

Student distress on Canadian post-secondary campuses: Art-based approaches and positive affect

by

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April 2020

A thesis submitted to McGill University in partial fulfillment of the requirements of the degree
of Master of Arts- Education and Society

The School of Graduate and Postdoctoral Studies
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Montreal, Quebec, Canada

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Abstract

There is very little research available that addresses the alarming rates of student distress on Canadian post-secondary campuses and arts-based approaches to health and wellbeing for students. The current study is an investigation of the growing problem of student distress and suicide and an examination of how the use of arts-based supports effect change to enhance wellbeing. With overloaded counselling centres and few resources to provide diverse and accessible forms of support, it is no surprise that the most recent National College Health Assessment (NCHA, 2019)- Canada communicates that in the last year over half (51.6%) of about fifty-five thousand students surveyed “**felt so depressed it was difficult to function**” and about 70% “**felt overwhelming anxiety**”. A multitude of disciplines study the effects of arts-based approaches on health and wellbeing and reveal art activity facilitates both the **processing of emotions and thoughts** as well as **soothing the nervous system** through engaging with the creative process. Community-based art initiatives are further cited as fostering **self-regulation, self-discovery, self-efficacy** and **healing** through a commitment to social inclusion. This preliminary study emphasizes the importance of providing diverse and accessible supports to ameliorate health and wellbeing for students and evaluates the potential of arts-based initiatives.

Keywords

Students, youth, suicide, distress, health and wellbeing, mental health, healing, school mental health, stigma, constructionism, emotions, creative activity/, creative supports, arts-based approaches, arts-based health supports, community.

Acknowledgements

I would first and foremost like to extend my appreciation towards the Department of Integrated Studies in Education and Dr. Claudia Mitchell, my thesis supervisor. Dr. Mitchell, your support, encouragement, knowledge and expertise over the past year have been instrumental and vital to my graduate career. For this, I extend my most genuine and heartfelt respect, admiration and gratitude. I am also grateful to Dr. Naomi Nichols for her feedback and support.

I gratefully acknowledge the financial support of the Joseph-Armand Bombardier Canada Graduate Scholarships-Masters research award and the P. Lantz Graduate Fellowship for Excellence in Education and the Arts. I am grateful for the stability and motivation that such recognition has provided me.

I extend sincere gratitude to the Nahum Gelber Law library for providing me the quiet space I needed to complete this thesis. Thank you to the McGill Art Hive Initiative, Concordia University Art Hive and The Yellow Door for providing a place to connect and collaborate with artists and community members.

I dedicate a special thank you to pastor Kimberly Jones-Pothier a.k.a. “@RealTalkKim” as well as licensed psychologist, ordained minister and sacred artist Dr. Thema Bryant-Davis and her “Homecoming” podcast. Through social media, both women on many occasions offered support, encouragement and relief from isolation that have been instrumental to my persistence on this project.

Finally , I would like to emphasize an especially appreciative thank you to my family members and my partner. It is with great honour that I share this accomplishment with you all for without your support this thesis project would not have been possible.

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Prologue

Calling back: A history of suppression

In *Madness and Civilization* social theorist and philosopher Michel Foucault (1988) notes that beginning in the classical age (1600s) and continuing for a century and a half, houses of confinement became the rule to silence mad voices. The growth of classicism and the industrial age fundamentally placed labour as an infallible solution to remedy poverty. Institutional establishment of confinement houses such as the Hospital General (1656), he notes, were not medical in their orientation but rather an administrative entity, an instance of monarchical and bourgeois order in France during this time period. Madness, along with poverty, unemployment and idleness were condemned and confined to protect civil society from those who could not adhere to the work imperative, signifying their immorality and inhumanness. Confinement of the marginalized, in fact, was necessary repressive function to keeping the labour imperative and its promises of morality intact. Arbitrary measures of imprisonment and judicial power facilitate the practice of housing and exploiting the labour power of “those condemned by the law, young men who disturbed their families’ peace of who squandered their goods, people without profession, and the insane” (Foucault, 1988, p. 45). The bourgeois moral enchantment of considering the rule of forced labour as part of the law of nature inscribed the need for civil government (controlled by royal powers) to prevent “mendicancy and idleness as the source of all disorders” (Foucault, 1988, p. 47).

What is perhaps the most perplexing and troubling in the historical treatment of madness and an important issue we still face today is the requirement of conformity to the ideal of “rationality” which in effect, suppresses emotions so that one can be considered by society as useful, productive and therefore generally good human beings. One out of 10 persons arrested

and brought to the Hospital General involved “the insane”, “demented” men, individuals of “wandering mind”, and “persons who have become completely mad”. Insane or “alienated”, “deranged”, “demented”, “extravagant” were more than prisoners of confinement, they were shamed for their inability to reason and kept secret from the rest of society. At the same time, madness became a spectacle of “an animal with strange mechanisms, a bestiality from which man had long since suppressed” (Foucault, 1988, p. 79). As Howard writes:

“Sufferers were generally chained to the walls and to the beds. At Bethlehem, violent madwomen were chained by the ankles to the wall of a long gallery; their only garment was a homespun dress. At another hospital, in Bethnal Green, a woman subject to violent seizures was placed in a pig sty, feet and fists bound; when the crisis had passed she was tied to her bed, covered only by a blanket; when she was allowed to take a few steps, an iron bar was placed between her legs, attached by rings to her ankles and by a short chain to handcuffs” (Howard, 1988, p. 71-72).

The dichotomy between the primitive brain and the rational brain born out of the age of reason dictates that those without rationality are emotional animals with beast-like reflexes, presupposing that emotions are a fixed component of our biological nature. Madness constituted “...unreason’s empirical form” (Foucault, 1988, p. 83) where any hope of humanity was lost and replaced with discipline and brutalization in order to tame and master the unchained animal. Emphasis on bodily causes of madness began to occur with the development psychiatry in the 18th century. Scientific psychiatry became possible based on a very misunderstood account of madness. Instead of describing the conditions of possibility that allow symptoms of madness to manifest, psychiatry deems the excess of sensibility (e.g. irritability) as “the psychological effect of a moral fault” (Foucault, 1988, p. 158)- a reflection of the work imperative. Without the

expectation of suppression that comes with “rationality”, we may begin to more fully understand the dynamic connectedness of the human brain, body, mind and spirit and unravel centuries of suppressive approaches to emotions.

Chapter 1 Mapping Student Distress

Introduction

As a young adult who has been in and out mental healthcare since childhood, I have developed a breadth of personal knowledge related to the care practices of social workers, counselors, clinical psychologists and general practitioners. My experience drives me to advocate for community approaches to care because I see the need for supports that extend beyond notions of pathology, talk-therapy and medication. In many ways, this approach is liberating on a personal level because it challenges me to reconsider the scripts I have been given about mental health and “illness”.

To embody this alternative approach to health, wellbeing and illness I have authored a social media platform “@artistrywellness” to share ideas as I engage with this research and facilitate arts-based workshops for health and wellbeing in community-based and academic contexts. I continue to expand accessibility to these workshops through collaborating with different community groups, students and university staff members. My experience with depression, anxiety and trauma was exacerbated by a somewhat toxic individualistic culture at university which I personally found exhausting. As students we are constantly assessed by our ability to overachieve in grades, status and productivity, seldom are we given room to fail or rest. We need this room, we need to normalize failure as it fundamentally teaches us how to do better, how to grow. I truly believe the value of learning comes from understanding and accepting failure. If we are not given room to fail, I started to wonder if we could truly be given room to succeed. Could this discomfort with failure and its profound negative effect on identity be symptomatic of a bigger issue with culture at university and western society at large? And could

it be that how western culture treats failure is somehow connected to how we understand mental illness?

Research Focus

Building on my own experiences and my interest in deepening an understanding of how to address the issues I raise above, I embarked on a study which investigates the presence of arts-based initiatives offered by post-secondary institutions in Canada for the health and wellbeing of students. The purpose of this research is evaluate how art functions as a promising shift in approach to support health and wellbeing of postsecondary students. Research question one (RQ1) asks, **“To what extent is art being used at university to foster wellbeing of students?”**. To answer RQ1 a systematic search determining which Canadian institutions offer arts-based health and wellbeing supports was conducted. Research question two (RQ2) asks, **“What can be learned about the use of creative approaches to wellbeing at university through close reading of online content?”** To situate RQ2 I begin by assessing the breadth of literature connecting arts, health wellbeing. This study employs an inductive interpretive qualitative method to evaluate how institutions offering arts-based activities in support of student wellbeing describe the impact of arts-based activity, highlighting key ideas, words and phrases used in their discourse. Further, this research aims to meaningfully contribute to legitimizing the empirically driven arts and health field by comprehensively reviewing the literature on specific qualities of arts that have been shown to improve health and wellbeing across the epistemological spectrum which engages in this work.

Statistics, Stigma and Alternative approaches

Suicide is a profound tragedy and a powerful unrelenting message about the state of health in society at large. The trajectory of suicide in young adults is a process and often a result of early childhood experiences (Dube, Anda, Felitti, Chapman, Williamson, & Giles, 2001; Dube, Felitti, Dong, Giles, & Anda 2003; Felitti, Anda, Nordenberg, Williamson, & Spitz, 1998; Norman Byambaa, De, Butchart, Scott, & Vos, 2012; Gladstone, Boydell, Seeman, & McKeever, 2010). Reports of depression, anxiety and isolation are overwhelming on post-secondary campuses and death by suicide has become a salient part of the reality of being a student/young person (NCHA, 2019; Students Final Statement, 2019). Mental health services across Canada currently report they cannot meet the increasing student demand for counseling (Statistics Canada 2013; Nunes, Syed, De Jong, Provencher, Ferrari, Walker, Furer, Provencher & Swinson, 2014) and even then, counseling is only one component to assuaging the mental health crisis. Students are demanding action in protest but are met with silence. Young adults are already likely to live with depression, anxiety and suicidal ideation and the adverse post-secondary environment only works to worsen their symptoms. Discourses of responsibility, self-care, resiliency and entitlement are offered in response to students' collective state of distress sustaining a culture of suppression and individualism surrounding issues of mental health.

As “mental health” gains increasing attention in public, community and academic domains questions of “illness” remain limited by academic silos. In this thesis I offer a constructionist approach to “mental health” and “illness” to acknowledge the interrelationship between environmental and individual determinants of health and wellbeing. Empirical quantitative studies demonstrate that adverse environments cause epigenetic changes that negatively affect biological pathways and cellular functions (Hertzman & Boyce, 2010; Shonkoff

& Garner, 2012; Borghol, 2012). The experience of an adverse home environment and trauma during childhood is significantly correlated with higher adolescent and adult rates of attempted suicide, hallucinations, illicit drug use and alcohol abuse (Dube et al., 2001).

To improve the adverse post-secondary environment, this thesis explores the use of arts-based health initiatives as forms of environmental enrichment. One promising approach is an on-campus Art Hive. Art Hives provide a judgment-free, relaxed environment that encourages self-expression and community engagement through the arts. The McGill Art Hive Initiative (MAHI), for example, which began in 2015, has been successful in facilitating community collaboration and participation, creative research, support for teaching and learning through the arts, and wellbeing to a wide variety of individuals and groups. It is one of about 170 documented Art Hives globally (Arthives.org, 2019). A key feature of the MAHI is its “open studio” space that is open regularly. Students and faculty are welcome to come together to express themselves, to discover new kinds of knowledge and to share experiences (MAHI, 2019).

