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Going unscripted: A call to critically engage storytelling methods and methodologies in geography and the medical-health sciences

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Key Messages

- Although stories and storytelling have long and varied histories across multiple geographies, they are increasingly being valorized in new and public ways.
- Drawing from feminist, Marxist, anti-racist, and decolonizing theoretical frameworks, we critically unpack humanities-based happenings and (re)read the "creative re-turn" in geography and medical-health sciences.
- We conclude with reflections about anti-hegemonic ways humanities-informed methods and methodologies, including stories and storytelling, might be taken up in an "unscripted" way by geographers and medical-health researchers.

Geography and the medical-health sciences have long histories of engaging the humanities. The last decade has seen for both disciplines a significant growth in theoretical frameworks, pedagogic strategies, and research methods that draw upon visual and literary arts, critical self-reflection, creative tools and

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expressions, and even direct engagement or partnership with artists, curators, authors, theatre-practitioners, and other professionals in the arts. Both geographers and medical-health professionals, then, are increasingly (re)making and understanding various worlds through the humanities. In this paper we explore the histories of humanities in both geography and the medical-health sciences, especially medicine: we argue the two disciplines have much to learn from each other's engagement and work with the humanities. Focusing on the increasing use of narrative and storytelling in both disciplines, we argue that deployment of humanities-based frameworks and impulses must not be taken up without careful and critical analytical reflection. Finally, we ground our theoretical explorations with empirical examples from recent community-based work about the risks and benefits of storytelling and visual arts when looking at the health geographies of Indigenous and settler peoples in Northern British Columbia.

Keywords: humanities, storytelling, geography, health and medicine, criticality

De manière impromptue : vers une démarche critique sur les méthodes de mise en récit et les méthodologies en géographie et en sciences médicales et de la santé

L'intérêt pour les sciences humaines par la géographie et les sciences médicales et de la santé s'inscrit dans une longue tradition. Au cours de la dernière décennie, les deux disciplines ont connu une importante croissance de cadres théoriques, de stratégies pédagogiques et de méthodes de recherche qui font appel aux arts visuels et à la littérature, à l'autoréflexion critique, à des outils et modes d'expression novateurs, voire même à une participation directe ou à des partenariats avec des artistes, conservateurs, auteurs, praticiens de l'art dramatique et d'autres professionnels du domaine des arts. Autant les géographes que les professionnels de la médecine et de la santé contribuent de plus en plus à (re)constituer et comprendre divers mondes à travers les sciences humaines. Cet article brosse un tableau historique des sciences humaines tant en géographie qu'en sciences médicales et de la santé, en particulier la médecine : nous soutenons que les deux disciplines ont beaucoup à apprendre l'une de l'autre sur l'intérêt que chacune porte aux sciences humaines. En mettant l'accent sur le recours grandissant par les deux disciplines à la narration et à la mise en récit, nous faisons valoir l'idée que le déploiement des cadres et des impulsions fondés sur les sciences humaines ne peut pas être envisagé sans mener au préalable une réflexion analytique minutieuse et critique. Enfin, nous fondons cette étude du champ théorique sur des exemples empiriques tirés de travaux réalisés à l'échelle communautaire sur les risques et les avantages de la mise en récit et des arts visuels quand on se penche sur les aspects géographiques de la santé des peuples autochtones et colonisateurs dans le nord de la Colombie-Britannique.

Mots clés : sciences humaines, récit, géographie, santé et médecine, criticité

Introduction

A member of our research team recently received an email from the Marketing Research and Intelligence Association (MRIA) with the subject line "Let Me Tell You a Story. . . ." The email, sent as a personal communication, encouraged readers not to miss an "opportunity to learn from one of the [marketing] industry's best storytellers" at a Toronto conference where, amongst many other things, participants would "discover how to develop a *common cultural narrative* . . ., how to *develop the buy–in* of employees into a 'new and improved' culture, and how to bring . . . diverse *stories* to life in a way that [could] *transform an entire organization*." To quote at some length, we learned from digging into the sponsoring agency's website that: "Storytelling, in simplest terms, is the conveying of events through the use of words and images . . . . The world of . . . research has been inundated with so many new methodologies [that] . . . storytelling . . . becomes an important tool in the market researchers' toolbox" (MRIA n. d.).

