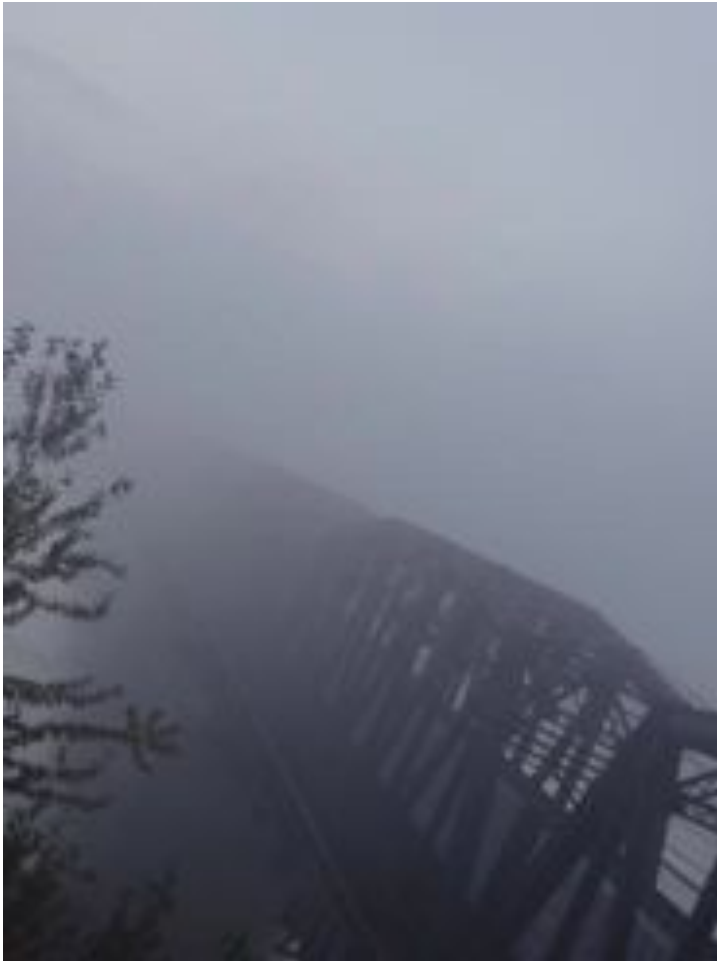
"I would not go to my previous medical doctor, unless I was bleeding out, per se. I like to go see Linda, the public health nurse, for familiarity, consistency and comfort level. I look to her for acceptance and to confide in her a few of my personal stories to cover a brief history." (Rachel)

5. Resilience

Woven throughout all the interviews was evidence of women's incredible strength and resilience in the face of multiple levels of difficulty and challenge. Resilience is the ability to go through hardship and adversity and continue on the other side as a stronger person. Many of their photographs were representative of their strength, which took several forms including agency, voice, responsibility, determination, hope and

tenacity. As they spoke about their photos, some participants expressed surprise at realizing how far they had come.

Many photographs in the project were powerful symbols of strength and resilience. One was of a bridge shrouded in mist. Describing this image the participant noted that one "cannot hide how strong I am, how strong I can be."



"I was trying to illustrate how structured and how solid and then you see the mist kind of starting to go that way towards it, maybe hide it [...] Cannot hide how strong I am, how strong I can be [...] No matter how hard someone tried to cover it up or I try to cover it up or pretend that it's not there, that it really is if you look, if you look closely." (Ooleesia)