As a space promoting wellbeing through the arts, the MAHI emphasizes the importance of a gathering space where students, community members, partners and artists may come together to engage meaningfully and return to their daily lives feeling more relaxed and focused (MAHI Report, 2018; Serra, Meirovivi & Zhang, 2018). Despite the recent increase in Art Hive spaces and other forms of arts-based support at Canadian universities, little research has been conducted to evaluate how they effect change to enhance health and wellbeing. The objective of my research is to assess the role of arts-based programming in promoting student health and wellbeing. In particular I want to evaluate how art functions as a promising alternative approach to the health and wellbeing for post-secondary students. To counteract the conditions that give rise to student distress and suicides, initiatives that approach health and wellbeing from outside

currently overloaded university mental health systems are imperative to ensuring less students fall through the cracks. Collaboration between mental health services, researchers, academic and legal bodies, student-led groups, practitioners and surrounding communities is a necessary approach to provide the interdisciplinary education essential for alleviating stigma surrounding mental health and illness and to providing well-informed supports.

According to a number of reports and studies, an overwhelming majority of post-secondary students in North America are depressed, anxious and distressed leading to increasing rates of suicidal ideation and suicide (Taub & Robertson, 2013; Statistics Canada, 2013; NCHA, 2019; Gulati, Kaul, & Nicoll, 2019). Young Canadians have the highest rates of depression and anxiety compared to other age cohorts in Canada and it is estimated that as many as one in five teens have reported suicidal ideation in the past year. Moreover, suicide represents a quarter of all deaths for individuals in the 15 to 24 age group (Findlay, 2017). As such, young Canadians are already likely to develop depression and anxiety in adolescence and the individualistic and financial pressures associated with pursuing postsecondary education work to worsen their overall wellbeing. Moreover, students face considerable barriers to accessing mental health services due to the high demand for mental health care that overloads the current university health system year (Statistics Canada, 2013; Nunes et al.; Students' Final Statement, 2019).

The most recent National College Health Assessment Spring (2019) yielded a final data set of 98 self-selected postsecondary institutions either randomly sampled or surveyed the entire student body for a total of 67 972 students who completed the survey. The reported mental health experience of students is of critical concern: 45.1% **“felt so depressed it was difficult to function”**; 65.7% **“felt overwhelming anxiety”**; 55.9% **“felt things were hopeless”**; 65.6% **“felt very lonely”**; 84.7% **“felt exhausted (not from physical activity)”**; 8.6% **“Intentionally**

cut, burned, bruised, or otherwise injured yourself” and 13.3% **“seriously considered suicide”**. In a Canadian context, the National College Health Association (NCHA) surveyed 58 self-selected Canadian postsecondary institutions and a total of 55 284 surveys were completed by students using the same sampling techniques. In this survey 51.6% of students **“felt so depressed it was difficult to function”**; 68.9% **“felt overwhelming anxiety”**; 63.6% **“felt things were hopeless”**; 69.6% **“felt very lonely”**; 87.6% **“felt exhausted (not from physical activity)”**; 10.5% **“Intentionally cut, burned, bruised, or otherwise injured yourself”** and 16.4% **“seriously considered suicide”**. Notably, in both the Canadian (74%) and the American (80%) context, the majority of students who completed the survey were between the ages of 18 and 24.

Between 1990 and 2011, Canadian universities exponentially increased tuition fees due to the economic recession (Marshall, 2010). Approximately three quarters of Canadian students graduate with about \$27 000 in loan debt, and of these, almost a quarter report having between \$50 000 to \$100 000 as debt (Cairns, 2017). Youth who are able to acquire employment are more likely to work in service sector (e.g. retail, wholesale) industries that may or may not be directly related to their credentials or career interests. This is due to the overwhelming need for service sector employees in an increasingly production and consumption driven society (Harper & Fletcher, 2011). Moreover, although level of education is positively correlated to earnings as age increases (Statistics Canada, 2016), the current job market that youth in post-secondary education engage with is increasingly competitive in jobs requiring experience along with educational credentials (Marshall, 2010). Furthermore, because the majority of post-secondary students engage in employment in service sector related occupations, this increases competition

in a technologically advanced service economy that cuts labour costs already through mainly offering part-time work (Marshall, 2010).

It is an unfortunate reality that students are likely to experience severe depression and anxiety and face considerable barriers to access mental health care at school for which they pay a hefty tuition each year. What is even more unfortunate is the lack of clear institutional responses to such a reality of such concern. Instead, some of the largest post-secondary institutions in Canada are communicating to students that they are responsible for understanding approaches to care and accessing services. As I note further in the chapter, students are positioned as entirely responsible for their mental health and even risk facing persecution when accessing care. Neoliberalism as an economic and social policy emphasizes commercialism, privatization and deregulation (Giroux, 2002; Foucault, 2008; Cook, 2016). Through this framework, agency is defined through market-driven principles of individualism and competition (Jo, 2005; Whitehead & Crawshaw, 2014). Such values are reproduced through cultural entertainment outlets which evoke the pleasures associated with the pursuit of a commercially produced self (Giroux, 2002). Some of the largest universities in Canada endorse this messaging through promotional advertising, which promises students employable skills despite the precarious labour market they continue to face after graduation (Foster, 2012; Marshall, 2010). In an increasingly neoliberal economy driven by mass global industrial capitalism and meritocratic principles, the pursuit of higher education becomes inextricably linked to gaining a wide range of transferrable skills needed to compete as global citizens in an information-based society (Giroux, 2002; Jo, 2005; Cote & Allahar, 2011; Levin & Aliyeva, 2015). However, the pressure of increased credentialism and the influx of university graduates, coupled with the decline in stable/non-

precarious well-paid jobs poses a threat to the status associated with obtaining a degree (Frenette & Morissette, 2014, Foster, 2012; Marshall, 2010).

In framing the problem of mental health at university, such discourses direct our attention towards the individual student who experiences mental health challenges, rather than the broader socio-political and harsh economic environment that shapes their wellbeing. Young people are experiencing intense distress, face considerable difficulty accessing mental health services, die by suicide on campus and yet they are told to recommit to their own “self-care” or that the stress they experience is necessary and “a normal part of university life”. Educators are also not exempt from the reality of precarity and their wellbeing too, lacks considerable attention and infrastructure within post-secondary systems. Sutton (2017) for example writes that in a survey of 267 faculty members at the University of Ohio who self-identified as having a mental disability, mental illness, or mental health history, most respondents stated that they fear negative professional outcomes from disclosing mental health concerns to the institution.

The discussion of what is considered “normal” pressures and stresses is key. Although obtaining a university degree significantly promises the increase of one’s labour power, it does not necessarily lead to a worker occupying a job that requires the skills learned within their degree or the financial reward and economic stability that they assumed would come with it (Cote & Allahar, 2011; Volti, 2012; LaRochelle-Cote & Hango, 2016). Incredible pressure is placed on an individual, who is deemed “free to succeed” if they only “work hard” and compete, and then blamed for their failure if and when the labour market is closed to or limited for them. The neoliberal narrative detaches young people from their socioeconomic and structural context and places them at the forefront of responsibility for their wellbeing as they continue to exhibit overwhelming rates of distress. As meritocratic and individualistic values download onto young

individuals, health and wellbeing becomes culturally expunged despite its immediate and emergent importance. As recent political science graduate notes:

"I live in an apartment, I have three roommates, and I don't have benefits," said Parker. "If I were the exception, I would feel upset about that because I would feel that I had done something wrong, but I am not the exception. I am the norm." (Purden & Palreja, 2017).

Adolescence is a time of complex and intense identity development influenced by the increasingly individualistic and competitive social environment that puts immense pressure on youth entering adulthood. A discussion paper from Harvard University's Institute of Economic Research (Cutler, Glaeser, & Norberg, 2001) highlights that suicide rates for American youth between 15 and 24 have tripled since the 1950s and that for every youth death by suicide there are 400 attempts. They note that presence of divorced parents was significantly correlated with the increase in youth suicides. This is not to say that divorce causes youth suicides but rather is an indication of factors such as social disorder, community conflict, or a general unhappiness that has a great impact on youth. Mason, Mennis, Russell, Moore, and Brown (2018) analyzed data from a two-year longitudinal Social-Spatial Adolescent Study in Richmond, Virginia and found that depression was related to substance use, lower peer health and quality of activity spaces. They note that adolescents who have experienced a major depressive episode (MDE) use illicit drugs at twice the rate compared to adolescents without MDE. Adolescents with MDE are also twice as likely to misuse prescription medication, be daily cigarette users and binge alcohol users. Young adolescents experiencing heightened levels of depression entered the study using substances at a much higher rate compared to adolescents with higher networks of peer network health. It is plausible, they conclude, that adolescents who have more peers using substances and who are more depressed provide a model for dealing with depressive symptoms that reinforces their depression.

Available suicide rates statistics in Canada are over ten years old (Navaneelan, 2009). According to Navaneelan , in 2009 two hundred and two individuals in the 15 to 19 age range died by suicide, representing 23% of the population of individuals in this age range. However, the latest mortality statistics state that in 2017 there were 223 deaths by suicide for individuals in this age group. If the 15-24-age range is taken into account, there were a total of 547 deaths by suicide in 2017, which is the highest frequency of deaths by suicide for this age range since 2000 (Statistics Canada, 2019). Although suicide represented a quarter of all deaths in this age group, up from 9% in 1974, they state that this increase can be explained by declines in accidental deaths for individuals in the 15 to 19-age range. Notably, The Public Health Agency of Canada analysis of Statistics Canada Vital Statistics Death Database and Canadian Institute for Health Information Hospital Morbidity Database state that current published data underestimates the total number of deaths by suicide due to the stigma that leads family members, health professionals and coroners to avoid labeling or reporting deaths as suicides (Statistics Canada, 2016).

The National Mental Health Association and the Jed Foundation in the United States estimate that over a thousand college students die by suicide each year and a 2004 study by the American Association of Suicidology found that the rate of attempted suicide for college students may be anywhere between 100 and 200 for every completed suicide (Taub & Robertson, 2013). The latest statistics from the Centers for Disease Control and Prevention (2017) note that one in six adolescent youth report suicidal ideation in the past year while the latest Canadian Community Health Survey indicates as many as one in five teens have reported suicidal ideation in the past year (Statistics Canada, 2013). Cutler et al (2001) find in their regression analyses that teen boys' complete suicide more than teen girls, but girls attempt

suicide more than boys. These findings coincide with Statistics Canada figures on suicide which indicate that suicide accounts for 70% of male deaths between the ages of 15 and 19, while females between the ages of 10 and 19 account for 72% self-harm hospitalizations (Statistics Canada, 2016). From age 20 to 29, suicide remains the second leading cause of death for youth, males account for 75% of suicides while females account for 58% of self-harm hospitalizations.

Despite some of the inconsistencies and lack of up-to-date and comprehensive statistics on youth suicide, all of such resources highlight that young Canadians are at a high risk for poor mental health and especially young Canadians pursuing post-secondary studies. As the Canadian Children's Rights Council (2018) importantly notes, suicide is a process, not an event. As suicide currently ranks as the second leading cause of death for Canadian youth, the tradition of silence only contributes to the growing distress that young Canadians currently face.

Addressing this issue requires an acknowledgement of the variety of influences that impact the ability of young adults to become resilient. Along with the statistics reported above on young adults, data also communicates that issues of health and wellbeing appear in younger children. In 2003, The World Health Organization noted that worldwide approximately one in four families have at minimum one member living with untreated poor mental health leading to increased levels of anxiety and depression that impacts quality of life (Gallant, Hamilton-Hinch, White, Fenton, & Lauckner, 2019). In their systematic review of qualitative research pertaining to children's experiences of parental mental health, Gladstone et al (2010) that one out of ten children of the age 12 and under in Canada have a parent who experiences poor mental health. Access to a stable household environment during childhood is a key marker of healthy brain development in children. Exposure to adverse environments during childhood increases the likelihood of developing chronic illness including depression and shortens life expectancy (Dube

et al, 2003; Felitti et al, 1998; Norman et al., 2012). Empirical quantitative study shows that adverse environments cause epigenetic changes that negatively affect biological pathways and cellular functions (Hertzman & Boyce, 2010; Shonkoff & Garner, 2012; Borghol, 2012). The experience of an adverse home environment and trauma during childhood is significantly correlated with higher adolescent and adult rates of attempted suicide, hallucinations, illicit drug use and alcohol abuse (Dube et al., 2001).