Although stories and storytelling have long and varied histories across multiple geographies, they are increasingly being valorized in new and public ways. As the above anecdote demonstrates, stories and storytelling have also been adopted, retold, and remade as marketing strategies to be taken up by businesses seeking to counter "the problem of too much information" (MRIA n. d.). However, in being remade as marketing solutions, we argue stories become calculated devices to corral the thinking of

large groups—used in ways that are alien to their intrinsic value of sparking creative and critical thought and fostering intellectual freedom. Indeed, if stories are, as some have observed, the *only* things we have as humans to make ourselves human (King 2003), this "repurposing" of the power of storytelling as a marketing device calls attention to the recent ascendance of humanities-based methods and methodologies in social and medical-health sciences disciplines. While many geographers and activist-oriented scholars and practitioners are distancing themselves from such profit-driven commercialism (Berg 2006; de Leeuw, Greenwood, and Lindsay 2013) human geographers, social scientists, and medical and health professionals are nevertheless increasingly taking up creative and humanities-based methods and methodologies, including storytelling and story-collecting (Charon 2001; Cameron 2012; Christensen 2012).

This paper is an inquiry into how and why stories and storytelling, along with many other creative or arts-based practices, are gaining traction across various disciplinary spaces—especially in human geography, medicine, and public health, where humanities-based methods and methodologies (including stories, narrative, and storytelling) are ascending with an intensity difficult to chart. Indeed, as *New York Times* contributor Stanley Fish noted, "one could say . . . that the humanities are the victors in the theory wars; nearly everyone now dances to their tune . . ." (Fish 2011). As an interdisciplinary field with a long-standing history of negotiating both qualitative and quantitative methods, geography is uniquely positioned to bring criticality to the forefront of discussions about medical humanities. In pushing to make space within a traditionally quantitative discipline for critical, qualitative methods, critical geographers have brought creative, humanities-based concepts into conversation with more scientific, positivist traditions in medical and health geography (Rosenberg 2016). This paper contributes to these important ongoing conversations.

We begin this paper with a brief review of ways in which humanities-based modalities have been adopted or theorized by geographers and other social scientists engaged in health research, particularly in order to undertake more emotionally resonant work (Hanlon 2014). We examine some of the ways that medical-health sciences are using humanities-based modalities to inform everything from clinical practice to medical education and health research. The second section turns to a critical unpacking of these humanities-based happenings. Through a lens critical of normative power structures, and drawing from radical, feminist, Marxist, anti-racist, decolonizing, and queer perspectives on power and methodologies, we (re)read what others have aptly called a "creative re-turn" (Hawkins 2013, 2014) in geography and medical-health sciences. The third and concluding section grounds the first two sections by highlighting two arts-based initiatives in which members of our research team have been involved. Reflecting on our experiences—and those of the Indigenous and settler participants in these inquiries into the relationships between art, storytelling, health and well-being in small, remote communities in northern British Columbia (BC)—we explore benefits and risks of employing humanities-based methods and methodologies. We observe, as we have observed elsewhere (de Leeuw, Greenwood, and Lindsay 2013), that a tendency to "do good" or work with the "best intentions" can, if not critically reflected upon, (re)produce and entrench norms of ubiquitous white-centric, heteronormative, patriarchal colonialisms. We conclude with reflections and thoughts about critical and anti-hegemonic ways that humanities-informed methods and methodologies, including stories and storytelling, might be taken up carefully by geographers and health researchers, particularly in the interests of opening new creative spaces for those who are often furthest removed from geographies of optimal health and well-being.

Creativity, humanities, human geography, and the medical-health sciences

Geographers are increasingly making and understanding the world around us through the creative arts and humanities (de Leeuw, Parkes, and Thien 2013; Hawkins 2013, 2014). Geographers are publishing books of poetry (de Leeuw 2013, 2015; Cresswell 2013, 2015; see also, Magrane 2016); co-curating visual arts exhibits (Driver et al. 2002; Hawkins 2011); and turning to crafts, music, theatre, and literature as means of thinking through geographic questions (see Pratt and Johnston 2013; Johnston and Pratt 2010). As summarized aptly by

Last (2012), many human geographers are actively engaged in experimental and creative geographies that distance themselves from "reductive forms of testing" (707) and are instead pushing "the limitations of current conventions of representation and knowledge-making" (708), including "embedding new forms of citizen involvement in institutional processes [or] questioning disciplinary boundaries through [things like] the use of poetry in academic writing" (707). In the midst of this "new" creative re-turn then, we are increasingly addressing the calls of geographers from the last century (see Meinig 1983; Watson 1983) who noted that geography will never be a humanities discipline until a "significant number of geographers become artists" (Meinig 1983, 325; see, too, de Leeuw 2003). This turn—or *re*turn, recognizing that what is seemingly new is often also a product of repetition of the past (Whatmore 2006)—is partially an outcome of an expanding body of non-representational theory that privileges embodied experience and direct and primary witnessing of a molten in-flux world that requires new modes of representation (Thrift 2008).

Much like researchers and educators in the field of geography have been re-examining their methods and methodologies, medical-health sciences practitioners, researchers, and educators are similarly being called upon to rethink methodologies and professional practices. Indeed, health geographers working with creative tools and methods, including storytelling and critical reflection, are informing and practicing clinical engagements. Important geographic work by Parr (2007) and Bondi (2005) has merged clinical practice with creative, affective arts-based therapeutic ways of knowing (see also Davidson et al. 2012). In addition, primary health practitioners, and those who educate or conduct research with them, are increasingly seeking to acknowledge multiple and emotionally resonant ways of knowing and being in practice, research, and knowledge-making and sharing (Durie 2001; Dyck and Kearns 1995; Wepa 2015). Being responsive to emotionally resonant ways of knowing and being requires that practitioners move beyond reductive diagnostics and interventions, moving instead into *relationships*. These relationships are ones that recognize emotion, empathy, and embodiment (Charon 2001; Papps and Ramsden 1996); account for power inequities, and the social and ecological determinants of health (Reading and Wien 2009; Czyzewski 2011; Berbés-Blázquez et al. 2014); and advance cultural geographies of wellness (Kearns 1993), among other unknown and unimaginable outcomes.

For example, particularly in the fields of nursing and therapeutic patient encounters, the last decade has seen remarkable growth in research, education, and practice drawing from creative, humanities-driven, and other non-scientific systems of thought (Sandelowski, 1991, 1994; Koch 1998; Atkinson and Robson 2012; Atkinson et al. 2014; Philo et al. 2015). These methodologies vary widely; they include, but are not limited to, things like critical self-reflection, narrative medicine, engaged storytelling, poetry during rounds, role play, graphic novels, art gallery visits, active and deep listening, music appreciation, film and literature engagement, digital-storytelling, visual mark-making, and theatre—and are particularly effective in efforts to promote empathetic attunement by medical-health professionals to the lived realities of marginalized peoples who are under their care (Charon 2001). Indeed, humanities-driven and creative modalities in medicine and health have almost become mainstream, with Eric Hall (President and Chief Executive Officer of the HealthCare Chaplaincy Network and founding President and former CEO of the Alzheimer's Foundation of America) writing in *The Huffington Post* that:

> Telling stories, listening to music, making and enjoying art—these are human endeavors that effect our emotion and our spirit. These are also the elements we need to see more of in our health care system as it becomes increasingly mechanized . . . The medical humanities help us focus more on meaning making than on scientific measurement. (Hall 2014)

Perhaps it is small surprise then, that physicians, medical researchers, and health educators are increasingly using arts-based methods in their practices and inquiries, and that the field of medical humanities has emerged. Medical humanities promotes conceptualizing medicine and health historically and holistically. Described as a "new way" of understanding cultural and historical contexts of medicine and health, medical humanities works towards a deeper, more complex understanding of the human experience of disease and illness, and of the social and cultural challenges related to them (Bowman 2015).

Stories, narrative, and storytelling are figuring prominently in fields of health and medical humanities. In Canada, Vancouver Coastal Health held a

conference in 2007 to examine how storytelling could be used to boost ethical responses in policy decision-making processes, and in 2010 the Ontario government-funded Ontario Arts Council announced an Artists in Residence (Health) program. According to the program website, the Artists in Residence (Health) program is intended to "embody a unique way of bringing art and creativity to a health and wellness setting, and explore ways in which community engagement efforts can have a positive impact on the physical space and the community's experiences in that space" (Ontario Arts Council 2010). In one of the projects funded through this program, titled "Journeys to Health," artists working with an inner city community health centre in Toronto used digital stories, photography, and knitting to explore health-related themes with employees of the health centre and the communities they served (Community Story Collective 2012).