Responding to the “Mental health crisis”

Figure 1: “Silence can still be heard”



Paperny (August 10th, 2019) notes that non-voluntary admissions to mental health institutions are on the rise in Canada, and Canadian universities are falling suit. While these arrests do not typically end charges, the involvement of the police during non-voluntary admissions exacerbates distress as individuals in crisis are treated as if they are criminal and

liabilities, reinforcing a culture of shame, silence, social exclusion and discrimination against those who seek out mental health support. Kennedy, Marley, Torres, Edelblute, and Novins (2018), Corrigan & Rusch (2002), Gulliver, Griffiths, & Christensen, (2010) and Chandra (2011) identify that experiencing judgment and stereotypes that cause shame and exclusion worsens symptoms and causes a decrease in help-seeking in adolescents and adults.

Figure 2: Shame and Exclusion



In November, 2019 CBC journalist Angelina King (November 13th, 2019) reported that a third-year student at the University of Toronto was handcuffed on October 2nd by the university's campus police while seeking immediate attention for suicidal ideation at the Health and Counselling Centre. The student was told by the nurse that it could take months before getting an appointment with a counselor and that before the student could leave, she would have to speak with the campus police. The student was put in handcuffs by campus police after mentioning a physical location where she was planning to suicide and began to panic as they escorted her through a busy building on campus to the Credit Valley hospital. Since 2017, the University of Toronto (2018) has instituted a mandated leave of absence policy which enforces the rule that

students who meet a two-tiered threshold must leave the University. Non-voluntary admissions go against the University's guiding principle of the policy which emphasizes the respect of students' personal autonomy regarding their health and wellness.

In 2017, McGill University's Deputy Provost of Student Life and Learning Ollivier Dyens reduced a mental health crisis on campus to an issue of students not practising "hygiene de vie"- "life hygiene"(McGill Tribune Editorial Board, 2017). Moreover, McGill University (2020) holds the position that that students should "Take Charge" of their Mental Health and Wellbeing and that "Mental illness isn't increasing, but students are much more likely to reach out for help when they are struggling". Discourses of accountability are rampant and signal to a necessary cultural shift whereby issues of health and wellbeing are brought to light and taken seriously by a variety of stakeholders.

Students lack access to a diverse range of supports that meet mental, physical, spiritual and social needs to ameliorate health and wellbeing. The institutional stance on mental health which responds to distress as tests of real life (Wente, 2017, The McGill Tribune, 2017), thereby normalizing the distress. Universities must invest with primary prevention supports for those who are at high risk of encountering a health issue for the first time and secondary prevention supports for those who have already encountered an issue but endeavor to avoid it recurring. As a form of psychosocial care that emphasizes healing, wellbeing and recovery, engagement in arts is consistently referred to as facilitating both primary and secondary prevention (All-Party Parliamentary Group, 2017). Making opportunities for students and young people to express themselves through the use of art accessible has great potential to provide a source of environmental enrichment that serves to break a tradition of silence and suppression. Therapeutic qualities of artistic expression have been explored academically since the 1940s (Hogan, 2001).

Going beyond traditional psychotherapeutic approaches (e.g. talk-therapy) to anxiety and depression, expressing the self through art allows individuals and groups to express what they cannot put into words. Further, Expressive Media (2013) notes that art is a useful coping tool for the experience of trauma. Art offers a method of self-expression that reconciles the bodily and conscious experience of trauma through engaging individuals in activity that require both mind and body. In this way, art may serve as a critical buffer for young people who are already at a higher risk to develop symptoms of mental illness which is further enabled by the pressure of neoliberal individualism.

Summary

Adolescence and young adulthood are a crucial developmental period where there is a high risk of developing depression and anxiety which has an all-consuming negative effect on identity. Further, the experience of trauma or adverse environment during childhood is a significant contributor to the suicide trajectory. Moreover, young Canadians live in an increasingly precarious and individualistic economic context where pursuit of postsecondary study and the accumulation of massive debt has ironically become a rite of passage in the competition for economic stability. The presenting mental health concerns in young Canadians pursuing post-secondary study include depression, hopelessness, exhaustion, anxiety, suicidal ideation, and suicide. Some Canadian universities respond to the mental health crisis on campuses across the nation with practices which disregard personal autonomy and offer lackluster, individualizing discourses. In various research contexts, arts-based methods go beyond traditional psychological approaches through providing an opportunity for individuals and groups to freely engage in self-expression and inner reflection.

Structure of Thesis

The thesis is divided into 5 chapters. In this first chapter I have highlighted the magnitude of student distress, presenting factors that reinforce the suicide trajectory and the necessity of environmental enrichment supports for students. The second chapter is divided into two parts. Following the works of Barrett (2017) and Bronfenbrenner's socio-ecological model of health (MHCC, 2019) I develop a constructionism framework to illuminate environmental sources of mental illness. The second part of chapter two provides a literature review on arts and health research and documents an evidence-base for arts-based health approaches. Chapter three describes the qualitative research methods undertaken, discussing the use of close reading to assess and evaluate arts-based health texts and identifies how texts were collected and classified. In chapter four I employ close analysis on each text and discuss larger themes across texts. Building off of themes derived from close reading, chapter five offers recommendations for key stakeholders by weaving the key considerations from reports on student distress, arts and health literature and the close reading conducted.

Chapter 2 Research Framework, Health and the Arts

Introduction

This chapter is divided into two sections. Part one presents the research framework, where I build on Bronfenbrenner's socio-ecological model of health and Barrett's (2017) constructionist approach to emotions to create a conceptual scaffolding for the study which calls attention to social/environmental sources of mental illness. This research framework thus posits the vital importance of diverse sources of environmental enrichment through the various realms outlined in Bronfenbrenner's socio-ecological lens. Part two encompasses a literature review on arts and health research. I trace the origins of arts used in the context of wellbeing and describe some key themes referenced throughout the literature.

Part One: Emotions as concepts

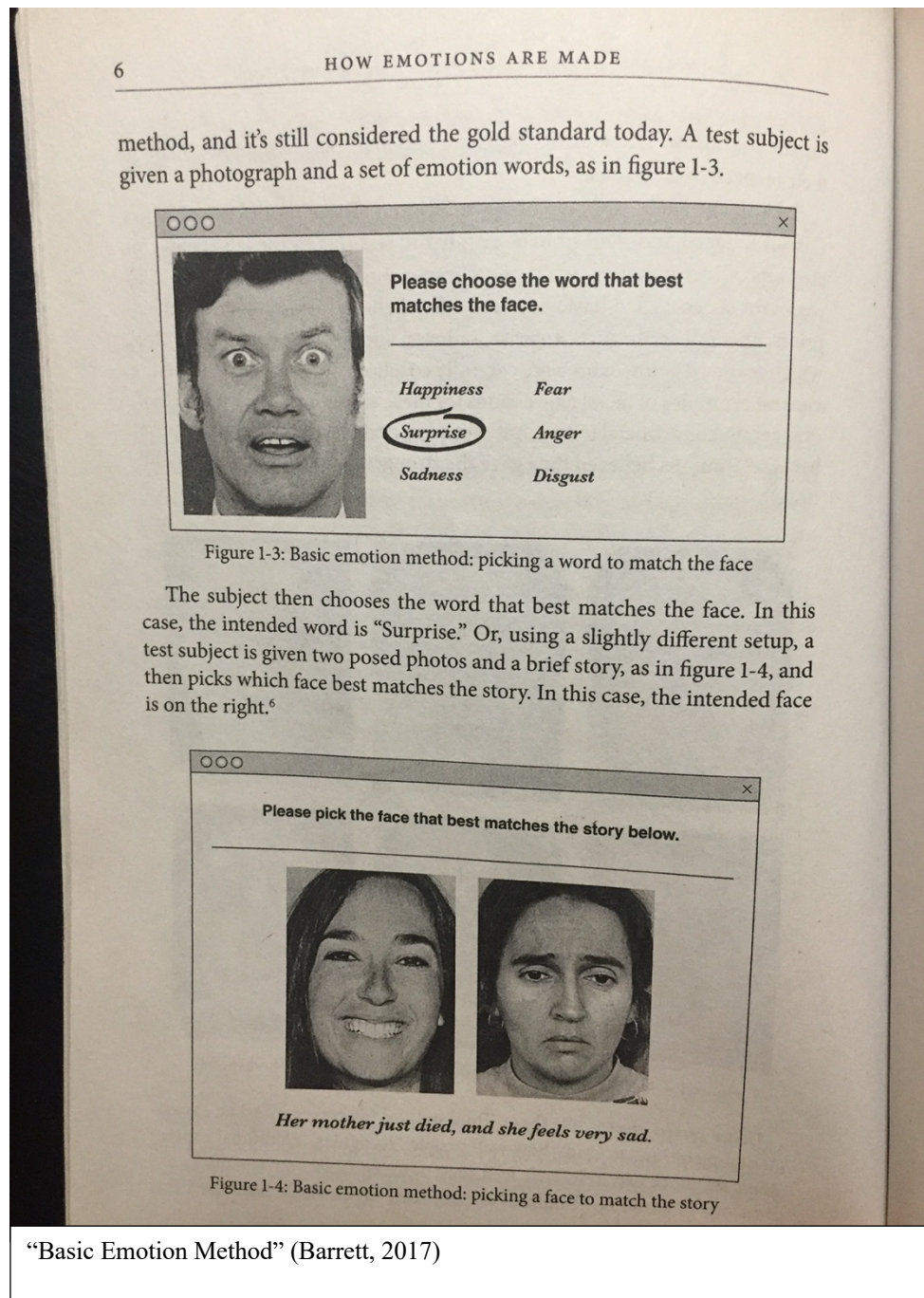
In her book *How Emotions are Made* psychologist Lisa Barrett interrogates the classical idea of the universality of emotions as a fixed part of our biological nature. This means that people experience sadness, anger, grief, sorrow, joy and so on in the same way across cultures. Emotions, she explains, were traditionally understood as part of a beast-like primitive reflex in contrast to the "rational part" of the brain. If one did not behave rationally one was considered to be an emotional animal. Barrett (2017) notes the influence of Charles Darwin's *The Expression of Emotion in Man and Animals* which instilled the idea that facial expressions were an ancient part of human nature, hardwired into our biology. For example, she notes (2017, p. 4) "When you're happy, you're supposed to smile. When you're angry, you're supposed to furrow your brow". Psychological study of "emotion recognition" confirms the evidence by posing questions to participants in ways that reinforce American-style facial expressions (See Figure 3 below). However, in studies which asked participants to label pictures based on the emotion they thought

was being expressed- without any context, variability was the norm. This means that the man who looks stereotypically “surprised” was equally labeled “frightened” and “shocked”.

Additionally, although emotions are considered as “reactive” reflexes, Barrett highlights that at any given moment individuals exhibit a pleasant, unpleasant or even completely neutral experience and the brain’s 86 billion neurons, connected to massive networks, are never “off” waiting to be jump started. Through intrinsic predictive networks we learn that a single sensory cue, such as a loud bang can have different causes- a textbook hitting the floor, a gunshot, a firework. And our brain constantly learns how to distinguish more relevant causes from less relevant ones based on their probability in different contexts and our past experiences.