The power of storytelling as a tool for health and wellness has many elements. It is seen as an effective way to engage the "culture and context" of communities (Kelly et al. 2001) and to discuss "taboo" subjects (Douglas and Carless 2009; Cardinal 2013). Storytelling is also used to explore common narratives, while preserving participant confidentiality or anonymity (Christensen 2012), and to connect to wider publics and inspire social change (Cameron 2012; Pratt and Johnston 2013). Moreover, storytelling within health and medicine has been identified as a low-barrier and relatively non-hierarchical/non-threatening way to discuss traumatic and/or impactful experiences that would have long-term health and well-being effects on a person (Rosenthal 2003; East et al. 2010; Harper et al. 2012). It is an adept bridging tool or medium employed successfully in relationship-based endeavours, illuminating the worlds of health-marginalized areas, communities, and peoples, including urban or dispossessed youth, immigrant populations, and peoples living in poverty or in remote and isolated locations (Cunsolo Willox et al. 2012; Harper et al. 2012).

The ascendance and mainstreaming of creative and humanities-based modalities across human geography and the medical-health sciences has had many benefits, only some of which have been touched upon above. We suggest, however, that vigilance is required to ensure that these modalities never become deployed without scrutiny. At a juncture in which creative and humanities-based methods and methodologies are being explicitly taken up in marketing materials of corporate entities advocating storytelling as a means of "dumbing-down" and aggregating critical and complex knowledge for the purpose of sales and marketing, we must ensure we do not let the uptake of storytelling and creative arts in geography and medicine become a curious and cavalier trend (see Tyner and Colucci 2015) eliding critique. We especially want to be as cautious about slippage into oppressive white supremacist, heteronormative, and colonial tendencies as we would be in reference to any other research method and methodology, or any other normalized clinical practice or educational pedagogy.

Critical reflections on humanities, human geography, and medical-health sciences

In 1986, Lenora Keeshig-Tobias addressed the Annual General Meeting of The Writers' Union of Canada, asking that writers, artists, and other creative practitioners "stop stealing Native stories" (Keeshig-Tobias 1990). This not-so-gentle request has been circulating in different forms for quite some time (Lutz 1990). In both geography and medical-health sciences—and especially with regard to how, where, and why research is conducted—there is an established evidence base supporting critical unsettling and investigation about how and why research is done (e.g., Louis 2007; Coombes et al. 2014). Indeed, the discipline of geography has transformed under examination by Marxists, feminists, queer theorists, anti-racists, and other radical and critical thinkers (Peake and Sheppard 2014), who have systematically called attention to the discipline's complicity in (re)producing oppressive powers across vast times and spaces (e.g., Godlewska and Smith 1994; Blunt and Willis 2000; Cloke 2002; Shaw et al. 2006; Kobayashi 2014).

There is, thus, a well-established precedent for being vigilant against the uncritical use of tools, languages, or practices to make or understand knowledge. It is imperative—particularly for those of us who contribute to knowledge-making, who teach, and who suggest for the public record ways of thinking about and making the world, but also contribute to the very structures we are critiquing by nature of our own identities—that we are constantly (re)thinking our positionalities, our

ways of knowing and being, the places from which we speak. In what sometimes looks or feels like the rush to embrace new and innovative means of telling stories, we must be attentive to not steal the stories (or anything, for that matter) of others. Attention to this cautionary is, in many respects, the very role of critical geographers, thinkers, and practitioners (Peake and Sheppard 2014) who ask questions about for whom work is being produced, who benefits, who (or what) is being left out, and how we might develop frameworks for critically examining creative arts- and humanities-based ways of knowing and being.

Although there are many pathways into doing this, we begin with a perhaps somewhat non-intuitive line of thought (given the anticolonial queer feminist scholarship that has informed much of this work). At the end of Karl Marx's Introduction to *Grundrisse*—almost as if commenting on the new 21st-century ascendance of creative and humanities-based methods and methodologies considered above—Marx observes that during certain periods of time, and in certain spaces, the "flowering" of the arts (focusing specifically on Greek art) is "out of proportion to the general development of society" (Marx 1993, 94). What frustrates Marx is how, despite mythology being a precursor and foundation to art, it appears to vanish once "mastery" over it has been accomplished. In other words, the moment art and creative force become tethered to or harnessed by normative structures (i.e., "mastery" has been achieved), their previous imaginative and transformative power vanishes. How, wonders Marx, can art and creativity remain always libratory, revolutionary, or transformative (which he contends it indeed can be)? How can imagination and the "new" not simply be interpolated into material forces that ultimately repress them by putting them to use in maintaining social conditions?