Barrett continues to investigate the genealogy of emotions and offers new research testing classical premises. Throughout the book she reveals promising evidence against the classical view, revealing that emotions are not reactive and universal but rather sensory, predictive and based on our experience. She asks an important and revelatory question: “When a mind has an impoverished conceptual system for emotion, can it perceive emotion?” (2017, p. 106).

Figure 3: Toward emotional constructionism



The effect of instability and adversity on brain development in children and young adults has a substantial impact on the nervous system including negative effect on biological pathways and cellular function which, over time, significantly alters the life course (Hertzman & Boyce,

2010; Borghol, 2012; Dube et al., 2001; Shonkoff & Garner, 2012). Such repetitive negative experiences impact ability to observe emotions as they instill a limited view of reality, causing a profoundly negative and disunifying effect on the nervous system and personal identity. Given that young adulthood is a peak age period where risk of mental illness is high, and students- who are likely to be young adults currently experience overwhelming levels of distress in their pursuit of postsecondary education - it is of utmost importance to advocate for approaches that give the opportunity to both validate their experience and provide the diverse supports necessary to ameliorate it. As such, the contribution of environment to the suicide trajectory must not be overlooked. Although both cultural and biological essentialism seek to posit that there is a single, superior force that shapes the brain and creates the mind, neither is fully capable of taking full responsibility (Barrett, 2017). The historical reductionist and suppressive view of emotions as reactive and primitive has left much unstudied on the connection between the brain, body, mind spirit and environment. As mental health research and practice continues to gain increasing attention in contemporary society, I argue that instead of creating distinct categories of “mental” and “physical” health, we must (against all the traps of a more simple, classical essentialist view) broaden our language to encompass the interplay of culture and biology to enrich our understanding of emotions and enable more access to wellbeing. I argue that the experience of an uncomfortable emotional state is not “weak”, “wrong” or something that one “struggles” with, but rather a fundamental part of what it means to be human. Elaborating on Barrett’s constructionist critique, the following section narrows in on contemporary definitions of “health” and “wellbeing” and situates the current study alongside these discourses.

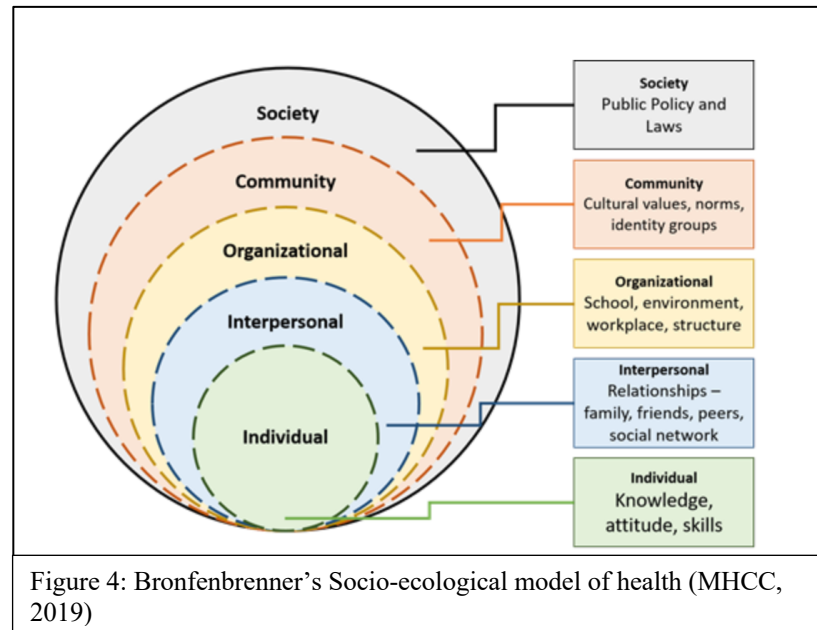
What is “Health and wellbeing”?

In 1986, the World Health Organization (AAPG, 2017) defined “Health” as a dynamic state with physical, cognitive, emotional, spiritual and social dimensions and a resource for everyday life. This understanding of health opposes a hospital-centered and illness-based system (Crisp, Stuckler, Horton, Adebawale, & Bailey, 2016) and instead promotes a health-based person-centered system through “a focus on assets rather than deficits” (AAPG, 2017, p. 17). “Wellbeing” is understood as integral to “Health” but the two can be separated. AAPG (2017, p. 17) describes wellbeing (based on a Mental Capital Wellbeing project from 2008) as a “dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong positive relationships with others and contribute to their community”. Within the WHO framework, “wellbeing” is understood both as a means to and a mode of health.

Even though arts-based approaches are framed as effecting a system of “health and wellbeing”, this study specifically focuses on arts activity in the context of “wellbeing”. Additionally, in this study, “wellbeing” is equated with terms like “mental health” and “wellness” as I read their boundaries as permeable. Moreover, I conceptualize “health and wellbeing” as a circuitous state influenced by interrelated physical, cognitive, emotional, mental, spiritual and social dimensions. I resist the idea that “health and wellbeing” is the ultimate goal of living as it inadvertently positions those who experience illness or illness symptoms as lesser than and assigns value to “positive” mental states. I frame “wellbeing” as opportunities to practice acceptance, openness, inclusiveness, non-judgement and compassion. Conceptualized as a circuitous state of being influenced by various components, health and wellbeing becomes accessible for all abilities and life circumstances.

Bronfenbrenner's Socio-ecological model of health

Bronfenbrenner's socio-ecological model of health¹ describes the various levels at which health can be fostered, including societal, community, organizational, interpersonal and individual realms. I employ this holistic approach to health as it aligns with a constructionist view of emotions and



the research stating that environmental enrichment has a substantial positive effect on wellbeing. The purpose of distinguishing between social realms is not to overlook their interconnectedness, but to provide terms of reference which encourage a variety of interventions thereby increasing access to health and wellbeing.

This approach is not to undermine the individual effects of mental illness but to expand its definition to include the idea that cultural attitudes/norms are a source of illness and individuals may just be adjusting to a society that is very sick. Stigma in action is perverse and insecure, “an attribute that is deeply discrediting that reduces the bearer from a whole and usual person to a tainted, discouraged one” (Goffman, 1963, p. 3). What is required is a shift towards a more holistic conception that acknowledges the interrelationship of physical, mental, emotional, spiritual and social elements that comprise a state of *health and wellbeing*.

In taking this integrated approach, I theorize that much of the depression and anxieties young people endure are due to adverse environments that hinder health and wellbeing through

¹ Retrieved from the Mental Health Commission of Canada's [Psychological Health & Safety for Post-Secondary Students](#) draft standard (MHCC, 2019)

repeated exposure to distress without the infrastructure or culture necessary to ameliorate it and scarce opportunities to cultivate health and wellbeing. If our sole reference to poor mental health is “mental illness”, then it becomes clear that as a culture we do not value the interrelationship between mental, physical, social and spiritual health. And even then, in perverse and insecure terms, we mock and demonize those with diverse mind body systems to detach ourselves from any social responsibility to understand their reality as part of our own. As the neoliberal push towards individualism permeates through societal, institutional, organizational, interpersonal and individual realms I underscore the need to offer an alternative narrative that seeks to connect students and young people with access to resources that enable health and wellbeing to lessen the blow of the adverse postsecondary environment.

Part Two: Literature Review

The arts, health and healing

The use of arts for healing has roots in psychiatry and clinical moral treatment interventions. Beginning in 1790, Western institutions were developed to treat the insane using utilitarian philosophy. Implicit to utilitarianism is the aspect of moral development and assimilation to cultural rules to develop moral character. Eighteenth-century doctrines of insanity claimed physical causes (e.g. “clogging or weakening of fibres, imbalance of bodily fluids”) and towards the end of the century, “moral” sources of illness-desires, lusts, vices, unruly passions were established (Hogan, 2001). In this sense, the “insane” person’s way of life continued to function as a deligitimate way of being but psychotherapists began to assume that they were also capable of “natural”, normative responses with the advent of moral treatment. Patient engagement in art-making was introduced as part of a humane “management” to rehabilitate the insane in contrast to the historical punitive treatment (i.e. asylums). Through the art, the “mad

doctor” (those who treated the insane) could tap into emotions and how they relate to the patient’s circumstance and with this knowledge suggest behavioural adjustments (Hogan, 2001).

Hogan (2001) demonstrates that Art Therapy has a complex and often misinterpreted history. Some art therapists today have the idea that art therapy developed exclusively out of psychoanalysis when this is not the case. The field has a range of philosophical approaches including “analytical art therapy” which emphasizes a transferential relationship between client and therapist, “art psychotherapy” which emphasizes verbal analysis of the patient’s produced artwork and “art therapists” who may not be inclined to verbal analysis and are instead interested in the self-regulating and spiritual healing process of artmaking (Hogan, 2001). By the end of the eighteenth century, the definition of madness shifted from an indication of a bestial, primitive, irrational being to a subject that would be morally condemned “if they refused to recognise their state or if they did not control the signs of their madness and so disturbed the rest of society” (Hogan, 2001). Mad subjects were seen as pathologically conditioned but capable of achieving humanity through moral treatment. The development of psychiatric pathologization assumed that the mad subject is not part of a social reality along with an individual reality. In a sense, pathologization privileges “What is wrong with you?” over “What happened to you?” (Gardiner, 2019).

Figure 5: Forms of Arts-based/creative engagement



Contemporary literature focused on Arts, Health and Healing wear many different academic hats with opposing theoretical orientations and stances on mental health and mental illness. Sources include: *The Canadian Psychiatric Association Journal*; *Clinical Nurse Specialist (CNS)*; *Journal of the National Medical Association*, *Canadian Art Therapy Association Journal*; *Psychotherapy Research*, *International Journal of Mental Health Promotion*; *Arts and Health*, *International Journal of Cultural Policy*, *Qualitative Research Journal*; *Design For Arts Education Journal*; *Physician Executive Journal*; *Suicide and Life-Threatening Behaviour Journal* (*The American Association of Suicidology*); *Nordic Journal of*

Music Therapy; Counselling Psychology Quarterly; Journal of Mental Health; British Journal of Occupational Therapy; Health and Social Care in the Community; Disability and Society; Journal of Leisure Studies and more. Throughout the literature, arts-based engagement is an umbrella term for various kinds of activity that enables creative freedom (See Figure 5 above). Arts-based engagement can take many forms along a spectrum ranging from seemingly more passive spectatorship activities (e.g. going to a movie, exhibition, gallery) to more active participation (e.g. performance, drama, dance, drawing). Many activities referenced in the literature seem to fall somewhere in the middle of this spectrum (e.g. reading, knitting, drumming) where passive and active components have more or less equal weight. Community led arts-based health approaches are a key feature of scholarly study on the impact of arts on health. The socially inclusive environment of arts-based community initiatives are consistently cited as enabling individuals to feel seen and heard (Gallant et al., 2019; Timm-Bottos, 2017; Kennedy et al., 2018; Sagan, 2012, 2015; Hacking, Secker, Spandler, Kent & Shenton 2008; Heenan, 2006; Lloyd, Wong, & Petchkovsky, 2007; Rio, 2005). Through the company of a supportive, non-judgmental community, individuals are able to develop concepts like emotional regulation, self-government, self-efficacy and healing (See Figure 6 below).