To put the question into the context of this paper, how can creative and humanities-based theoretical frameworks, pedagogic strategies, and research methods and methodologies not fall prey to becoming tools for profit and market-driven corporate interests, the way storytelling might be understood to be being harnessed by the Market Research and Intelligence Association? In partial answer to this, Marx concludes that a certain *lack* (e.g., underdevelopment of an idea or material or social condition) in fact provides space and opportunity for its very opposite (e.g., a breakthrough, something fully innovative), observing that it might be exactly that to which we cannot return (especially in its material, social, or artistic form) which opens the most emancipating and innovative spaces. It is to a *lack*, a space of the still undefined and unknown, that we must turn for some kind of always-open illumination.

Viewed from this vantage point, we might understand creative and humanities-based theoretical frameworks, pedagogic strategies, and research methods and methodologies in disciplines as varied as geography and medicine as having come about precisely *because* they were previously lacking. In other words, it is their previous lacking, the fact that they had not yet been fully imagined and materially realized, which created the conditions for their ascendance. What we suggest is necessary now that they have ascended to a more normative status, is remaining sufficiently vigilant and critically aware to ensure they do not become a parody of themselves, something wholly corruptible and able to be put to use in exactly the opposite ways as those for which they were intended.

Marx provides some guidance. He suggests creativity/art (and we argue innovative creative arts- and humanities-based methodologies) must always turn to spaces or moments *beyond* what has been previously imagined—only this provides a chance to define something different and outside the conditions in which it is produced. Geographers and other social scientists cannot, in other words, rest easy now that creative or humanities-based methods and methodologies have become the known, have ascended into something expected; it is precisely *because* there exists this normative expectation, we argue, that we are at risk of diminishing the critical potential of creative or humanities-based methods and methodologies.

Creative and humanities-based methods and methodologies are not alone in requiring careful critical unpacking. Many other theoretical frameworks, pedagogic strategies, and research methods and methodologies have received critical interrogation. Self-reflection and critical positionality have rightfully been queried by anti-racist feminists (Smith 2013; Kobayashi 2014). Community-based participatory action research has been critiqued as perhaps not transforming power differentials between researchers and research participant in the ways it was initially envisioned (Coombes 2012;

de Leeuw, Cameron, and Greenwood 2012). Deploying "resistance theory" has not necessarily brought about more inclusion of resisting subjects in the folds of power (Ahmed 2012; de Leeuw 2012). What Marx is offering, then—and with the firm realization that Marxist theoretical frameworks are themselves limited and requiring of critique—is the insistence that we must look purposefully and attentively to exactly what we do not, and perhaps cannot, imagine ourselves to ever imagine. That may be precisely the wonder and potentiality of creative and arts-based methods and practices: they are spaces and subjects where what is almost materially impossible, almost beyond comprehension, can be explored.

Deploying Marx to think through the increasing uses of storytelling for corporate agendas for capitalist propaganda is appropriate given his gaze on capital; it is insufficient, however, if we are to realize the condition and the context to which we are responding in this paper. As Audre Lorde observed in a presentation delivered at the New York University Institute for the Humanities conference over three decades ago—a now famous commentary on the limits of social change, politics, and the personal—"the master's tools will never dismantle the master's house" (Lorde [1984] 2007). Although Lorde's argument has been taken up and deployed with gusto since she offered it, what is perhaps less considered is the context to which she was so fiercely responding: the focus on voices of able-bodied white cis-gendered academic women discussing feminist issues of difference, specifically for women within America. "The absence of these considerations," Lorde ([1984] 2007, 110) observes in reference to the very absence of "difference" in which the conference itself sought to interrogate, "weakens any feminist discussion of the personal and the political." Lorde called attention to the impossibility of discussing difference within a sea of positional sameness; impossibility, of course, if one is not to reproduce patriarchal caricatures and dynamics. Such a critique has resonance as researchers and professionals rush to differentiate and demarcate our work—including storied work—as rarefied, as different and innovative.

Much could be laboured from Lorde's insights, and indeed many scholars better positioned to do so than us have (e.g., Fellows and Razack 1997; Ahmed 2014). For the argument put forth here—that we must be vigilant about how storytelling is materialized as a method or methodology in hyper-capitalized realms (both corporate and/or academic) that are set on packaging perspectives in a creative form—a key point extending from Lorde's commentary above is particularly poignant: "What does it mean when the tools of a racist patriarchy are used to examine the fruits of that same patriarchy? It means that only the most narrow parameters of change are possible and allowable" ([1984] 2007, 110).

To counter this dangerous tendency, we argue that scholars in geography and medical-health sciences must turn to critical Indigenous, anti-racist, anticolonial, queer, and feminist scholars for guidance. We know that stories themselves are always in flux, being told and heard through different mouths and ears, experienced and understood in different contexts. When employed in a context driven by capital, stories and other creative expressions risk losing their creative and implicit (im)possibility as they are wielded in a static and deductive form—becoming instead the tools that maintain the foundation of the Master's house. The commodification of story and storytelling poses particular risk to Indigenous stories, made clear through Keeshig-Tobias's words at the start of this section. As Davis (2004) writes, "risky stories" result when Indigenous stories are taken into the public sphere, circulate beyond the storyteller's control, and are in many senses forcibly removed from the cultural rules that determine who can use those stories, and to what end. Moreover, when extricated from place in this way, stories become detached from the whole, meaning that a single narrative can come to speak for many. It is with these cautionaries, these reminders to be critically reflective about the tools and methods we use as researchers and practitioners of geography, health, and medicine that we turn to the voices of people from northern BC who have, over a three-year span of time, been invited to comment on creative and humanities-based research methods and methodologies.

What community has to say: Looking for the unimaginable

In order to critically and productively understand, and possibly transform, research relationships, researchers need to establish relationships outside the expected, pushing the boundaries of what is

already imagined or defined. Starting where we are and making efforts to critically and continuously (re)imagine what is beyond our imagining means, for us, three key things. First, that we commit ourselves to a transformative and dialectic research or analytical process wherein scientific and geographic thought, process, approach, method, and methodology are in relationship with the unknown. By considering our practices and ourselves as "a becoming of something yet to be defined" (Gibson and Graham, quoted in de Leeuw, Cameron, and Greenwood 2012, 192), we might move closer to realizing radically ethical and/or decolonizing research relationships. Second, critically (re)imagining our methodologies means for us that we meaningfully engage with geographies that are often overlooked. Finally, and most importantly, it means that we resist engaging with these spaces, places, and people in formulaic or routinized ways.

We offer here our experiences with two interrelated community engagements (one of which is comprised of more than one event) in which creative arts and storytelling became a means for thinking about health and wellness in small northern BC communities. The first community engagement is an ongoing series of events called "ArtDays" held first in Nak'azdli, a First Nations community near Fort St. James, during which students, researchers, and people living in Nak'azdli met to make and explore art together as a way to learn about the connections between art, creativity, wellness, and well-being. The second engagement was a single event, a workshop on stories and storytelling hosted in Smithers, BC in 2015 that brought together more than 25 Indigenous and non-Indigenous people to consider the potential of stories and storytelling for promoting health through community and individual wellness.

These two community engagements are part of a much larger ongoing research agenda focused on understanding health in northern geographies through arts- and humanities-based methods and methodologies. In total, and across three years, these community engagements alone brought together more than 100 northern Indigenous and non-Indigenous peoples of all ages and walks of life to engage in conversations touching on the ascendance of arts- and humanities-based theoretical frameworks, pedagogic strategies, and research methods and methodologies across a variety of disciplines and geographies.

The Nak'azdli ArtDays series has included ten separate engagements, over three years, between UNBC health science students, UBC medical students, and members of the Nak'azdli Band. ArtDays evolved from a relationship with the UNBC Northern Medical Program, the Nak'azdli First Nation Band Council, and Nak'azdli Health Centre. The purpose of ArtDays is two-fold: first, arts-based methods are tested as means to renew, produce, and explore health and well-being in the community; and second, ArtDays produces new sociocultural spaces in which to use, and then reflect upon, the efficacy of humanities-based interactions for medical-health sciences students to build critical anti-racist cultural knowledges with First Nations communities, families, and individuals.

The students and community members involved in ArtDays reflected on their experiences in a series of written responses, interviews, and discussions. For many, the idea of making art in a "public" way was unsettling, but also led to some unanticipated and powerful results. One First Nations participant noted that " . . . art is a freeing of the emotions and thoughts held within, whether good or bad. The release of them in a creative environment without limitations allows the body, mind, and soul to become free." Researchers and participating medical students were challenged to move into a relational space where they interacted as equals to First Nations community participants, in contrast with the tendency in professional spaces to take on the role of experts. As the artistic processes unfolded, the creative space became more familiar; this in turn became the impetus for new and previously unimagined sites and means of dialogue. Activities were mostly spontaneous and unscripted, taken out of the community hall (the place where everyone met) and into the world, where art was made with children on a beach, Elders became involved in art-making, and walking tours facilitated discussions about art and wellness.