Figure 6: Outcomes of Arts-based/creative engagement



Government-level approaches were also collected including The Canadian Index of Wellbeing; All-Party Parliamentary Group (APPG) in the United Kingdom; Australia Council for the Arts and specialized independent research authorities such as Hill Strategies (2013). Despite the varying epistemologies, all sources demonstrate the role of arts-based engagement in cultivating health and wellbeing for individuals and communities. The Creative Health and Wellbeing report (APPG, 2017) articulates that disadvantaged and marginalized groups are disproportionately affected by poor health and are well represented in arts and health activities. Interestingly, a few sources underscore the cost-savings associated with arts-based health

interventions as they relieve pressure on front-line public services (AAPG, 2017; Brown & Mills, 2004; Hajar, 2015). Although all sources highlight the health value of arts-based engagement, the evidence they provide to support their claims varies widely due to the range of theoretical positions involved in this work. A distinction remains between art as therapy vs. art as therapeutic. Many Art Therapists and particularly Gestalt Art Therapists employ a more extensive view between healthy and unhealthy whereby the “line between normal self-growth and therapy is blurred” (Feder & Feder, 1981, p. 77). While Art Therapy “refers to a service being offered to patients with a particular clinical goals in mind” (APPG, 2017, p. 21), psychosocial models of care/preventative strategies acknowledge the creative impulse as fundamental to the experience of being human and to balancing bodily systems and the social environment. There is much overlap on the benefits to engaging in creative activities between studies conducted across the epistemological spectrum involved at the intersection of arts, health and wellbeing.

Evidence on Arts-based Health Interventions

Beginning in the 1940s, connections between pituitary and adrenal glands- called the HPA axis- have been analyzed as a factor in psychosomatic mechanisms. Major depressive disorder, bi-polar disorder, and attention deficit hyperactive disorder are all connected to the HPA axis and its excess production of the stress hormone cortisol, contributing to brain deterioration. Slaby (1992) describes that decreased serotonin levels were found in the brains of those who die by suicide and that disturbances of serotonin metabolism are associated with mood disorders. A distinguished professor of Psychology and Art Therapist, Mihaly Csikszentmihalyi has stated that “the whole of society needs art therapy, not only the emotionally disturbed” (Madden & Bloom, 2004, p. 142). Csikszentmihalyi makes concrete connections between a state

of creative “flow” and soothing the nervous system. He suggests that the nervous system is only capable of processing 100 bits of information per second. When one is deeply immersed in creative activity much of the capacity of the nervous system is occupied and so we become less conscious of physical or psychological pain when in the creative state. This explains why the use of arts are also popular in long-term care and palliative care contexts, where it serves the function of distracting patients from their physical pain and provides comfort. Csikszentmihalyi describes creative absorption as a “state of focused concentration, a sense of being outside reality, combined with great inner clarity and knowledge that a creative objective can be achieved, which carries its own reward” (APPG, 2017, p. 29). Mindfulness- a mix of Buddhism, positive psychology, cognitive behavioural therapy and neuroscience- requires a similar “flow”, a sense of absorption and presence in the moment that occurs during arts-based engagement. Other art therapy research describes that exploring ideas and feelings indirectly through creative activity can help to make sense of uncomfortable emotional states (Gallant et al., 2019; Kennedy et al., 2018; Timm-Bottos, 2017; Odell-Miller, Hughes, & Westacott, 2006; Brown & Mills, 2004; Madden & Bloom, 2004; Threlkeld, 2003; Young-Mason, 2000; Irwin, 1984; Migneault, 1967).

Although most empirical study on the effects of creative activity on health and wellbeing employ self-report measures, Madden & Bloom (2004) state that creativity has both affective and cognitive implications that result in direct and indirect physical effects. Arts and especially music have been shown to induce calm across a range of physiological indicators such as neurological activity, blood pressure, peripheral temperature and heart rate. Visual stimuli in “plastic” arts have direct cardiovascular and neurological impacts (Ulrich, Dimberg and Driver, 1990). In a psychophysiological study, Ulrich et al (1979; 1981; 1990) and in study of leisure by Heywood

(1978), indication of the promise of physiological benefits (i.e. stress reduction) attributed to engagement with natural visual landscapes and passive activity are notable. Ulrich, Dimberg, and Driver (1990) highlight psychophysiology as a method that seeks to measure physiological responses as they relate to human qualities such as emotion, cognition, attention and stress responses. There are four major bodily response systems including the electrocortical, autonomic, skeleto-muscular, and endocrine. The assessment of each response system can be achieved through measurement of brain activity, cardiovascular activity, skin conductance, muscle tension and stress hormones. As Ulrich, Dimberg, and Driver (1990) note:

“Important indicators of electrocortical activity are the rhythmic brain potentials (e.g., alpha waves, beta waves), called the electroencephalogram (EEG), and cortical evoked potentials. The autonomic nervous system controls glands, internal organs, and involuntary muscles. Major autonomic response parameters include cardiovascular activity (e.g., heart rate, blood pressure, blood volume), and sweat gland activity which usually is measured as electrical skin conductance in the hands. Responses from the skeleto-muscular system, such as muscle tension, can be measured by recording electromyographic (EMG) activity with skin electrodes attached over specific muscle regions. Assessment of endocrine activity involves biochemical measurement of various stress hormones such as epinephrine and norepinephrine levels in blood and urine samples.” (p. 155)

Stress responses are associated with increased physiological activity such as heart rate, blood pressure, skin conductance, muscle tension, blocking of alpha EEG activity and higher levels of stress hormones such as epinephrine (Ulrich et al., 1990). Ulrich et al highlights that emotional states correlate to various physiological responses and that external stimuli which stimulate positive affect in individuals can contribute greatly as environmental mediators of stress and uncomfortable emotional states. For instance, Ulrich et al (1990) measures electrocortical activity when participants are exposed to natural visual landscapes, they experience higher alpha frequency levels which induce a waking state of relaxation. Both Heywood (1978) and Ulrich et al (1990) find that engaging in passive leisure activity that participants find enjoyable (i.e. watching television, listening to music, reading) provides a source of restoration and stress

reduction [e.g. “reductions in heart rate, skin conductance, upper back muscle tension, and respiration” (Ulrich, et al., 1990, p. 160)] also referred to as “temporary escape” from stress (Ulrich et al., 1990). In a quasi-experimental study Visnola, Sprudza, Bake, and Pike (2010) find that engaging in art therapy significantly reduced participant anxiety and stress hormone (i.e. cortisol) levels.

Many research studies point to the affective benefits of arts-based engagement, enabling the development of ability to cope with emotions and facilitating self-discovery and self-efficacy (Heenan, 2006; Orjasaaeter and Ness, 2017; Hacking et al., 2008; Lloyd et al., 2007; Rio, 2005; Sagan, 2012, 2015). Coinciding with these findings, Hill Strategies 39th Report in the Statistical Insights on the Arts series called “The Arts and Individual Well-Being in Canada” (2013) show that there is a strong connection between cultural activities and indicators of health and wellbeing. Data were drawn from the Statistics Canada’s General Social Survey of 2010- an in-depth telephone survey of about 7 500 Canadians 15 years of age or older. Engagement in “cultural activities” (i.e. art gallery visits, theatre attendance, classical music attendance, pop music attendance, attendance at cultural festivals and reading books) is significantly associated with strong satisfaction with life, better health and higher volunteer rates. Importantly, significant demographic factors include education, household income, physical activity levels, children at home, rural residence, household language and visible minority status of the respondent. Low socio-economic stability negatively impacts socio-emotional development in children and is a significant barrier towards arts participation (AAPG, 2017). Such social determinants of health must be addressed when considering how to make arts-based supports accessible. Additionally, researchers at the University of Warwick conducted telephone interviews with more than 700 Western Australians and found that high levels of arts

engagement resulted in significantly increased levels of subjective wellbeing in comparison to low-attending counterparts (AAPG, 2017). The threshold in this case was 100 hours of arts engagement a year, translating into 2-3 hours a week.

Therapeutic benefits attributed to arts-based youth interventions are notable. In a qualitative study examining the impact of community-based art initiatives on youth in mental health recovery Gallant et al (2019, p. 1) note that “pathways to wellness are often circuitous, wellness is not dependent on the presence or absence of symptoms”. Those considered “mentally ill”, who experience the vigorous intensity and inflexibility of their state are invited to process and escape through art and generate a sense of hope through social inclusion. Engagement in activities and duties that youth find personally meaningful provides a source of wellbeing and works to restore the mental aspect of health through the satisfaction and self-determination that comes with fulfilling purpose based on cultivating strengths and meaningful aspects of their individual lives (Gallant et al, 2019; Kennedy et al, 2018). As participants engage with creative activity they reveal and process emotions and thoughts and through sense of belonging and self-expression gain strength and acceptance of their state. Through the use of inclusive community-based art initiatives that provide care, friendship, trust and reciprocity youth who endure the depths of madness are no longer excluded and suppressed. Importantly, arts-based engagement reduces the stigma associated with poor mental health through allowing participants to feel heard and seen as artists communicating about their experiences, rather than as “ill” mental health patients.

A Holistic approach: Arts-based Health Interventions

The evidence base on the effects of art on health and wellbeing is robust in measures of subjective affect, but little empirical research seeks to incorporate more comprehensive methods

that speak to the interrelationship between biological, mental, cognitive, emotional, spiritual and social determinants of health and wellbeing. Additionally, the stigma of poor mental health complicates efforts by researchers, arts organizations and policy-makers to create and sustain an infrastructure for arts and health which supports the development and implementation of a variety of arts-based initiatives that meet the diverse needs of vulnerable populations (AAPG, 2017; Madden & Bloom, 2004). The AAPG (2017) report underscores the need for combined methods for contexts such as mental health “where outcomes have to be subjectively validated by the participants, and where intended outcomes may not translate straightforwardly into measurable health improvements on clinical scales”. Madden & Bloom (2004) and Cox, Lafrenière, Brett-Maclean, Collie, Cooley, Dunbrack, Frager (2010) describe that proper substantiation in arts policy requires “hard” scientific evidence in order for advocacy to be persuasive but this disregards that evidence is only one factor in forming policy. Researchers in the area of arts-based health and policy echo the need to consolidate the evidence base on arts and health. As highlighted in AAPG (2017, p. 42) :

“there is no such thing as evidence-based policy. Evidence is the six-stone weakling of the policy world. Even its more enthusiastic advocates are inclined to prefer the phrase ‘evidence-informed’ policy”.

More than an evidence base, they note, intrinsic to policymaking is the belief that some change of belief is necessary and therefore what is required is a “social process rather than a scientific process” (AAPG, 2017, p. 42). Although numerous self-report studies find arts-based health interventions contribute to health and wellbeing, expanding the field of arts and health requires diverse forms of evidence to cultivate new forms of knowledge about “health and wellbeing”. In the wake of increasing rates of student distress and suicides, benefits derived from

self-report measures still contribute to a growing indication of the potential of arts-based interventions.

Summary

In this chapter I have provided an integrated constructionist research framework following works from Barrett (2017) and Bronfenbrenner's socio-ecological model of health. Through the constructionist framework I develop, I underscore the compromising effect of adverse experiences and trauma on the nervous system, cellular function and biological pathways. In the literature review, I outline the promise of arts-based approaches as they have been cited to regulate stress hormones which exist in excess for those who experience a major depressive disorder, bi-polar disorder, and attention deficit hyperactive disorder and cause brain deterioration over time.

Chapter 3 Methodology and Methods

Introduction

“Wellbeing” is a phenomenon of interest across many academic disciplines with different orientations and research methods. In this chapter I map out my approach to studying arts-based approaches to cultivating wellbeing. In alignment with qualitative research, applied interpretive inductive methods are used to assess the presence of arts-based activity for student wellbeing at university and how such initiatives concretely describe the effect of arts on wellbeing.