Reflections written by student participants confirmed that the unscripted nature of their arts-based interactions with First Nations allowed them to experience empathic and engaged relationships in ways that would be far less likely to occur in a professional or clinical setting. In fact, two participating students published an article in the *BC Medical Journal* in which they reflected on the significance of their experiences during ArtDays (Klopp and Nakanishi 2012). Noting that medical

students are often "accustomed to a schedule which does not permit much spontaneity or flexibility," the open and unscripted nature of their interactions during ArtDays allowed them to move into the rhythm of life in Nak'azdli, leading to some deep realizations. They write:

> Following the rhythms of a community with everyday realities like berry picking in the morning, however, demanded a new understanding of time, and the perceived importance of things like research projects. Initially, it was difficult to appreciate how our value of a punctual start time differed from those in the community. But we let go of preconceived expectations, tucked away our agendas . . . . (Klopp and Kakanishi 2012, 127)

Moving towards a new understanding of time, letting go of preconceived notions, cultivating a space of shared experience between students in medicine and health sciences and members of a remote First Nations community—these are the embodied moments of learning, awareness, and ultimately understanding that lead to transformed relationships, moments that tend to only happen when there is room for the unknown and unanticipated, the unscripted.

These are also the types of moments we have observed when people are invited to explore creatively their perceptions and experiences of health and wellness. We know that the complexity of these unscripted experiences and experiments exists somewhat outside of conventional research methods. That is exactly why they are needed. Research institutions and health care systems are embedded within colonial systems and worldviews that have been, both through history and in the present moment, devastating to the holistic well-being of Indigenous people, families, and communities (Kelm 1999; Smith 1999; Reading and Wein 2009; Greenwood, de Leeuw, Lindsay, and Reading 2015). Collective work in Nak'azdli has shown that creative, expression-based methodologies have a unique ability to diffuse tensions in health research and experiential learning sessions, particularly in a context that is never tethered, confined, or fully defined.

We point to a second and different example of these dynamics at work in a workshop on stories and storytelling hosted in Smithers, another small northern BC community, that brought together over 25 Indigenous and non-Indigenous people from a range of community, health service, and research contexts to consider the potential of stories and storytelling for promoting health—both community and individual wellness. Entitled "Telling stories about storytelling: Critical engagements with narrative and new media for health in Northern British Columbia," the workshop brought together a diverse set of individuals with a common interest in the potential of narrative, story, and digital storytelling to address health priorities for northern British Columbian communities.

Although the workshop provided many valuable insights, we focus here on the fertile and unexpected dynamics that arose as the team navigated a carefully designed workshop structure, and an array of unimagined developments arising from the creative spaces integrated into the workshop design. For example, a "Storied Introductions" exercise was chosen to open the workshop, based on "The Narrative Interview" taught at Columbia University's Narrative Medicine Program. The narrative interview process seeks to equalize the relationship between "story-teller" (often a patient or a client) and "story-receiver" (often a professional), and demonstrates that we all have, and are made up of, stories. The narrative interview also re-orients participants to the act of actively listening, and privileges feelings about acts of story-telling and story-receiving, as opposed to privileging the specifics of the story itself. Finally, and perhaps most importantly, the exercise is designed to build a relationship that, ultimately, increases the likelihood of a more empathetic, sympathetic, or as Regan (2010) suggests, compassionate rapport between people.

Given the importance of these objectives to framing and introducing the workshop, the "Storied Introductions" exercise was allocated what was originally considered a generous three hours by the workshop design team. In the first hour, participants paired up with someone they didn't know. Each member of the pair was asked to tell the other a story about an important event or aspect of their life while the second person listened and recorded that story without interruptions. After each hearing a story, all participants were asked to write, in their own words, a retelling of the story they were just told by their partner and then to reflect on what it felt like to tell their story to another person and to have it transcribed.

The unimagined and unscripted consequences of this introductory exercise rippled throughout the

two days of the workshop. When participants reconvened to introduce their partner, what transpired was a rich, detailed, evocative, and collective experience of "telling stories about storytelling" that continued to unfold not just for the allocated morning, as anticipated, but then continued over much of the rest of the day. When the workshop organizers checked in with participants, they expressed a clear preference to not speed up the exercise, but rather to adjust the timeline of the more instrumental workshops that had been planned—a choice that was shared with the four workshop hosts who were also participating in the "Storied Introductions" activity. The resulting shifts and adaptations generated a variety of evocative responses and reflections. Describing what was the best part of the workshop, one participant noted: "This will sound weird but—the *pace*. It was as if everyone took a deep breath and relaxed into the session. It meant thoughtful and meaningful came first." Another expanded on these ideas as follows:

> I very much enjoyed the storytelling exercise at the opening . . . It gave everyone a chance from the outset to feel as though they were part of the story unfolding at the event. Although it took a long time to hear everyone, it gave a much greater sense of intimacy and empathy to know where other people were coming from to be there. I think it broke down barriers between those who would conventionally be seen as "knowledge holders" and those who may have felt intimidated by others' professional and/or academic achievements. Everyone was equalized as a knowledge holder and learner through this exercise.

The themes of boundary-crossing, equity, and equality persisted throughout the two days. This included expressed appreciation of the ways in which participants were valued as contributors rather than passive recipients, and of the efforts to allow interactions to unfold in an organic and unselfconscious way.

Recognizing participants as co-authors and co-designers of the workshop story yielded other boundary-crossing developments. During a public evening event at the end of the first day, the importance of youth voices and intergenerational dynamics of stories was emphasized, and was accompanied by what we termed a "reverse invitation" from a local primary school teacher: the workshop team was asked whether a group of Grade 7 students from Smithers, who were learning about stories and storytelling in their classes, could join the second morning of the workshop. Agreeing to this request resulted in more than 20 Grade 7 students joining the other participants in the skill-sharing workshops on digital storytelling, photo-voice, patient journey-mapping, and poetry.

The combination of the expanded "Storied Introductions" session, and the animated participation of a next generation of storytellers, opened and stretched our storytelling spaces in ways we had not anticipated. This created a sense of fertility, learning, and exchange that was appreciated by participants who gained a deeper appreciation of all those who participated, navigated the fertile tensions arising as workshop participants became co-authors of the emergent workshop story, and welcomed schoolchildren as unexpected characters who enhanced the learning and associated storytelling in unimaginable ways.

Concluding thoughts

Our discussions about results of these two varied and open-ended community engagements should not be taken as prescriptive, nor as an attempt to provide a template of how to undertake arts- and humanities-based inquiries. Indeed, we are asserting throughout this work that the very act of solidifying some continuity of process or practice in fact limits the potential to imagine something utterly novel and revolutionary and beyond the constraints of current social conditions.

We must also acknowledge the personal embodied commitments and risks that come along with working through and in modes of inquiry relying on relationships and a deep connectivity to geography and place. We know that to work in an in-depth, affective manner over long periods of time can be exhausting for all involved, particularly when an unscripted and open-ended methodological approach is privileged. Indeed, this type of work relies on an unfixed orientation to scheduling, time, and temporality, an orientation that challenges the calendared landscapes within which we are often most comfortable. What we advocate here avoids comfort, predictability, or neat-and-tidy closure, privileging instead a mode of inquiry and co-creation of knowledge that is emotionally

resonant, connected, grounded, flexible, creative, and untethered from the constraints of time or schedule—similar to what other feminist scholars have called "slow scholarship" (Mountz et al. 2015). This is not particularly easy work to undertake, and it can oftentimes lead to tensions and worries for all involved.

Still, by privileging these values in the two moments described above, a number of valuable and unexpected insights emerged. People spoke, wrote, drew, and sang not just about creativity and health in Northern BC, but also about creative resistance to the troubling and controversial new extractive projects that are proposed and under development in the region. Indigenous participants highlighted the ongoing effects of colonial power imbalances, reminding everyone that creative arts- and humanities-based modalities must also address the history and current realities of colonialism. Many people involved in this conversation noted that the creative arts are deeply historical and place-specific in ways that must not be overlooked or trivialized.

As we've discussed above, geographers and medical and healthcare professionals are increasingly (re)making and understanding various worlds through the humanities in ways that could not have been imagined even a decade ago. Much of this work contributes to the dismantling of the "grand" narratives of western medicine and public health that have deepened colonial relationships through constructions of Indigenous (ill)health and rationalizations of health interventions (Nelson 2012). We recognize the necessity of this work. We also emphasize, however, that stories, storytelling, and other creative and humanities-informed modalities are most powerful when they are engaged in ways that are open to an evolution toward the unintended. In other words, we should not look to the arts and humanities for assurances and answers; rather, through arts- and humanities-based modalities we might fruitfully learn to embrace disturbance, interruption, digression, and lack of certainty. If creative arts are to continue to provide the boundary-expanding and enlightening potential we hope for, especially in disciplinary places like health, medicine, and human geography, we must find comfort in allowing them to remain unscripted: existing in unmade and unhinged times and spaces that hover just on the edge of what is imaginable, always a little beyond our grasp.

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