Methodological Framework

The methodological framework for this study is situated within a broad area of textual readings. I am interested in discourse theorist Norman Fairclough, and his theory of discourse analysis as uncovering discursive relations which exist within local, institutional and societal domains which are in constant dialogue with each other (Fairclough, 1992, 1995, 2010). The practical and material conditions of discourse illuminate ideological work and how ideology functions to position subjects and produce long-term structural effects through repeated discursive practice (Fairclough, 2010). As such, the texts analyzed represent discourse data to understand the meaning of wellbeing and use of arts conveyed by Canadian universities.

Building on Fairclough’s theory of discourse analysis, Stuart Hall’s *Representation: Cultural Representations and Signifying Practices* (1997) is used to guide the analysis by locating the ‘signifier’ or signs of the natural and material world (i.e. topics, words, phrases) and the ‘signified’ or meaning they communicate based on our own concepts. Language as a representational system, he notes, is a signifying practice (Hall, 1997).

My approach aligns with what Luker (2008) refers to a qualitative logic of discovery. Traditional quantitative methodology requires that researchers know what the variables are, how

to measure them in ways that seem logical to others working in the area, have a good idea of how variables are related and use literature to conceptualize certain variables as independent causes to other dependent variables. Quantitative research was able to empirically test theory based on a model of deductive reasoning that would ensure replicability, reliability and validity. The quantitative assumptions built into the model privilege a logic of verification over a logic of discovery (Luker, 2008). In his epistemology of qualitative research, Becker (1996) seeks to sort out the debates that flow from comparing quantitative and qualitative methods. The epistemology of qualitative methods he notes (1996), cannot be scrutinized against a quantitative framework of reliability, validity and hypothesis testing. Qualitative methods follow an analytical system of accuracy, precision and breadth to make sense of contexts and situations.

As the academic field of arts and health continues to emerge with much to discover, I use a qualitative approach to evaluate the current scope of arts-based supports at university by critically engaging with the discourse they offer about wellbeing and the value of art activity to student wellbeing. This study adopts a semi-structured inductive approach to close reading, analyzing specific traits of the texts which are then used as data to support interpretations. The advantage of inductive close reading of texts over other qualitative methods (e.g. interviewing, case study) is that it can function as an applied method. A sample of texts can be used as discourse data/cultural artifacts from which broader themes can be derived and used to inform program and policy recommendations (Hatch, 2002).

The first stage of analysis addresses RQ1 **“To what extent is art being used at university to foster health and wellbeing of students?”** A systematic search was conducted to locate the institutions which are currently offer arts-based activities for student wellbeing. To respond to RQ2 **“What can be learned about the use of creative approaches to health and**

wellbeing at university through close reading of online content?” the second phase of analysis uses close reading to evaluate how institutions describe wellbeing and how arts-based activity influences wellbeing. Specific topics, words, and phrases used to connect use of arts to wellbeing are analyzed within and across texts. Texts within the sample are compared to generate broader themes for the purpose of informing wellbeing program and policy practices at university.

Data Collection

I carried out the data collection across two phases. In phase one I focused on finding any existing frameworks for arts-based wellbeing at Canadian universities as represented on university websites. In the second phase I was interested in analyzing how universities discursively communicate about wellbeing and use of arts for wellbeing.

Phase 1 Data Collection

To answer RQ1, I retrieved a list of 101 accredited Canadian post-secondary institutions to investigate. The institutions considered for this project adhere to the following criteria:

- “being chartered, licensed or accredited by the appropriate Canadian higher education-related organization
- offering at least four-year undergraduate degrees (bachelor degrees) or postgraduate degrees (master or doctoral degrees)
- delivering courses predominantly in a traditional, face-to-face, non-distance education format” – (Unirank, 2020)

Following the list, the search process consisted of systematically searching each school with the phrase “arts and wellbeing” attached. Each of the 101 schools on the list were inputted into Google search bar “x university/college *art and wellbeing*”. After this initial search, I selected university pages found to engage with art and wellbeing in order to further investigate what support systems were available. Some forms of arts-based wellbeing support were found during

the initial search (e.g. McGill University Art Hive, Queens University Art at Agnes Etherington Centre, Centre, Bishops University Foreman Art Gallery Community Art Lab), but the majority required further page exploration. By this I mean texts were chosen as part of the sample if they were found to offer a form of arts activity specifically connected to supporting student wellbeing. I looked for arts-based events, spaces, workshops, groups and programs aimed at enhancing wellbeing. I found that a total of 20 schools and 31 texts engaged with a dialogue on arts-based approaches to wellbeing for students. 14 out of 20 schools and 18 out of 31 texts were found to offer an event, space, workshop, group or program dedicated to supporting student wellbeing through art activity. All web texts were accessed between August and October of 2019.

Phase 2 Close Readings of online representations of arts and wellbeing

To answer RQ2 **“What can be learned about the use of creative approaches to wellbeing at university through close reading of online content?”** I employ the method of close reading also referred to as “close textual analysis” outlined in De Castilla’s chapter in The SAGE Encyclopedia of Communication Research Methods (2017). De Castilla (2017) explains that close reading enables the discovery of patterns, forms and other systems within a text to understand its message and provide insight into how texts function as communicative cultural tools. Through linguistic and/or visual techniques of noticing a text, a reader may make educated guesses on what a text signifies. By questioning and classifying the contents of a text, a reader can reasonably induce the message of a text. To guide the close reading I ask, “what topics are addressed as informing wellbeing?” and “what words and/or phrases are used to connect arts activity and wellbeing?” Using the generated data I offer an interpretation of the messaging in each text. Lastly, I compare the messaging in all texts to generate broader themes about use of arts and wellbeing. Through analyzing the texts, I seek to understand how wellbeing is defined,

how arts and creative activity are discursively connected to wellbeing and how students are instructed to relate to art for wellbeing.

Summary

In this chapter I have provided an overview of the methodology, highlighting two approaches, a systematic web search of Canadian post-secondary institutions with the phrase “arts and wellbeing” attached., and close readings involving the questioning and classification of contents (topics, words, and phrases) which work as discursive symbols communicating a message about wellbeing and the influence of art activity. In the chapter which follows I offer my analysis.

Chapter 4 Findings

Introduction

In this chapter I provide the results of the data collection carried out in Phase One and offer my analyses of the documents collected in Phase Two. I conduct a brief inductive close reading, offering concise interpretations of each text and provide a summary of the findings across the 18 texts that met the criteria for analysis. Looking across the texts I examine broader themes/discursive similarities in how they communicate about wellbeing and the impact of arts on wellbeing. These findings seek to provide valuable insight into the current landscape of arts-based support for student wellbeing. In the chapter that follows, I critically engage with the implications of the findings.

The texts

20 Canadian institutions offered a dialogue on arts activity and wellbeing and the majority offered one or multiple forms of arts-based wellbeing support for a total of 31 web sources found. These institutions include: **(1)** Bishops University, **(2)** Brock University, **(3)** Capilano University, **(4)** Carleton University, **(5)** Concordia University, **(6)** McGill University **(7)** McMaster University, **(8)** Memorial University of Newfoundland, **(9)** Ontario College of Art and Design (OCAD), **(10)** Queens University, **(11)** Ryerson University, **(12)** The University of British Columbia, **(13)** Trinity Western University, **(14)** University of Calgary, **(15)** University of Guelph, **(16)** University of Manitoba, **(17)** University of Ottawa, **(18)** University of Toronto, **(19)** University of Windsor, **(20)** The Université du Quebec à Montreal (UQAM). The following table depicts the 31 web sites found and indicates which of the institutions and their web sources met the criteria for close reading. The criteria for analysis refers to any arts-based supports in the form of an event, space, workshop, group, or program aimed at enhancing wellbeing.

Table 1: Search Results of UniRank (2020) A-Z List of Accredited Canadian Higher Education Institutions + phrase “arts and wellbeing”

Name of Institution	Title of text(s)	Met analysis criteria?	Link to text
1. Bishops University	“Community Art Lab”	Yes	http://www.foreman.ubishops.ca/community-art-lab.html
	“Exhibitions; Drawing from our experience: Mental health in focus”	Yes	http://www.foreman.ubishops.ca/exhibitions.html
2. Brock University	“Brock proposal sees a new era for the arts in downtown St. Catharines”		https://brocku.ca/media-room/2019/04/02/brock-proposal-sees-a-new-era-for-the-arts-in-downtown-st-catharines/
3. Capilano University	“Self-Care & Well-Being at Capilano University: Happy, Healthy, Comfortable”		https://www.capilano.ca/media/capilano.ca/student-life/academic-support/centre-for-student-success/student-affairs/well-being/Handbook-for-Self-Care-and-Well-Being.pdf
4. Carleton University	“Mental Health”	Yes	https://students.carleton.ca/log/mental-health/
5. Concordia University	“A hive of art and healing”	Yes	www.concordia.ca/cunews/offices/vpaer/aar/2018/09/28/a-hive-of-art-and-healing.html
	“Arts in Health Research Collective”		https://www.concordia.ca/finearts/creative-arts-therapies/research/ahrc.html

	“Canadian First: Concordia opens International Art Hives Network Headquarters” “Preventative and patient-centered: How Concordia is tailoring its mental health services to student realities”		https://www.concordia.ca/cunews/offices/vpaer/aar/2018/06/11/canadian-first--concordia-opens-campus-art-hive-and-international.html www.concordia.ca/news/stories/2018/11/08/preventive-and-patient-centred-how-concordia-is-tailoring-its-mental-health-services-to-student-realities.html
6. McGill University	“Arts Health and Wellness Week 2018”	Yes	https://mcgill.ca/oasis/resources/health-wellbeing/arts-health-and-wellness-week-2018
7. McMaster University	“Art and Emotions” “The Art of Wellness”	Yes Yes	https://wellness.mcmaster.ca/program/art-and-emotions/ https://wellness.mcmaster.ca/the-art-of-wellness/
8. Memorial University of Newfoundland	“Homelessness Arts: Improving Well-being through singing “Pathways to Well-being”	Yes Yes	https://gazette.mun.ca/events/public-talkroundtable-homelessness-arts-improving-well-being-through-singing/ https://www.mun.ca/student/equity/well-being/well-being.php

	“The Arts and Health”	Yes	https://www.nlcahr.mun.ca/Research_Exchange/TheArtsHealth.php
9. Ontario College of Art and Design University (OCAD)	“TODO Talks Symposium: Design and the pursuit of well-being”	Yes	https://www2.ocadu.ca/keyword/well-being
10. Queens University	“Wellness through creativity”	Yes	https://www.queensu.ca/gazette/stories/wellness-through-creativity
11. Ryerson University	“Mental Health and Wellbeing; Ryerson Mental Health and Wellbeing: Everyone’s Responsibility”		https://www.ryerson.ca/mental-health-wellbeing/
12. The University of British Columbia	“Culture, Creativity, Health and Well-Being”		https://research.ok.ubc.ca/research-excellence/research-clusters/cchb/
13. Trinity Western University	“Art + Wellness Verge Conference 2019”	Yes	https://www.eventbrite.ca/e/arts-wellness-verge-conference-2019-tickets-58757046909
14. University of Calgary	“Art, Music and Wellbeing” “Recognition... Validation... Reassurance... Art + Mental Wellness: A social practice public art project by Dick Avern’s” “UCalgary mental health services”	Yes	https://www.eventbrite.com/e/art-music-and-wellbeing-tickets-68394865885?aff=erelexpmlt https://www.calgary.ca/CSPS/Recreation/Pages/Public-Art/Recognition-Validation-Reassurance-Public-Art.aspx?redirect=/rvr https://www.ucalgary.ca/wellness-services/services/mental-health-services

	“Drop-in spaces and programs” “Hang @ the Hub”	Yes	https://www.ucalgary.ca/wellness-services/services/drop-in https://events.ucalgary.ca/wellness-services/#!view/event/event_id/5664
15. University of Guelph	“U of G Art & Objects Scavenger Hunt Activity”	Yes	https://www.uoguelph.ca/wellnessatwork/news/2019/08/u-g-art-objects-scamenger-hunt-activity
16. University of Manitoba	“Helping wellness succeed”		https://news.umanitoba.ca/helping-wellness-succeed/
17. University of Ottawa	“The Arts and Individual Wellbeing in Canada: a brief review of research on recreational arts engagement, health & wellbeing”	Yes	www.chnet-works.ca/index.php?option=com_rs_events&view=events&layout=show&cid=364%3Athe-arts-and-individual-wellbeing-in-canada-a-brief-review-of...
18. University of Toronto	“ArtBreak”	Yes	https://www.ulife.utoronto.ca/organizations/view/id/127575
19. University of Windsor	“School of Creative Arts ‘one of the most exciting creative spaces in Canada”		www.uwindsor.ca/dailynews/2018-03-22/school-creative-arts-one-most-exciting-creative-spaces-canada

20. The Université du Québec à Montreal (UQAM)	“MMFA and UQAM Present The Symposium Art, Health and Well-being”	Yes	https://salledepresse.uqam.ca/communique-de-presse/general/11860-le-mbam-et-l-uqam-presentent-le-symposium-art-sante-et-mieux-etre-2
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All but six universities were chosen for analysis. Many were found to offer an event, space or workshop, group or program aimed at enhancing wellbeing. Use of arts and wellbeing were most connected to a context of self-care, mental health and culture. Through their discourse, the majority of schools explore and appreciate the effect of arts activity on wellbeing.

Close readings of websites

Fourteen out of 20 schools and a total of 18 of the 31 web sources met the criteria for analysis. The institutions that offered access to arts-based supports are: **(1)** Bishops University, **(2)** Carleton University, **(3)** Concordia University, **(4)** McGill University, **(5)** McMaster University, **(6)** Memorial University of Newfoundland, **(7)** OCAD University, **(8)** Queens University, **(9)** Trinity Western University, **(10)** University of Calgary, **(11)** University of Guelph, **(12)** University of Ottawa, **(13)** University of Toronto and **(14)** The Université du Québec à Montreal (UQAM). The table below provides a brief close reading of the discursive strategies which describe wellbeing and connect use of arts to wellbeing. Following Table 2, I provide a short summary of discursive themes which arose looking across the texts.

Table 2: Discourse data on wellbeing and impact of Art

Institution	Title of text(s)	Type of Support	What topics frame “wellbeing”?	Words/phrases connecting arts activity to wellbeing?
Bishops University	“Community Art Lab”	Space	Community	
	“Exhibitions; Drawing from our experience: Mental health in focus”	Event	Mental Health, Personal experiences	“How Does Art Teach?”, Sharing feelings of gratitude
Carleton University	“Mental Health”	Program	“Mental health is just as important as physical health”, “Stressful times”, “good mental health as thriving”, “alleviate distress”,	“art therapy” “paint therapy”

			“promote healthy functioning”	
Concordia University	“A hive of art and healing”	Space/ Program	“holistic” “social component” “creative” “equal footing” “identity is flexible” “... put aside these labels and meet up as humans” “nourishing” “learn” “regenerate”	Therapy, creation, “open-ended, comfortable, non-competitive communal atmosphere” “healing” “public practice art therapy” “The art hive presents an opportunity for people to be who they really are” “honours different ways of knowing, different types of intelligence” “healing power of art” “community model”
McGill University	“Arts Health and Wellness Week 2018”	Event	“Relax, Create, Enjoy!” “gathering place” “simple space” “... step out of daily challenges”	“... return to their work feeling more relaxed and focused”
McMaster University	“Art and Emotions”	Event	“Mental Health & Mental Illness” “Mindfulness & Relaxation” “Wellness Skills Programs”	“how to utilize art to develop different strategies to cope with overwhelming emotions”

Memorial University of Newfoundl and	“Homelessness Arts: Improving Well-being through singing		“Improving” “Singing”	“beat loneliness” “build confidence” “skills”
	“Pathways to Well-being”	Event	“mindfulness” “wellness” “gratitude journaling”	
	“The Arts and Health”	Group	“creative arts” “collaboration” “coalitions” “organizations” “support” “initiatives”	“creative arts therapies”
Ontario College of Art and Design	“TODO Talks Symposium: Design and the	Event	“pursuit” “Imagine” “... homes,	“.... Where everything around you is designed to keep you healthy and safe,

University (OCAD)	pursuit of well-being”		neighbourhood, and things make you feel good about yourself” “... reach your full potential” “designed” “healthy and safe” “compassionate” “state of flow”	enable you to be compassionate and reach a state of flow”
Queens University	“Wellness through creativity”	Program	“creativity” “creative powers” “personal expression” “be witnessed” “healing” “supporting culture” “holistic needs of individuals” “... needing increasing amounts of mental health supports...” “important for them to have access to various types of therapeutic	“relax, recharge, expand...” “therapeutic” “gain acceptance” “... process and support inner transformation” “flow state” “... blood pressure lowers, experiences of pain and worry drop away and personal agency is activated”

			outlets and opportunities”	
Trinity Western University	“Art + Wellness Verge Conference 2019”	Event	“discussions” “pervasive” “... touching ever-increasing aspects of life” “media” “culture”	“persons, communities, environment, economies” “healing” “health” “wellness”
University of Calgary	“Hang @ the Hub”	Program	“Need a break?” “Wellness services” “Community hub”	“...game, activity or craft to do and new friends to meet”
University of Guelph	“U of G Art & Objects Scavenger Hunt Activity”	Event	“Wellness @ Work” “Get out there and enjoy our beautiful campus this October!”	
University of Ottawa	“The Arts and Individual Wellbeing in Canada: a brief review of research on recreational arts engagement, health & wellbeing”	Event	“arts and culture... less frequently acknowledged” “public” “arts engagement”	“active and passive” “recreational” “performer vs. audience member”

			“cultural activities”	
University of Toronto	“ArtBreak”	Space/ Program	“therapy” “... take a break from their daily pressures” “...express themselves through art”	“outlet for stress relief” “... art can be an escape from the high-strung reality of university life we all know too well” “relaxed” “judgement-free atmosphere”
The Université du Québec à Montreal (UQAM)	“MMFA and UQAM Present The Symposium Art, Health and Well-being”		“collective reflection” “recovery” “art and culture” “the healing process” “... bold, multiple and holistic approach” “co-creative partnerships”	“... effects on anxiety; reduction of sedative use by children; and improved mobility”

Summary

Twenty Canadian institutions were found to offer a dialogue on arts activity and wellbeing. Some institutions offered more than one source of dialogue for a total of 31 web sites found. Discursive themes surrounding use of arts throughout the 31 websites broadly include

self-expression, growth, community, enrichment, empowerment, health and wellness. The main types of arts activities listed include performance (i.e. choir singing), exhibition, drawing, painting and crafts. The following section delves deeper into a close reading of the web sources offering a specific event, space or workshop, group or program aimed at enhancing wellbeing.

Discussion

Using the discourse data recorded in the table above, I offer inductive interpretations which address the guiding questions of the close reading. “Wellbeing” is broadly framed in a range of topics. Frequently referenced words/phrases connecting arts activity and wellbeing include therapy and healing/recovery. The implications of the discourses addressed in the 18 texts suggest a shift to a holistic community model of wellbeing and the vital role of arts communities in fostering the potential and confidence of individuals. In addition, I contend that a shift to a holistic and community-based model of wellbeing also inadvertently acknowledges that environmental factors contribute to mental illness.

Looking across the texts

Following the guiding questions, specific themes emerged looking across the texts. “Wellbeing” was generally framed in topics of creativity, mental health/wellness, relaxation/de-stress, supportive culture and community. The Université du Quebec à Montreal (UQAM) and Queens University also framed wellbeing in discourses of healing and recovery. Additionally, Bishops University and Memorial University of Newfoundland frame wellbeing with the concept of practicing gratitude. The connection of arts activity to wellbeing most notably included the therapeutic (i.e. nourishing, regenerative, relaxing, mindfulness, expressive, inner transformation) and the healing/recovery aspect of art activity. Both The Ontario College of Art and Design University (OCAD) and Queens University mentioned a therapeutic “state of flow”

resulting from engagement with arts. Queens University specifically addresses art as inducing a flow state where blood pressure decreases and experience of pain and worry subside through activating personal agency. Concordia University, Queens University, University of Toronto and McGill University propose an arts-based community model of wellbeing which emphasizes creative, holistic, supportive, open-ended, comfortable, non-competitive/non-judgmental values. These 4 universities all propose art hive spaces as providing a gathering place where people can step out of daily routine and access a supportive community that honours different ways of knowing, enabling individuals to tap into their potential and develop confidence.

“The art hive presents an opportunity for people to be who they really are”- Concordia University.

“... put aside these labels and meet up as humans”- Concordia University.

“... art can be an escape from the high-strung reality of university life we all know too well”- University of Toronto.

All texts point to a newly forming health discourse which acknowledges that diverse approaches to care are required for the sustainability of healthy communities and individuals. A few of the texts “Arts Health and Wellness Week”, “Wellness through creativity”, “U of G Art & Objects Scavenger Hunt Activity” also communicate about supplementary resources including other supports and policy initiatives that correspond to an emerging emphasis on holistic health and wellbeing. The texts analyzed communicate that arts-based health initiatives are advertised to students as an opportunity to decompress and embrace the support of a nonjudgmental community and develop concepts of personal agency, potential, confidence, acceptance and gratitude. Taken together, all texts signal a larger discourse on postsecondary campuses

emphasizing the importance of “wellbeing” and “wellness”. What remains a salient issue is the contrast between the discourses presented in the texts and broader university messaging about mental health discussed in chapter one. In particular, the pressure on students to be fully responsible for their wellbeing with discourses like “Take Charge of Your Mental Health” are lackluster and detrimental given that the current mental health system is overloaded and under resourced. Emphasis on personal autonomy is also contradicted when students disclose suicidal ideation, where they are treated as criminals and liabilities which can be severely distressing (King, 2019).

Summary

In this chapter I have looked at 18 examples of arts-based wellbeing support at 14 different Canadian Universities. Through locating topics that frame “wellbeing” and words/phrases connecting arts activity to wellbeing I highlight that Universities in Canada are shifting to a holistic understanding and community model of wellbeing in the promotion of their arts-based wellbeing supports. Through close reading I contend that current arts-based events spaces, workshops, group and programs offered in support of student wellbeing substantiate the therapeutic and healing aspect of arts-based activity and a growing interest in a community model of wellbeing.

Chapter 5 Going forward: Arts and health research and student supports

Summary of Findings

Through close reading, topics of creativity, mental health/wellness, relaxation/de-stress, supportive culture and community were found to frame wellbeing across the texts.

Words/phrases most frequently connecting arts activity and wellbeing include art as therapeutic and supporting healing and recovery. A community model of wellbeing is also addressed regularly, emphasizing values of creativity, holistic health, support, openness, comfort and expressive, non-competitive/non-judgmental attitudes to foster concepts of compassion, gratitude and acceptance.

The research base for arts and health is rooted in psychiatry and art therapy, but contemporary study interrogates a wide range of art activity as a form of social prescribing for both physical and mental ailments as well as social isolation. Intersections between arts and health are primarily researched in the United Kingdom and Australia, but in the last decade there has been major growth in Canada (Cox et al., 2010). To advance an integrated and transformative arts and health research network, researchers, academic and legal bodies, practitioners, students and community-members must engage responsibly with the variety of methods presently enmeshed in this work and improve upon the research base through collaboration and interdisciplinary contextualization. In my literature review, research pertaining to arts and creative activity were found in contexts of palliative care, clinical mental health interventions, community-based approaches to health and wellbeing and governmental-level data. A large scope of data gathered from a wide variety of methods including census surveys, questionnaires, quasi-experimental quantitative design and interviews point to an array of benefits ranging from distraction from physical pain, self-expression leading to a state of “flow”

and relief of stress and worry as well as developing concepts such as self-efficacy, self-regulation and communication through community-building. For youth mental health patients, participation in art gives a voice not tethered to a label of “mentally ill” and through the art they are able to reconcile with their pain (Gallant et al., 2019; Kennedy et al, 2018). Additionally, arts-based research proposes the use of “third spaces” between the institution and the community (Timm-Bottos, 2017) where individuals of all circumstances may come together to reduce the isolating effects of mental illness through sharing hopes and fears in the company of a supportive group.

The experience of depression and anxiety in students- rooted in adverse childhood experiences for some- and the normative assumption towards counseling further exacerbates symptoms for the many students who may not be comfortable expressing their experiences and emotions to a counselor and/or find counseling helpful alone. This is not to downplay the importance and necessity of access to counselors for students in crisis, but to acknowledge the equal importance of up-stream preventative models of care. The complexities of depression and anxiety presented in my literature review require multiple and diverse outlets and opportunities. The adverse university environment which pressures students to “be well” and exude “resilience” in spite of a nation-wide “mental health crisis” on post-secondary campuses furthering suppresses the voices and needs of students in distress. The initiatives analyzed offer students a different approach to alleviating their compounded distress and isolation. For the many students with experiences of trauma and adverse environments, arts-based supports offer an opportunity to regulate the nervous system and practice becoming grounded in the presence of a welcoming and non-judgmental community, leading to developing potential, confidence and self-esteem, healing and recovery through connection and creation. This kind of arts community model

represents an important shift where we begin to consider how cultural assumptions, expectations and values may be sources of mental illness therefore necessitating social upheaval through arts-based community channels.

The face-paced, precarious and individualistic post-secondary environment remains a significant barrier towards participation. Under the pressure of increased credentialism, students may find it difficult to engage in mindful creative activity despite its importance in cultivating wellbeing practices. In addition to offering more arts-based supports for student wellbeing, perhaps what is most important for relieving student distress is developing an integrated framework for wellbeing which emphasizes supports at various individual, interpersonal, organizational, community and institutional intersections to shift societal norms surrounding wellbeing and mental illness. Below, I offer recommendations in response to the findings and discussion.

Recommendations

In this section I consider all the various players and actors in universities and have developed a set of 9 recommendations. In offering these recommendations I draw on Bronfenbrenner's socio-ecological model of health which I explored in chapter 2. I propose recommendations to hold various stakeholders accountable. The following recommendations are based on the themes from the literature as well as my own perspective as an arts facilitator, student, and experience with trauma, depression and anxiety.

For academic and legal bodies:

1. **Collaboration:** To ameliorate the level of distress which students are likely to experience in pursuit of post-secondary education, stakeholders who exercise more power must emphasize a collaborative model of accountability involving various actors.
2. **Prevention:** As stakeholders who influence the distribution of resources academic and legal bodies must emphasize prevention and broaden access to health and wellbeing to reduce the burden on students.
 - Consider Bronfenbrenner's socio-ecological model of health and begin to establish and facilitate the implementation of health and wellbeing supports at individual, interpersonal, organizational levels to alleviate stigma surrounding mental health and illness.
3. **Grief Support:** Proactively create a grief support system in collaboration with health services, students and other relevant community stakeholders where, in the event of student death by suicide, a structure is in place for students affected by the tragedy.
4. **Accommodation:** Consider the implementation of a self-declaration policy which would allow students to self-declare a health issue rather than get medical documentation to receive

academic consideration as is currently the case at Carleton University, 2018; Dalhousie University, 2018; Queens University, 2017; Ryerson University, 2017; University of British Columbia, 2018, University of Calgary, 2018.

For Teaching Staff, University Staff, University Counselors:

5. Inclusivity: As members of the University who are most connected with students every day, teachers, staff and counselors must embody collaborative accountability in their interactions with students.

- Teachers must emphasize inclusivity through challenging classroom power dynamics and promoting the use of accommodation for distress or related symptoms.
- Foster dialogue about “mental health”; “mental wellbeing”; “wellness”; “mental wellness”; “mental illness”; “health and wellbeing” etc. in ways that engage with the diverse perspectives and student experience. Actively resist against perfectionism to teach students to be open to failure and learn its value.

For Art Hive Facilitators, Community-based researchers/facilitators, Mental Health practitioners:

6. Inclusive Place: As stakeholders on the frontlines caring for students, youth and marginalized populations, it is critical to embody collaborative accountability through providing support and creating enrichment.

- Art Hive Facilitators, community-based researchers/facilitators and mental health practitioners must emphasize inclusivity by resisting a the medical model of mental

illness and re-thinking the language they use to communicate about health and wellbeing.

Art Hive facilitators should provide students with semi-structured art activity/workshops so they feel supported to engage with creative freedom.

- For Art Hive facilitators it is critical to engage with arts and health research to provide well-informed supports in ways that are a call-back to the student experience.
- Additionally, it would be useful to give options throughout guided creative activity to enhance the ability to become free and not set many expectations on students. Students may also appreciate the opportunity to reflect on their artwork.
- When students are engaging with artmaking, facilitators should make them feel supported through validating their experience (i.e. possible emotions that come up during activity) and providing compassion.

7. Informed and engaged promotion: Institutional media communication should minimize authoritative language on mental health, wellbeing and illness and instead be open to inclusive perspectives.

- Discourses which place the onus on the individual student as fully responsible for their health and wellbeing at university should be avoided.
- Instead of using language like “mental health”, shift to “health and wellbeing”. This alteration acknowledges health as a system rather than creating a dichotomy between “physical” and “mental” health which wrongfully implies that physical and mental health are separate and do not influence one another.
- Advertisements for creative health/arts-based supports should be concise, informative and appealing to attract rather than overload students. To promote consistency when advertising creative/arts-based health supports, Art Hive facilitators should

collaborate/communicate with a variety of stakeholders including community-members, students, researchers, practitioners and University mental health services to reach a wider student audience.

For Students:

To encourage collaborative accountability students can practice cultivating resistance and personal strength. Students can do their part by prioritizing their health and wellbeing through (but not limited to) practicing the techniques listed below.

8. Cultivating resistance and personal strength:

- If you are able, hold teachers, university staff, friends and family or any other relevant persons accountable to cultivating healthy academic and personal communities.
- Explore university-wide, student-led, or community-based health initiatives offered through online search or by connecting with university staff.
- Value patience, relaxation and rest as much as passion, “hustle”, “productivity” and self-discipline.
- Actively resist perfectionism through cultivating an openness to failure.
- Find spaces where you feel valued, cherished and supported to reach your goals.
- Try not to get caught up in competition and comparison, they are thieves of precious time.
- Know that seeking gratification and validation will always keep you hungry.
- Some things cannot be explained, and you have to practice being okay with that and find rest in weary moments.
- Practice deep breathing.

- Chaos, confusion and stress are part of being human, but when things are out of your hands let them also be out of your mind... ask yourself in these moments “is this worth my peace?”

Everyone:

Everyone has a stake in ameliorating the conditions which currently enable youth and student distress leading to increased suicide. Some stakeholders are able to exercise more power than others, but everyone can be open to learning about different ways of understanding “mental illness” and advocate for change whether big or small.

9. Re-think Mental Illness: Resist the medical model of mental illness which is not inclusive and direct students to diverse supports which may interest them.

Summary

Although my literature review indicates the variety of health benefits associated with arts-based activity, there remains a demand for education and advocacy to expand an integrative network for understanding health and illness. The texts analyzed signal to discourses of mental health on post-secondary campuses but some lack a clear framework for re-thinking health and mental illness and the place of art in soothing distress. To alleviate the stigma and all-consuming negative effect of experiencing a mental illness and/or distress it is vital to advocate for approaches to care that interrogate counseling as the automatic response to concerns about mental health. Recommendations are provided for fostering health and wellbeing on a social constructionist spectrum that considers individual, interpersonal, organizational, community and societal interventions. However, a major barrier to participation in such approaches is the fast-paced, exhausting, consuming and often isolating reality of post-secondary environments whereby productivity is culturally privileged over rest, stillness and freedom.

Study Limitations

Due to the interrelationship between environmental and biological components, there is still much to learn on the topic of mental illness, health and wellbeing. The variety of terms used in discourses of health & wellbeing and mental illness speak to a range epistemological orientation. This makes it extremely difficult to come to any consensus on the terms of reference for mental illness and mental health. Discourses of disability, which currently wrestle with ideas of mental illness and distress as disability (Anderson, J., Sapey, B., & Spandler, H.; Castrodale, 2017) although important to engage with, are not discussed given the time frame. As a social researcher, it is unrealistic to expect that one single solution will solve the problem of widespread student distress on campus. However, sharing this research with University administrators, Academic Policy Committees, as well as faculty and staff at universities across Canada will help to mobilize knowledge of the current student experience.

Implications for Future Research

A large part of this research acknowledges the negative effects of adverse environments on brain function to interrogate the normalization of pathological discourses surrounding mental illness. Going forward, I advocate for collaboration between disciplines involved in arts and health work to enhance the field and inform mental health practice, cultural attitudes and creative supports. Additionally, researchers should incorporate perspectives from on-going interventions at organizational and community-levels to remain grounded in the social context of doing this work. A key message of this research is to consider the social determinants of health which influence brain chemistry and greatly impact the suicide trajectory. In continuing a social constructionist approach, I advocate for the development of a conception of mental illness as existing on a spectrum of influence ranging from individual to social factors. Future research

may also incorporate discourses of disability as they currently approach distress and mental illness. Lastly, to reduce the profound negative effect that mental illness has on youth identity, I argue for the continued development of a constructionist conception of health and wellbeing using Bronfenbrenner's socio-ecological model of health (MHCC, 2019) as a reference point for incorporating interventions. This approach is beneficial to alleviate stigma as it acknowledges that mental illness is not the whole of identity and that health and wellbeing is a state in constant flux, influenced by a variety of interrelated determinants.

Conclusion

In the midst of a Canada-wide university mental health crisis, perhaps what is most important are practical approaches that validate the student experience and provide an opportunity to learn (over time) that distress/illness does not have to determine one's identity. Through the support of an arts-based community, students can feel heard, soothe their nervous systems and establish a capacity for acceptance, compassion and freedom. In spite of oppressive capitalistic norms which privilege productivity over rest, stillness and other forms of freedom all university community members must resist and instead actively embody traits of compassion, understanding and humanness to break patterns of silence and suppression. Although death by suicide for youth pursuing post-secondary study is considered a grave tragedy above all else, I contend of equal tragedy is the state of society which permits the conditions of youth suicide. As Indian philosopher Jiddu Krishnamurti eloquently writes "It is no measure of health to be well adjusted to a profoundly sick society" (University of Toronto, 2017, p.1).

Epilogue

Final revisions of this thesis were completed during the Coronavirus pandemic of 2020. The courage and bravery of front-line workers must never be taken for granted. The lives lost in the mass shooting in Portapique Nova Scotia in April, 2020 is also historic. During a collective period of grief, mourning, stress, anxiety and distancing, I have been very grateful for a robust wellbeing ‘toolkit’ learnt in large part due to the convergences of this work and my own personal journey. While grief is great, I find comfort in the belief that our collective strength is greater. I believe the Coronavirus is causing shifts in the social fabric, as a diverse range of issues are brought to light through a collective experience, and I sincerely hope those shifts make us a more conscious, kind, compassionate, empathetic, accepting and open culture.

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